Patient Registration Form

LOGAN HEALTH

Patient Information

Patient Information:

Last Name:	First Name:	M.I.:	Previous Name (if applicable):

Mailing Address: Apt#:

City/State/Zip:

Work Phone:	Landline Phone:	Cell Phone:

Date of Birth: Birth Sex: ☐ Male ☐ Female Preferred Gender _____ Preferred Pronoun (he/she) _____

Religion: Marital Status: ☐ Divorced ☐ Married ☐ Single ☐ Widow(er) ☐ Other_____

Social Security: Pharmacy:

Veteran Status:

Race (please select):
☐ White ☐ American Indian or Alaska Native ☐ Asian
☐ Hispanic ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
☐ Other ☐ Decline

Ethnicity (please select one):
☐ Hispanic or Latino ☐ Decline
☐ Not Hispanic or Latino ☐ Unable to obtain

Preferred Language (please select one): ☐ English ☐ German ☐ Russian ☐ Sign Language ☐ Spanish ☐ Other

Preferred Method of Contact for Reminder Calls and Other Electronically Generated Messages:
(Please Select Only One Option) ☐ Voice ☐ Text

If Voice, Please Select Preferred Number:
☐ Home ☐ Cell ☐ Work

Email Address:

Employer Name: Employer Phone:

Emergency Contact Name: Relationship to Patient:

Emergency Contact Address: Phone # ☐ Cell ☐ Home ☐ Work

Primary Care Provider:

Responsible Party

Responsible Party – Please fill out if not the patient listed above.
If the patient is a minor (under 18) the parent or guardian with the patient is the responsible party.

Last Name: First Name:

Date of Birth:	Work Phone:	Home Phone:	Cell Phone:

Address of Responsible party:

City/State/Zip: Relationship to Patient:

Insurance Information

Primary Medical Insurance	
Ins. Co. Name:	Ins. Co. Name:
Policy Holder Name:	Policy Holder Name:
Policy Holder Date of Birth:	Policy Holder Date of Birth:
Patient Relationship to Policy Holder:	Patient Relationship to Policy Holder:
Member ID:	Member ID:
Preferred Pharmacy Name & Location:	

Please review the attached agreement carefully, sign and date. If the patient is a minor (under the age of 18) a parent or guardian is to sign the agreement for the patient.

Please have insurance card(s) and photo id ready for scanning.