



Rancho Wellness - New Patient Registration Form

PATIENT INFORMATION				
Patient's last name:	First name:	Middle name:		
Mailing address:	City:	State:	ZIP code :	
Home phone no.: () -	Cell phone no.: () -	Work phone no.: () -	Patient Email:	
Patient Date of Birth:	Patient Age:	Patient Sex: M F	Marital Status: single married divorced widowed other	
Social Security no.: - -		Employer Name and Address:		
If patient is a senior with a legal Power of Attorney or a minor, please give POA/guardian/parent names and specify relation to patient:				

IN CASE OF EMERGENCY				
Name of emergency contact person:	Relationship to patient:	Home phone no.: () -	Work phone no.: () -	
Mailing address:	City:	State:	ZIP code:	

INSURANCE INFORMATION		
Name of primary insurance:	Policy subscriber's name, if not patient:	Policy subscriber's date of birth:
Policy Number:	Policy Effective Date:	
Patient's relationship to subscriber:	Self Spouse Child Other, please specify:	
Name of secondary insurance (if applicable)	Policy subscriber's name, if not patient:	Policy subscriber's date of birth:
Patient's relationship to subscriber:	Self Spouse Child Other, please specify:	

RESPONSIBLE PARTY (GUARANTOR)			
The guarantor is the person responsible for the patient's bill. If the patient is responsible for his/her own bill, please skip the next section. If the patient is a minor (under the age of 18), the parent or guardian bringing the patient to the visit is usually the guarantor for the patient.			
Gurantor's last name:	Gurantor's first name:	Gurantor's middle name:	
Gurantor's mailing address, if different from patient:	City:	State:	ZIP code:
Gurantor's phone number: () -	Relationship to patient:	Gurantor's date of birth:	Gurantor's Social Security No.: - -

OTHER INFORMATION					
Pharmacy name:	Pharmacy location:			Pharmacy phone no.: () -	
How did you hear about this office, or who referred you here?					
May we notify you of appt./test results at the e-mail address listed above Yes No					
May we leave messages of test results on your answering machine?	Yes	No	May we notify you of appointments at this mailing address?	Yes	No
May we leave voicemail messages of appointments on your answering machine?	Yes	No	May we notify you of test results at this mailing address?	Yes	No