



HOMETOWN *Freedom* HEALTHCARE

## New Patient Registration Form

### Patient Information

Patient Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Sex: Male / Female Ethnicity: Hispanic / Non-Hispanic Race \_\_\_\_\_ Primary Language \_\_\_\_\_

Marital Status: Single / Separated / Married / Widowed / Divorced

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

May we send you text messages? Yes / No

**Pharmacy** \_\_\_\_\_

May we retrieve your prescription history? Yes / No

### Responsible Party Information

Same as above, otherwise, please fill out below

Responsible Party's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

### Emergency Contact

In Case of Emergency Notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

## Authorization To Discuss Your Health Information

Please assist us in managing your health information. You may wish to discuss your medical condition or bill with a relative or friend. To protect the privacy of your health information, we cannot do this without your permission.

**Please check and specify with whom we may discuss your health information:**

- Your spouse, specify name: \_\_\_\_\_
- Your mother, specify name: \_\_\_\_\_
- Your father, specify name: \_\_\_\_\_
- Your child, specify name: \_\_\_\_\_
- Your step-parent, specify name: \_\_\_\_\_
- Your friend, specify name: \_\_\_\_\_
- Other, specify name and relation: \_\_\_\_\_

Patient Name (please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Parent or Legal Guardian Name (please print): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This authorization will remain in effect unless revoked in writing.*