

REGISTRATION FORM

LAST NAME		FIRST NAME	MIDDLE	PREFERRED NAME
ADDRESS			CITY STATE ZIP	
HOME PHONE		CELL PHONE	WORK PHONE	
EMAIL ADDRESS:			MARITAL STATUS	
BIRTH DATE	SEX	SSN	SPOUSE/ PARTNER'S NAME	
EMPLOYER NAME		EMPLOYER ADDRESS		
EMPLOYMENT STATUS		NUMBER OF EMPLOYEES		

PRIMARY LANGUAGE: ENGLISH INDIAN (incl. Hindi & Tamil) RUSSIAN SPANISH OTHER:

ETHNICITY HISPANIC NON-HISPANIC PREFER NOT TO DISCLOSE

RACE: AMERICAN INDIAN OR ALASKAN NATIVE HISPANIC OR LATINO
 ASIAN OTHER RACE
 NATIVE HAWAIIAN OTHER PACIFIC ISLANDER
 BLACK OR AFRICAN AMERICAN PREFER NOT TO DISCLOSE
 WHITE

PRIMARY CARE PROVIDER _____ PCP PHONE: _____

REFERRING PROVIDER (if you were referred to us by another doctor, name and phone number)

HOW DID YOU HEAR ABOUT US? (PLEASE CHECK ONE):

ESTABLISHED PATIENT
 PERSONAL REFERRAL (FRIEND, FAMILY, ANOTHER PATIENT)
 OVERLAKE WEBSITE / ONLINE
 OVERLAKE PHYSICIAN REFERRAL LINE
 INSURANCE COMPANY PROVIDER LIST OR WEBSITE

ADVERTISEMENT
 EMPLOYER
 SAW THE SIGN
 PROVIDER (PLEASE NAME BELOW)

INSURANCE

Who is to be billed for today's visit?

*PLEASE FILL IN THE INFORMATION IN THE "MOTOR VEHICLE INSURANCE / LABOR & INDUSTRIES / THIRD PARTY" SECTION below.

INSURANCE SELF LABOR & INDUSTRIES* MOTOR VEHICLE INSURANCE*

PRIMARY

INSURANCE COMPANY NAME	POLICY NUMBER	GROUP NUMBER
SUBSCRIBER NAME	SUBSCRIBER DATE OF BIRTH	RELATIONSHIP TO INSURED
INSURANCE BILLING ADDRESS (Usually located on back of card)		GROUP EMPLOYER NAME
INSURANCE PHONE NUMBER		

ADA Requirements (Yes or No; and what are the impairments):

Hearing Impaired: _____

Visually Impaired (does not include contacts nor glasses): _____

Speech Impaired: _____

Does your companion have any visual or hearing impairments: YES/NO

Is this appointment due to a Motor Vehicle Accident? _____ If yes, please fill out the attached MVA form.

Is this appointment due to a Work Related Accident? _____ If yes, please fill out a Worker's Comp Claim form.

PHARMACY

PREFERRED PHARMACY? YES NO

PREFFERED PHARMACY _____

PREFERRED PHARMACY PHONE _____