MERCY HOSPITAL & MEDICAL CENTER
Registration Form

Date/Time: ______________________________ **PCP Doctor:** ____________________________

Patient Information

Chief Complaint: ___________________________ **Religion** _________________________

Name ____ **Soc.Sec.#** ___________________________________

Sex________ **DOB** _______________ **Marital Status** __________ **Language**____________________ **Race** __________________

Address ____**City** ___________________________________

State ___________**Zip** ____________________ **Phone #** _______________________________**Message Y**__________**N**________

Employment Status __________________ **Retirement Date or Employer Name** ____

Address ____**City** _______________**State** ________**Zip** _______________

Phone # _____________________________**Organ Donor** ________ **Advance Directives** __________ **Opt Out Y**______**N**_______

Smoker Y_____ **N**______ **Diabetic Y**_____**N**______

Guarantor Information

Relation to patient _______________________

Name ____ **Soc.Sec.#** ___________________________________

Sex________ **DOB** ___________________ **Marital Status** ________ **Language**__________________ **Race** ___________________

Address ____**City** ___________________________________

State ___________**Zip** ____________________ **Phone #** _______________________________**Message Y**__________**N**________

Employment Status __________________ **Employer Name** ____

Address ____**City** _______________**State** ________**Zip** _______________

Phone # _____________________________________

Relative / Emergency Contact

Relation to patient _____________________________ **Name** ____

Address ____**Phone #** _____________________________________

Insurance Information

REMEMBER: COPY THE INSURANCE CARD/ BOTH SIDES

Insurance 1	Insurance 2
Insurance 1 ____________________	**Insurance 2** ____________________
Plan Name ____________________	**Plan Name** ____________________
ID/Policy # ________ **Group #** ________	**ID/Policy #** ________ **Group #** ________