

# Pendleton Primary Care Clinic

Patient Registration Form

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

## PATIENT INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Social Security #: \_\_\_\_\_

Gender Identity: ☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female ☐ Other: \_\_\_\_\_ ☐ Decline

Sexual Orientation: ☐ Straight/Heterosexual ☐ Gay/Lesbian/Homosexual ☐ Bisexual ☐ Other: \_\_\_\_\_ ☐ Decline

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Pacific Islander/Native Hawaiian

☐ White ☐ Unknown ☐ Decline

Preferred Language: \_\_\_\_\_ Ethnicity: ☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Unknown ☐ Decline

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you prefer to be contacted? ☐ Text ☐ Phone ☐ Email

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_ Phone #: \_\_\_\_\_

Would you like to file a POLST (physician orders for life sustaining treatment) or an Advanced Directive with the Oregon Registry? ☐ Yes ☐ No

## RESPONSIBLE PARTY (IF DIFFERENT THAN ABOVE)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ SSN: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## INSURANCE INFORMATION

Primary Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Preferred Pharmacy: ☐ Pendleton Walmart ☐ Pendleton Rite Aid ☐ Pendleton Safeway ☐ Other: \_\_\_\_\_

How did you hear about us? ☐ Friend ☐ Google Search ☐ Facebook ☐ Our Website ☐ Radio ☐ Newspaper

☐ Insurance Company ☐ Other Online Source: \_\_\_\_\_ ☐ Other: \_\_\_\_\_