

SNOWMASS CLINIC PATIENT REGISTRATION

Patient name _____

PATIENT INFORMATION

i Chief complaint _____

i Allergies to medications _____

i Current medications _____

i Date of birth: _____

i Sex: M F

i Mailing address:

Street _____

Street _____

City _____ State _____ ZIP code _____

i Home phone _____

i Cell phone _____

i Marital status _____ Race _____

i Social Security Number _____

PATIENT'S EMPLOYER INFORMATION

i Employer name _____

i Employer address:

Street _____

Street _____

City _____ State _____ ZIP code _____

i Employer phone _____

i Patient's occupation _____

i Employment status _____

FT PT ret student unemployed self employed

EMERGENCY CONTACT/NEXT OF KIN INFORMATION

i Name _____

i Address:

Street _____

Street _____

City _____ State _____ ZIP code _____

i Home phone _____

i Cell phone _____

i Relationship to patient _____

LOCAL ADDRESS INFORMATION (Aspen/Snowmass)

i Hotel _____ Room no. _____

i Street address (if staying in private residence) _____

i City _____

i Local phone _____

i Primary language spoken in household _____

i ARE YOU HERE FOR AN ACCIDENT THAT HAPPENED AT WORK? Y N

INSURANCE AND PAYMENT INFORMATION

i Name of insurance carrier _____

i Do you have your insurance card with you? Y N

i Is your insurance travel insurance? Y N

i Insurance subscriber's name ("Self" OR the name of person holding the policy):

i Subscriber's date of birth _____

i Subscriber's Social Security Number _____

i Subscriber's relationship to patient _____

GUARANTOR (person responsible for payment if patient is under 18):

i Guarantor's employer address:

Street _____

Street _____

City _____ State _____ ZIP code _____

i Guarantor employer phone _____

i Guarantor occupation _____

i Guarantor employment status

FT PT ret student unemployed self employed other _____

