Lykos Medical

PATIENT REGISTRATION FORM

(Print clearly & press firmly in black ink)

Today's Date_____

Patient Name_____
Last First MI Nickname

Date of Birth _____SSN _____Gender (circle) F M

Address _____
Street Apt/Ste City State Zip

E-Mail _____

Primary Phone ( )_____May we leave a message? (circle) YES / NO

Secondary Phone ( )_____May we leave a message? (circle) YES / NO ____

Work Phone ( )_____OK to call work? (circle) YES / NO

Patient's Employer_____

Primary reason for today's visit_____

_____

Primary Care Physician_____Referring Physician_____
Last First Last First

Is this work-related? (circle) YES NO Related to an auto accident? (circle) YES NO *If YES on EITHER, please complete Auto/WC Form*

Current insurance card(s) and photo identification are required for scanning. Please complete the following:

Primary Insurance _____Policy #/ID _____Group # _____

Name of Policy Holder _____SSN _____ Date of Birth _____Gender (circle) F M

Relationship to Patient_____ Employer _____Employer Phone ( )_____

Secondary Insurance _____Policy #/ID _____Group # _____

Name of Policy Holder _____SSN _____ Date of Birth _____Gender (circle) F M

Relationship to Patient_____ Employer _____Employer Phone ( )_____

If you are a Medicare beneficiary, please circle any of the following that apply to you:

(circle) Working-Aged ESRD Auto/Med/No Fault Liability Workers Comp Federal Black Lung Veterans Affairs Disability Other Liability

If you do not have insurance, have you applied for government assistance? (circle) YES NO If yes, provide social worker's information.

Social Worker's Name_____Phone ( )_____

If patient is a minor, name of Custodial Parent _____

Custodial Parent's Primary Phone( )_____ Secondary Phone( )_____

Custodial Parent's SSN_____ Date of Birth_____

Emergency Contact – Close friend or relative not living with you that we can contact in an emergency:

Name _____ Relationship _____Phone( )_____
Last First

Name of person we may speak with other than yourself regarding your medical care?_____

Primary Phone( )_____Secondary Phone( )_____Relationship_____