

ILLINOIS RETINA ASSOCIATES, S.C. / THE RETINA CENTER
Confidential Patient Registration Form

Personal Information:

Appointment Date: _____

(Circle one) Mr. Mrs. Miss Ms.

First Name _____ Middle _____ Last _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Home Address _____ Apt # _____

City _____ State _____ Zip Code _____

Sex: M (____) F (____) Social Security Number (_____) - (____) - (____)

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Age _____

Race (Circle one): African-American / American Indian / Arabic / Asian / Caucasian / Hispanic / Oriental / Other

Marital Status (Circle one): Single / Married / Divorced / Widowed / Separated

Prior Name _____

Employer Information:

Employment Status (Circle one): Full Time / Part Time / Unemployed / Retired / Self Employed

Patient Occupation: _____

Employer Name: _____

Employer Address: _____

City: _____ State _____ Zip Code _____

Student (Circle one): Full Time / Part Time

Referring Doctor	Medical Doctor
Name: _____	Name: _____
Address: _____	Address: _____
City, State & Zip _____	City, State & Zip _____
Phone: (____) _____	Phone: (____) _____

INSURANCE INFORMATION

The receptionist will need to obtain a copy of your insurance cards

Responsible Party (Guarantor) Information: (Write "Self" if patient)

First Name _____ Middle _____ Last _____

Relation to Patient _____

Home Phone (_____) _____ Work Phone (_____) _____ Ext _____

Sex: M (_____) F (_____) Social Security Number: (_____) - (_____) - (_____)

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Age _____

Employer Name _____

Employer Address _____

EMERGENCY CONTACT

Spousal or Other Information:

First Name _____ Middle _____ Last _____

Relation to Patient _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Friend or Relative Not Living With You:

(Circle one) Mr. Mrs. Miss Ms.

First Name _____ Middle _____ Last _____

Relation to Patient _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Home Address _____ Apt # _____

City _____ State _____ Zip Code _____