



PATIENT REGISTRATION FORM

110 Acadia Drive ■ Raceland, LA 70394 ■ Phone: (985) 537-8687 ■ Fax: (985) 537-8976

Patient Information

Patient's Name:			Nickname:		
First	Middle	Last			
Date of Birth:	Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address:		City:	State:	Zip Code:	
E-mail:			Home Phone:		
Mother's Name:			Cell Phone:		
Father's Name			Cell Phone:		
Other Contact:		Relationship to Patient:	Cell Phone:		

Patient Details

Primary Language:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other: _____
Race:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Respond				
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino <input type="checkbox"/> Decline to Respond				

Responsible Party

Name:			Relationship to Patient:		
First	Middle	Last			
Street Address (if different from above):		City:	State:	Zip Code:	
E-mail:			Cell Phone:		

Emergency Contact (Other than Parent)

Name:			Relationship to Patient:	
First	Middle	Last		
Street Address (if different from above):		City:	State:	Zip Code:
E-mail:			Cell Phone:	

Primary Insurance

Insurance Name:		Insurance Phone Number:		
Claim Address:		City:	State:	Zip Code:
Name of Insured:		Relationship to patient:		
Insured Social Security Number:		Insured Date of Birth:		
Policy Number:	Group Number:	Co-Pay Amount:		

Secondary Insurance

Insurance Name:		Insurance Phone Number:		
Claim Address:		City:	State:	Zip Code:
Name of Insured:		Relationship to patient:		
Insured Social Security Number:		Insured Date of Birth:		
Policy Number:	Group Number:	Co-Pay Amount:		

Preferred Pharmacy

Name:				
Street Address:		City:	State:	Zip Code: