

Pre-registration Form

Patient Identification Information					
Any Allergies to MEDICATIONS: YES NO					
Name -					
FIRST		MIDDLE		LAST	
Address -					
City -		State -		Zip Code -	
Phone # -		Date Of Birth -		*Social Security # - <small>This information is used for identification purposes only. And will be kept confidential.</small>	
Sex - MALE FEMALE		Race - WHITE BLACK INDIAN ASAIN HISPANIC NATIVE HAWAIIAN MULTIRACIAL		Marital Status - MARRIED SINGLE DIVORCED WIDOWED SEPARATED	
Previous/Maiden Name:				Primary Care or Family Doctor	
Patient Employment Information					
Employer Name -					
Address -			City & State -		Zip Code -
Phone # -			Employment Status - FULLTIME PARTTIME RETIRED UNEMPLOYED		
Is your illness or injury related to an accident? - YES or NO <small>If yes: AUTOMOBILE EMPLOYMENT HOUSEHOLD</small>			Accident Date and Time - / / :		
Insurance Subscriber					
*Only complete the following if the PATIENT IS NOT the insurance policy holder <small>(Person who carries the insurance in their name or is responsible for the bill)</small>					
Name -			Relationship to Patient - SPOUSE PARENT OTHER <small>Please circle</small>		
Address - <small>If different from patients address</small>			City & State -		Zip Code -
Phone # -		Date Of Birth -		Social Security # -	
Sex - MALE FEMALE		Race - WHITE BLACK INDIAN OTHER			
Employer Name -					
Address -			City & State -		Zip Code -
Phone # -			Employment Status - FULLTIME PARTTIME RETIRED UNEMPLOYED		

The purpose of this form is to reduce your time spent waiting on registration for routine outpatient visits and to ensure account accuracy. All information is required to ensure timely and accurate insurance filing. This information will be kept active on your file for this visit only. **You must complete a new form for each visit.** Chesapeake Regional Medical Center, and our family of providers, value your time and appreciate the time you spend with us as we deliver your healthcare needs. We strive to provide you with excellent treatment during your visit. If you are not satisfied, please contact a member of management for the department that you are visiting by calling 757-312-8121. Thank You.