Midwest Healthcare Center, SC
2 N. Country Club Rd., Ste. 3, Decatur, IL 62521

(217) 423-1500
Fax (217) 423-1504

Patient # ____________

PATIENT REGISTRATION

PATIENT INFORMATION

Full Legal Name ______________________________ Birth Date ____/____/____ Age______

Address __________________________ City _____________ State _____ Zip _________

Home Ph. (____)____________ Work Ph. (____)___________ Cell Ph. (____)___________

E-Mail ___________________________ May we e-mail you at this address? ❑ Yes ❑ No

Soc. Sec. #_________________ Sex: ❑ Male ❑ Female Marital Status: ❑ S ❑ M ❑ D ❑ W

Name of Primary Physician _____________________ Referring Physician _______________

Work Status: ❑ Full-time ❑ Part-time ❑ Retired ❑ Not Employed

Employer's Name & Address ____

Emergency Contact Name ______________________ Emergency Contact Ph. (___)__________

PERSON RESPONSIBLE FOR PAYMENT

Please complete if **not** the same as the patient.

Full Legal Name ______________________________ Relationship to Patient ___________

Address __________________________ City _____________ State _____ Zip _________

Home Ph. (____)____________ Work Ph. (____)___________ Cell Ph. (____)___________

PRIMARY INSURANCE INFORMATION

Name of Insurance Company ______________________________

Name of Card Holder (**Exactly** as shown on the card) ____________________________

Birth Date ____/____/____ Sex: ❑ Male ❑ Female Relationship to Patient _________________

SECONDARY INSURANCE INFORMATION

Name of Insurance Company ______________________________

Name of Card Holder (**Exactly** as shown on the card) ____________________________

Birth Date ____/____/____ Sex: ❑ Male ❑ Female Relationship to Patient _________________

HOW DID YOU HEAR ABOUT OUR PRACTICE?

What influenced your decision to come to this practice?

❑ Family/Friend (Name___________________________) ❑ Physician ❑ Employer

❑ Insurance Company ❑ TV ❑ Yellow Pages ❑ Location ❑ Brochure/Flyer ❑ Website

SIGNATURE AND DATE

X____ ______________________

Signature of Patient (or Legal Guardian) Date

Please provide the front desk staff with your driver's license and insurance card(s) to be copied and filed in your chart.

We look forward to helping you relieve the pain so you can enjoy life again!