



Nelson A. Tajong, M.D.
(Please Print Clearly)

REGISTRATION FORM

Today's date:	<u>Primary Care Doctor:</u>
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HAVE YOU HAD THE FLU VACCINE THIS YEAR? YES NO

HAVE YOU EVER HAD THE PNEUMOCOCCAL VACCINE? YES NO

Pt's Last Name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid		
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your Maiden name?	(Former name):			Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Social Security no.:			Home #: Cell Phone#:		
P.O. box:		City:		State:		ZIP Code:	
Preferred Language:		Race:			Ethnicity:		
Email Address:		Occupation:			Employer:		
Pharmacy Name:		Pharmacy #:			Chose clinic because/Referred to clinic by :		
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other <input type="checkbox"/> Insurance Plan	<input type="checkbox"/> Dr. <input type="checkbox"/> Hospital		

INSURANCE INFORMATION IF YOUR ARE NOT THE POLICY HOLDER

(Please give your insurance cards and Driver license to the receptionist.)

Subscriber's name:	Subscriber's S.S. no.:	Birth date: / /	Group no.:	Policy no.:	Co-payment: \$	
Patient's relationship to subscriber:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other		

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.:	Cell phone no.:
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The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Lakeside gastroenterology or insurance company to release any information required to process my claims.

X

Patient or Guardian signature

Date