



PATIENT REGISTRATION

Last Name _____ First Name _____ Middle Initial _____
 Nickname _____
 Have you ever been a patient at HDC before? _____ If yes, under what name? _____
 SSN _____ Date of Birth _____ Gender Male Female
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ ext. _____
 Message Phone _____ Cell Phone _____ Email _____

****Optional****

Marital Status:	Race:	Education:	Language:
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> White <input type="checkbox"/> Black/Afric.Amer. <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Elementary <input type="checkbox"/> Junior High <input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other List _____

Special Needs:

- Hearing impairment Vision impairment Physical barrier/disability
 Low literacy Language barrier Emotional/Behavioral Health Issues

Employment Status:

Occupation: _____ Employer: _____
 Unemployed Disabled Retired Homemaker
 Work Hours: Day Evening Night Rotate/swing

Primary Care Physician: _____ City _____

Other Doctor to receive progress notes: _____ City _____

Emergency Contact:

Name _____ Home Phone _____
 Work Phone _____ Relationship _____

Research:

Are you interested in participating in diabetes research: Yes No Type 1 diabetes Type 2 diabetes

Insurance:

(1st) Insurance company name: _____

Subscriber ID # _____ Group # _____ Card holder's Name _____

Date of Birth ___ / ___ / ___ Social security # _____

(2nd) Insurance company name: _____

Subscriber ID # _____ Group # _____ Card holder's Name _____

Date of Birth ___ / ___ / ___ Social security # _____