

**PULMONARY AND CRITICAL CARE ASSOCIATES**

**PATIENT REGISTRATION INFORMATION**

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Sex: M F

Address: \_\_\_\_\_

Main Contact #: \_\_\_\_\_ Cell  Home  Work

Secondary Contact #: \_\_\_\_\_ Cell  Home  Work

Email: \_\_\_\_\_  Ok to send appointment confirmations?

Status: Married Single Divorced Widowed Patient Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ PCP: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail Order Pharmacy: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

I authorize Pulmonary and Critical Care Associates to obtain pharmacy records from other physicians, pharmacies, or outside sources as necessary to insure the accuracy and completeness of medical records. \_\_\_\_\_ Initial

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Primary Insurance** Company: \_\_\_\_\_ PO Box: \_\_\_\_\_ Phone: \_\_\_\_\_

**Information:** Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Copay: \_\_\_\_\_

Authorization #: \_\_\_\_\_ Visits: \_\_\_\_\_ Expires: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

**Secondary** Company: \_\_\_\_\_ PO Box: \_\_\_\_\_ Phone: \_\_\_\_\_

**Information:** Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Worker's Compensation?  Yes  No IME?  Yes  No Other type of accident? \_\_\_\_\_

Adjustor/Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Accident: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Pulmonary and Critical Care Associates to release/receive the following information via phone or in person:

- Appointment (Schedule/Cancel)
- Test Results
- Prescription
- Office Notes
- Financial
- Other \_\_\_\_\_

To/From the following individuals:

|               |                   |                        |
|---------------|-------------------|------------------------|
| _____<br>Name | _____<br>Relation | _____<br>Date of Birth |
| _____<br>Name | _____<br>Relation | _____<br>Date of Birth |
| _____<br>Name | _____<br>Relation | _____<br>Date of Birth |

\_\_\_\_\_  
Signature Date

