LAWRENCE FRERKER MD

PATIENT REGISTRATION

www.lawrencefrerkermd.com

OFFICE: **720-259-7880** ■ 7373 WEST JEFFERSON AVE. STE 202, LAKEWOOD, CO 80235

PATIENT INFORMATION

(PRINT: FIRST NAME, LAST, MIDDLE INITIAL, BELOW)

PATIENT NAME:

TITLE

TODAY'S DATE: (MONTH ##) (DATE ##) (YEAR ##)

DATE OF BIRTH:

[PARENT OR GUARDIAN NAME]:

SEX: M ☐ F ☐

MARITAL STATUS: M ☐ S ☐ D ☐ W ☐

HOME PHONE:

SOCIAL SECURITY #:

CELL PHONE:

CONTACT PREFERENCE:
HOW CONFIDENTIAL MSGS COMMUNICATED (CELL/HOME PHONE, EMAIL, OTHER..)

EMAIL:

HOME ADDRESS:

CITY: STATE: ZIP CODE:

EMPLOYER:

WORK PHONE:

EMPLOYER ADDRESS:

CITY: STATE: ZIP CODE:

HAS ANY OTHER IMMEDIATE FAMILY MEMBER BEEN SEEN IN THIS OFFICE? YES: ☐ NO: ☐

IF YES, NAME:

RELATIONSHIP TO PATIENT:

EMERGENCY CONTACT

NAME:

PHONE:

RELATIONSHIP TO PATIENT:

INSURANCE INFORMATION

PRIMARY INSURANCE:

EFFECTIVE DATE: (MONTH ##) (DATE ##) (YEAR ##)

PATIENT RELATIONSHIP TO SUBSCRIBER: SELF ☐ SPOUSE ☐ OTHER ☐ (DESCRIBE:)

SUBSCRIBER DATE OF BIRTH: (MONTH ##) (DATE ##) (YEAR ##)

SUBSCRIBER'S NAME:

SUBSCRIBER'S SOC. SECURITY #:

SUBSCRIBER'S EMPLOYER:

SUBSCRIBER I.D. #:

GROUP #:

SECONDARY INSURANCE
WORKMAN COMP / AUTO:

[CLAIM #:]

DATE OF ACCIDENT OR INJURY: (MONTH ##) (DATE) (YEAR ##)

[PARENT OR GUARDIAN NAME]:

PATIENT RELATIONSHIP TO SUBSCRIBER: SELF ☐ SPOUSE ☐ OTHER ☐ (DESCRIBE:)

SUBSCRIBER DATE OF BIRTH: (MONTH ##) (DATE ##) (YEAR ##)

SUBSCRIBER'S NAME:

SUBSCRIBER'S SOC. SECURITY #:

SUBSCRIBER'S EMPLOYER:

SUBSCRIBER I.D. #:

GROUP #:

PHARMACY INFORMATION

PHARMACY:

PHARMACY ADDRESS:

PHARMACY FAX#:

PHARMACY PHONE:

FEEDBACK

HOW DID YOU HEAR ABOUT OUR OFFICE? FRIEND ☐ WEBSEARCH ☐ INSURANCE ☐ OTHER ☐ (DESCRIBE:)

INTERNAL USE ONLY: NEW FAMILY ☐ NEW PATIENT / ESTABLISHED FAMILY ☐ UPDATED INFO ☐