PATIENT REGISTRATION

PATIENT NAME	(First and Last)	Date of Birth:	Age:	Social Security #
PATIENT ADDRESS	Street Address:	City/State:		Zip Code:
	Phone Number	Patient Cell Phone (if applicable)	Is this address for a care facility? Yes No	
TRANSPORTATION INFORMATION	Name of Person providing transportation for the patient today?	Relationship to Patient? (please circle) Parent/Legal Guardian Caregiver Other		
	Cell Phone (person providing transportation):			
WHO IS THE PATIENT'S LEGAL GUARDIAN? (PLEASE CIRCLE)	Parent or Other	If other, please circle which guardianship applies? Adoptive Parent IRC Foster Parent Conservatorship Other		
LEGAL GUARDIAN NAME	(First and Last)	Guardian Social Security #	Guardian Date of Birth:	
EMERGENCY CONTACT INFORMATION	Name of Emergency Contact:	Relationship to Patient:		
	Street Address:	City/State:	Zip Code:	
	Phone Number:	Email:		

INSURANCE INFORMATION

PATIENT'S INSURANCE (CIRCLE ALL THAT APPLY)	Medi-Cal (complete section 1)	Private Insurance Dental (Complete Section 2)	Private Insurance Medical (Complete Section 2)	Self Pay (complete section 3)	Other (complete section 4)

SECTION 1	Medi-Cal Number:	*PLEASE NOTE:* *If you do not have the patient's Medi-Cal Card, Social Security Card as well as your identification, please notify the front desk immediately.*			
	Issue Date on Card:				
SECTION 2 Dental	Dental Insurance Policyholder	Birth Date	Marital Status	Social Security Number	
	Policyholder Address	City/State	Zip	Phone Number	
	Insurance Company Name	Employer Name	Policy Number		
	Address of Insurance Company	City, State	Zip Code		
	Phone of Insurance Company	Other Phone	Policy Holder Relationship to Patient		
SECTION 2 Medical	Medical Insurance Policyholder	Birth Date	Marital Status	Social Security Number	
	Policyholder Address	City/State	Zip	Phone Number	
	Insurance Company Name	Employer Name	Policy Number		
	Address of Insurance Company	City, State	Zip Code		
	Phone of Insurance Company	Other Phone	Policy Holder Relationship to Patient		
SECTION 3	Method of Payment: (please circle) Credit Card Cash (sorry, no checks accepted)				
SECTION 4	"Other" Insurance Information:				