

**Center For Reproductive Health P.C.**1000 North Lincoln Boulevard, Suite 300, Oklahoma City, Oklahoma 73104
(405) 271-9200 Fax (405) 271-9222**REGISTRATION INFORMATION SHEET****PATIENT INFORMATION**

Last Name	First Name	M I	Sex	Birth Date	Age
Telephone Number Home :	Social Security #	Last Pap (Month/Year)			
Mailing Address:	City	State	Zip		

PATIENT/RESPONSIBLE PARTY NAME AND EMPLOYMENT INFORMATION

Patient/Responsible Party Name	Mailing Address				
Patient/Responsible Party Employer Name					
Patient Employers Address	City	State	Zip		
Employers Telephone	Patient /Responsible Party Occupation				

SPOUSE'S EMPLOYMENT INFORMATION

Spouses Name	Spouse DOB	Spouse SSN#	Spouse Occupation		
Spouse's Employer	Spouse/Employers Address				
City	State	Zip	Spouse/Employers Telephone		

EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Address	City	State	Zip
Relationship to Patient	Day Telephone	Night Telephone		
Nearest Relative's Name	Address	City	State	Zip
Relationship to Patient	Day Telephone			

Regular Health Care Provider or Family Physician Name	City
Who Referred You Name	City
Where did you find out about CFRH?	

PRIMARY INSURANCE INFORMATION

Primary Insurance Company Name	Insurance Company Address	Telephone
City	State	Zip
Subscriber or Policyholder	Policyholder SSN#	Policyholder DOB
Effective Date of Insurance Policy	Policy ID#	Group Number

SECONDARY INSURANCE INFORMATION

Secondary Insurance Company Name	Insurance Company Address	Telephone
City	State	Zip
Subscriber or Policyholder	Policyholder SSN#	Policyholder DOB
Effective Date of Insurance Policy	Policy ID#	Group Number

- I hereby authorize the physician to provide the patient reasonable and proper medical care by today's standards.
- I hereby authorize payments directly to the physician of the surgical and/or medical benefits. I also understand that I am responsible for any portion of my bill not covered by insurance and or any non-covered benefit or service.
- I hereby authorize the release of information for the insurance claim purposes. A copy of the above is as valid as the original. I understand all of the above and hereby state that the information is correct to the best of my knowledge. My signature indicates that I have read the above and grant the request of authorization.

SIGNATURE: _____ DATE: _____