

PRE-REGISTRATION FORM

Appointment/Expected Delivery Date _____ Primary Care Provider _____

Last Name _____ First Name _____ MI _____

Date of Birth _____ SSN# _____ Birthplace _____

Mailing Address _____ Apt _____ City _____ State _____ Zip Code _____

Phone (Primary) _____ Phone (Secondary) _____ E-mail _____

Do you wish to sign up for the Patient Portal? ☐ Yes ☐ No

Accident/Injury/LMP Date, if applicable: _____ OB Provider _____

Birth Sex

☐ Male
☐ Female

Gender Identity: _____

Marital Status

☐ Single ☐ Divorced
☐ Married ☐ Widowed
☐ Legally Separated
☐ Life/Domestic Partner

Religion: _____

Preferred Language: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Declined

Race: ☐ American Indian/Alaskan Native ☐ Asian
☐ Black/African American ☐ Hawaiian/Pacific Islander
☐ White/Caucasian ☐ Declined
☐ Other _____

Employer _____ Occupation _____ Employer Phone _____

Employment Status: ☐ Full Time ☐ Part Time ☐ Active Military Duty ☐ Never Employed ☐ Self-employed
☐ Unemployed ☐ Retired Date of retirement (if applicable) _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Primary Insurance Plan: _____ Policy Number: _____ Group Number: _____

Subscriber: _____ Subscriber DOB: _____ Subscriber Relationship to Patient: _____

Secondary Insurance Plan: _____ Policy Number: _____ Group Number: _____

Subscriber: _____ Subscriber DOB: _____ Subscriber Relationship to Patient: _____

Guarantor Name (if not patient): _____ DOB: _____ Relationship: _____

CONFIDENTIALITY NOTICE This message and any included attachments are from Adventist Health and are intended only for the addressee. The information contained in this message is confidential and may constitute inside or non-public information under international, federal, or state securities laws. Unauthorized forwarding, printing, copying, distribution, or use of such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error by e-mail or you may call our privacy officer at (808) 263-5421.