TANNER CLINIC

Patient Registration Form

Please write N/A if it doesn't apply to your situation. Thank you!

Patient

(This form will be shredded after check in)

Last Name	First Name	Middle	
SSN	Birth Date	Sex ○ Male ○ Female	
Address		Contact Preference: Phone Call | Email | Text ○ ○ ○	
City	State	Zip	Marital Status
Phone Number	Email		
Please choose one of the following : Self | Student | Homemaker | Retired | Unemployed ○ ○ ○ ○ ○		Who are you employed with? _____	
Race African American | American Indian | Asian | Caucasian | Greek | Hispanic | Polynesian | Other____ ○ ○ ○ ○ ○ ○ ○			
Preferred Language Arabic | Chinese | English | German | Italian | Japanese | Portuguese | Russian | Spanish | Thai | Other _____ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○			
Nationality American | Dutch | English | French | German | Irish | Scottish | Swedish | Other_____ ○ ○ ○ ○ ○ ○ ○ ○			

Spouse (or parent if patient is under the age 18)

Last Name	First Name	SSN
Phone Number	Birth Date	Sex (Circle One) ○ Male ○ Female

In Case of Emergency

Name of a person not living with you	
Phone Number	Relationship

Insurance Information- <u>NOT</u> needed for cosmetic procedures

Insurance Company		
Policy Number	PO Box or Address	
Group Number	Do you have your card with you? ○ Yes ○ No	
Policy Holder Name and Birthdate	Policy Holder Relation	