Patient Registration

PASSER RESTORATIVE THERAPIES

Jeffrey Passer, MD/ Daniel Gross, MD/ Tina Ridgway, APRN 10170 Nicholas St, Omaha, NE 68114 402-933-5958

First Name: Middle Initial: Last Name:

Address: Birth Date:

City, State: Zip:

SSN:

Home Phone:

Cell Phone:

Work Phone:

Which should we call with appointment reminders, lab results, etc.? ◯ H ◯ C ◯ W

Email Address:

How did you hear about our office?

Marital Status

◯ Married
◯ Single
◯ Widowed
◯ Divorced
◯ Legally Separated
◯ Unknown

Race

◯ White
◯ Asian
◯ Black or African American
◯ Hispanic or Latino
◯ American Indian or Alaska Native
◯ Native Hawaiian or Other Pacific Islander
◯ Decline to Specify

Ethnicity

◯ Hispanic or Latino
◯ Not Hispanic or Latino
◯ Decline to Specify

Language Preference

◯ Arabic ◯ French
◯ German ◯ Vietnamese
◯ English ◯ Chinese
◯ Spanish ◯ Decline to Specify

Emergency Contacts

First Name:
Last Name:
Phone:
Alt. Phone:
Relationship to Patient:

First Name:
Last Name:
Phone:
Alt. Phone:
Relationship to Patient:

Your occupation:
Your employer:
Your work address:
City/State/Zip:

Please list the family members or other persons, if any, whom we may inform about your general medical condition and diagnosis *(including treatment, payment and health care operations):*

Spouse or Next of Kin: Relationship:

Address: Occupation:
Employer:
Phone: Alt. Phone:

*****PLEASE PRESENT PHOTO I.D. AND INSURANCE CARD(s) TO BE PHOTOCOPIED*****

Today's Date: Signature: