



NEW PATIENT REGISTRATION PACKET

Office: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
SSN: \_\_\_\_\_ Address: \_\_\_\_\_  
Apt/Suite#: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Primary Provider: \_\_\_\_\_ Referring Provider \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Is your spouse working or retired? \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_  
Spouse SSN: \_\_\_\_\_ Spouse Contact Number: \_\_\_\_\_  
Alternate Address: \_\_\_\_\_ Apt/Suite#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance Information:**

Primary: \_\_\_\_\_ Plan ID: \_\_\_\_\_  
Group#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_  
Secondary: \_\_\_\_\_ Plan ID: \_\_\_\_\_  
Group#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Policyholder DOB: \_\_\_\_\_  
Guarantor: \_\_\_\_\_ Guarantor Relationship: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Suite#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently admitted to a hospital or enrolled in a Hospice or Skilled Nursing Facility?

Yes  No If yes, please fill out the following:

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Are you receiving benefits from the Veterans Administration?**

Yes  No If yes, please fill out the following:

VA Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**Which of the following best describes your race?**

<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Subcontinent Asian American	<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Native American	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> More than one race	<input type="checkbox"/> Other <input type="checkbox"/> Decline

**Please Select one Ethnic Group that Best Describes Your Ancestry:**

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino
<input type="checkbox"/> Decline	<input type="checkbox"/> Do not know

**What language do you feel most comfortable using when discussing your healthcare?**

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> German	<input type="checkbox"/> French
<input type="checkbox"/> Italian	<input type="checkbox"/> Russian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Chinese
<input type="checkbox"/> Creole	<input type="checkbox"/> Other	<input type="checkbox"/> Decline	

**How did you hear about us?**

<input type="checkbox"/> Physician Referral	<input type="checkbox"/> Family or Friend	<input type="checkbox"/> Insurance Referral	<input type="checkbox"/> Hospital
<input type="checkbox"/> Integrative Oncology Essentials	<input type="checkbox"/> Communications Forum (Seminar, etc)	<input type="checkbox"/> Media (newspaper, magazine, billboard, radio, TV)	
<input type="checkbox"/> Internet (website, search engine, Facebook, etc.)	<input type="checkbox"/> No Response		

**When conducting your own research, how often do you use the internet for gathering information?**

<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
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At GenesisCare, we know you have a choice in where you receive your medical care and we thank you for choosing GenesisCare. We would like to invite you to share your experience by completing surveys and/or online reviews. Sharing this information can help others who are interested in knowing more about the patient services provided by GenesisCare and can help promote our mission of providing high-quality, patient-centered care. Surveys and/or online review requests may be sent to you via US mail, email, mobile text messaging, and/or telephone calls. Communication platforms using standard email/mobile text messaging may not utilize encryption, which can place your information at risk of being read or accessed by an unintended third party. By checking yes, you agree that you understand these risks and to receive surveys and/or requests for online reviews through standard unsecure (unencrypted) email, and/or mobile text messaging.

Yes  No

If you are willing to allow GenesisCare to share your online review or testimonial, please let us know so we can get your written permission.