KA WAI OLA FAMILY MEDICAL CLINIC
REGISTRATION FORM

Patient Registration Form Date:_____________

**PATIENT INFORMATION:**
Name:_____________________________ Age:_____ Sex: M F Date of Birth:_____________
Address:_______________________________ City/State:_________________ Zip:___________
Home phone:________________ Cell Phone: ______________ Home Phone: _____________
Email: ________________________________ Social Security #: _________________________
Ethnicity/race: ______________________
Last primary care physician:____________________________ Office Phone:______________
How did you hear of our clinic? ____________________________________________

**PARENT/GUARDIAN** (if applicable):
Name:__________________________ Relationship:_____________ Date of Birth:____________
Address_______________________________ City/State:_________________ Zip: __________
Daytime Phone:_______________ Evening Phone:_____________ Cell Phone: _____________
Social Security #:__________________________
Employer:________________________________ Occupation:____________________________
Work Address:___________________________ City/State:_______________ Zip:__________

**EMERGENCY CONTACT**
Name:__________________________ Relationship:________________ Phone:_____________
Name:__________________________ Relationship:________________ Phone:_____________

**INSURANCE INFORMATION**

PRIMARY
Insured Name: _____________________________
Insured Date Of Birth: _______________________
Insured Employer: __________________________
ID:__________________________________________
Social Security #: ___________________________
Group#: __________________________________
Your Relationship To Insured:________________

SECONDARY
Insured Name:________________________
Insured Date Of Birth: _________________
Insured Employer: ____________________
ID#:_________________________________
Social Security #:______________________
Group#: ____________________________
Your Relationship To Insured:____________

I agree that the information supplied on this form is accurate and up-to-date to the best of my knowledge.

Signature:__________________________________ Date:___________________