



PATIENT REGISTRATION

Pt #: _____

Effective Date: _____ to _____

PSS Staff _____

<i>Patient/Parent Guardian Name</i>		<i>Preferred Phone</i>	
<i>Mailing Address</i>		<i>Email</i>	
<i>City, State, Zip</i>			
<i>Patient Sex at Birth</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Patient Gender (Optional)</i>	<i>Patient Race (Optional)</i> <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Answer	

SELF, SPOUSE & DEPENDENTS UNDER THE AGE OF 18:

	<i>Name</i>	<i>DOB</i>	<i>SS#</i>	<i>Employer/Form of Income/School</i>
<i>Self</i>				
<i>Spouse</i>				
<i>Dependent</i>				
<i>Dependent</i>				
<i>Dependent</i>				
<i>Dependent</i>				
<i>Dependent</i>				
<i>Dependent</i>				

EMERGENCY CONTACTS/MINOR AUTHORIZATION

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
<input type="checkbox"/> <i>Emergency</i> <input type="checkbox"/> <i>Appointment Info</i> <input type="checkbox"/> <i>Verbal Test Results</i> <input type="checkbox"/> <i>Billing Info</i> <input type="checkbox"/> <i>Prescription Pickup</i>		
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
<input type="checkbox"/> <i>Emergency</i> <input type="checkbox"/> <i>Appointment Info</i> <input type="checkbox"/> <i>Verbal Test Results</i> <input type="checkbox"/> <i>Billing Info</i> <input type="checkbox"/> <i>Prescription Pickup</i>		



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Annual Household Income Calculation

<i>Source</i>	<i>Applicant</i>	<i>Spouse</i>	<i>Other</i>	<i>Total</i>
Gross wages, salaries, tips, etc.				
Social security, pension, annuity veteran's benefits, workman's comp, unemployment				
Alimony, child support, military family allotments				
Income from business self-employment & dependents				
Rent, interest, dividend & other income				
Total Annual Gross Income				
Total Household Size				

Verification Checklist	Yes	No
Identification/Address: Driver's License or other photo ID		
Income: Prior year tax return, most recent paystubs or other		
Insurance: Insurance card(s)		

- Slide Declined
- School Slide

Sliding Scale Level: _____