Southeastern Virginia Health System (SEVHS)
ADULT PATIENT REGISTRATION

Patient Information

Name_____
(Last) (First) (Middle Initial)

Previous Name_____

Address_____

_____
(City) (State) (ZIP)

Contact Information

Please help us reach you regarding appointments, medications, and your test results by completing all known information:

_____
Home phone Cell phone Work phone Ext.

No Phone, but leave a message at this number: _____

Email Address: _____

Responsible Party □ Self □ Another Person (complete below)

_____
(Last) (First) (Middle Initial)

Relationship_____ Social Security Number of Responsible Party_____

Patient Information

Primary Care Provider (PCP)_____

Referring Provider_____

Date of Birth_____/_____/_____ □ Male □ Female
(Month) (Day) (Year)

Marital Status □ Single □ Married □ Divorced □ Widowed

Sexual Preference □ Straight □ Lesbian or Gay □ Bisexual □ Choose not to disclose

Social Security Number_____

Employer Name_____

Employment Status □ Full-time □ Part-time □ Not employed □ Self-employed □ Retired
□ On active military duty □ Unknown □ SEVHS employed

Student Status □ Full-time □ Part-time

Emergency Contact_____
(Name) (Phone Number)

Relationship to Patient_____

Insurance Information

Primary Insurance_____

Address_____

Subscriber #_____ Co-Pay $_____

Insured's Name_____

Patient's Relationship to Insured_____

Group #_____ Employer/ Group Name_____

Medicaid ID#_____

Secondary Insurance_____

Address_____

Subscriber #_____ Co-Pay $_____

Insured's Name_____

Patient's Relationship to Insured_____

Group #_____ Employer/ Group Name_____

Demographic Information

Race_____ Ethnicity_____

Language □ English □ Spanish □ French □ Vietnamese □ Other

Veteran □ Yes □ No

Pharmacy Preference

Name of Pharmacy_____

Pharmacy Address_____

Pharmacy Phone Number_____

Survey Questions

How did you hear about us? □ Friends/Family □ Newspaper □ Radio □ TV

□ Other (please specify)_____

Government guidelines require community health centers to survey their patients for the following information. While not required to respond, your participation will help us continue serving this area. All information is confidential and will not be shared with other entities.

How many individuals live in your home?_____

What is your estimated annual household income?_____