

Bozeman Clinic

PATIENT REGISTRATION FORM

931 Highland Blvd #3360

Bozeman, MT 59718

Phone: 406-587-4242 / FAX: 406-587-3507

Have you or anyone in your family been seen in our Clinic before? Yes ___ No ___

If yes, who? _____ How are you related? _____

Is this visit a result of a: *Work related injury?* Yes ___ No ___ *Motor Vehicle Accident?* Yes ___ No ___

Patient Information ---- Photo ID is required for new patients due to Federal regulations.

LEGAL Last Name _____ First _____ Middle Initial _____

Mailing Address: _____

Physical Address: _____

City _____ State _____ ZIP: _____

Date of Birth _____ SSN _____ Male ___ Female ___

Best phone # to contact you: _____ Other phone: _____

May we leave medical information on your answering machine/voice mail? Yes ___ No ___

Employer / Occupation: _____ Work phone: _____

Spouse's Name: _____ Phone: _____

Spouse's Employer _____ Work phone: _____

Guardian Information – Please complete if the Patient is under age 18

Parent /Guardian LEGAL Last Name _____ First _____ Middle Initial _____

Mailing Address: _____

City _____ State _____ ZIP: _____

Date of Birth _____ SSN _____ Male ___ Female ___

Best phone # to contact you: _____ Other phone: _____

Employer /Occupation: _____ Workphone: _____

Emergency Contact Information is required - a friend or relative

1) Name _____ Phone: _____ Relationship: _____

2) Name _____ Phone: _____ Relationship: _____

I hereby acknowledge that I have been presented with a copy of The Notice to Privacy Practices. _____ (Initial)

Payment Agreement

- 1) The person accompanying a minor is responsible for payment.
- 2) I understand that payment is required at the time of service.
- 3) I am prepared to pay by : Cash ___ Check ___ Credit Card (MasterCard, Visa, Discover, AMX) _____
- 4) ***I understand that should I default on payment of my account and collection agency services are required, all costs of collection including attorney and court costs will be added to the balance of my account.***

Signature _____ Date _____