



## REGISTRATION FORM

### Patient Information

Date \_\_\_\_\_

Name: \_\_\_\_\_ I Prefer to be called: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
If Student, name of school \_\_\_\_\_ City/State \_\_\_\_\_  FT  PT  
Parent's Name: \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_  
Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Would you like to receive email?  Yes  No

### Responsible Party

Relationship to Patient:  Self  Spouse  Parent  Other  
Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
The best time to contact me is: \_\_\_\_\_  A.M.  P.M. on my  Home phone  Work phone  Cell phone  
Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ SSN# \_\_\_\_\_

### Insurance Information

Name of Insured \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
SSN#: \_\_\_\_\_ Name of Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Grp # \_\_\_\_\_ ID# \_\_\_\_\_  
Ins Co Address: \_\_\_\_\_ Ins Co. Phone: \_\_\_\_\_

----- DO YOU HAVE ANY ADDITIONAL INSURANCE?  Yes  No IF YES, COMPLETE THE FOLLOWING -----

Name of Insured \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
SSN#: \_\_\_\_\_ Name of Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Grp # \_\_\_\_\_ ID# \_\_\_\_\_  
Ins Co Address: \_\_\_\_\_ Ins Co. Phone: \_\_\_\_\_

### Photography Agreement

Dr. Mertes often takes photographs for the purpose of case documentation, continuing education lectures, and for various marketing and advertising ventures.

I hereby grant permission for the use of any and all photography of my child to Dr. Greg Mertes for the purpose stated above. I also acknowledge that this is done voluntarily and without compensation.

Parent/Guardian if under 18 years old \_\_\_\_\_ Date: \_\_\_\_\_