New Patient Registration

Please complete every section. Bring this form, your photo ID, and insurance card to your first visit.

Patient Information

Legal name (Last, First, MI) _____ Date of birth (MM/DD/YYYY) _____ Sex _____

Mailing address _____ City / State / ZIP _____

Home phone _____ Mobile phone _____ Email _____

Preferred pharmacy (name & city) _____ Referred by _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Primary Insurance

Insurance company _____ Member ID _____ Group # _____

Policyholder name (if not self) _____ Policyholder date of birth _____

If you do not have insurance, see the Financial Policy for our self-pay rates.

Household

- ☐ I am a new patient establishing care at Qualls Harbin Family Medicine for the first time.
- ☐ I am registering a minor / dependent (a parent or guardian must also sign below).

Consents & Acknowledgements

By signing below I confirm the information above is accurate to the best of my knowledge, and I acknowledge receipt of the practice's Notice of Privacy Practices, Financial Policy, and consent to treatment by Qualls Harbin Family Medicine and its clinical staff.

Staff: store completed forms in the patient's chart or a locked file. Do not email or fax completed forms unless using an approved, secure method.

Patient / Guardian signature Date