

**PATIENT REGISTRATION FORM**  
**Southern Vascular Specialists**

**Patient Name:**

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Sex:**    **Male**        **Female**

**Social Security Number:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Phone Number:** (        ) \_\_\_\_\_ **Home**

(        ) \_\_\_\_\_ **Cell**

**Email:** \_\_\_\_\_

**Marital Status:**    **Single**        **Married**        **Divorced**        **Separated**        **Widow**

**Primary Care Doctor:** \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Language:** \_\_\_\_\_

**Ethnicity:**      **Hispanic or Latino**      **Not Hispanic or Latino**      **Declined**

**Do You have a Living will?**      **Yes**      **No**

**Emergency Contact: Name** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Emergency Contact: Number (      )** \_\_\_\_\_

**I agree that the information supplied on this form is accurate and up to date to the best of my knowledge. I consent to receive text messages and/or email messages from the practice to any cell number and/or email provided which may include appointment reminders, bills, payment receipts, or marketing materials. I consent for the practice to contact my pharmacy for a current medication list. I understand that a patient's care is directed by his/her physician(s) and I consent to any services that are appropriate for my care and as ordered by my physician(s). I authorize my insurance benefits be paid directly to the physician(s) and understand I am financially responsible for any balance due. I authorize my physician(s) or insurance company to release any information required for the claim(s). I have read and understand the Southern Vascular Specialists Insurance/ payment and financial policy.**

\_\_\_\_\_  
**Patient/Guardian Signature**

\_\_\_\_\_  
**Date**