

Patient Registration Form

Femme Care, Inc.
18 Haggerty Lane, Suite 103
Staunton, VA 24401
(540) 414-8585 / (540) 414-8597 (f)

Please give the receptionist your photo I.D. and current insurance card(s) for your labwork

Patient Information:

Patient's First and Last Name: _____ M.I. ____ Preferred Name: _____

DOB: ____/____/____ Age: _____ SSN: _____ - _____ - _____

Sex: Male Female Marital Status: Married Single Divorced Widowed Separated Partnered for ____ years

Address: _____ City: _____ State: ____ Zip: _____

Cell Phone: (____) _____ Home phone: (____) _____ Work phone: (____) _____

Contact Preference: cell phone home phone work phone Email: _____

If a phone contact, may we leave a message? yes no **Appointment Reminder Preference:** Call Text Email

Employer/School: _____ Occupation: _____

Emergency Contact: _____ Relationship to Patient: _____ Phone #: _____

Preferred Pharmacy: _____ Phone # or Location: _____

Spouse or Parent Information (if applicable):

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Cell Phone: (____) _____ Home phone: (____) _____ Work phone: (____) _____

Employer/School: _____ Occupation: _____

Primary Insurance Information:

Insurance Co. Name: _____ None

Secondary Insurance Information:

Insurance Co. Name: _____ None

Patient or Parent/Guardian Signature: _____ Date: ____/____/____

For Office Use Only:

Account # _____

First Appointment: Date _____ Time _____

Reason _____