

# Patient Registration Form

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

Patient's First and Last Name: \_\_\_\_\_ M.I. \_\_\_\_ Preferred Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_ Phone # or Location: \_\_\_\_\_

## **Spouse or Parent Information (if applicable):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

## **Primary Insurance Information:**

Insurance Co. Name: \_\_\_\_\_  None

Patient or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only:

First Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_

Reason \_\_\_\_\_