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: _____/_____/________

Notice of Privacy Practices: I acknowledge that I have been given an opportunity to review and request a copy of the privacy practices and my rights as a patient. __________________ (patient initials)

For Office Use Only:
Account #____________

First Appointment: Date ______________ Time ______________

Reason ____