

## ROGER W. WASHINGTON, M.D. Inc PATIENT REGISTRATION AND CONSENT FORM

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
STREET ADDRESS:				Apt:	
CITY:		STATE:		ZIP:	
EMAIL:		<b>PREFERRED MODE OF COMMUNICATION:</b> 1.Email 2. Phone			
Primary Phone Number:			Alternate Phone Number::		
Date of Birth:		Sex: M or F		Marital Status:	
Race (Choose one) 1. American Indian or Alaska Native 2. Asian 3. Native Hawain(or other Pacific Islander) 4. Black or African American 5. White 6. Hispanic			Language (Choose one) 1. English 2. Spanish 3. Hindi 4. Russian 5. Tagalog 6. Others (specify):_____		
<b>Insurance information:</b>					
Primary insurance:			Circle one: PPO MEDICARE HMO		
Secondary insurance:			Circle one: PPO MEDICARE HMO		
<b>Pharmacy Information:</b>					
Street:		City:		State: ZIP:	
<b>Subscriber (Primary Card Holder)</b>					
Last name:		First name:		Middle name:	
Date of Birth:				Sex: M or F	
Relationship to the patient:		Self	Spouse	Mother	Father Other
<b>IN CASE OF EMERGENCY:</b>					
FULL NAME:					
PHONE:			RELATIONSHIP TO THE PATIENT:		
<b>CONSENT FOR TREATMENT</b>					
The patient is under the care and supervision of his/her attending physician and it is the responsibility of the clinic and its nursing staff to carry out the instructions of such physician. In accordance with California Law, I hereby consent to and authorize the administration of all medical diagnostic procedures, medical treatment, anesthetics, X-Ray Examinations and surgical procedures deemed necessary by the attending physician for the patient named on this document.					
Signed: _____		Date: _____			
Witness: _____		Date: _____			
I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits to the party who accepts the assignment.					
Signed: _____		Date: _____			
<b>Do I have an ADVANCED DIRECTIVE? Yes or No</b>					
I authorize payment of medical benefits to the undersigned physician or supplier for services described.					
Signed: _____		Date: _____			