TriValley Primary Care
Patient Registration Form
Please print the information requested in the spaces provided. Thank you.

PATIENT INFORMATION	ON	PHO	OTO ID R	REQUIRED		lays Date:				
LAST NAME				PRIMARY CARE	E PHYSIC	IAN				
FIRST NAME M.I.			DATE OF BIRTH							
PREVIOUS NAME				SEX						
ADDRESS				MARITAL STATUS						
CITY				SOCIAL SECURITY NUMBER						
STATE	ZIP			EMPLOYER						
HOME PHONE	CELL PHONE			EMPLOYER ADDRESS						
WORK PHONE	PREFERRED CONTACT PHONE			EMPLOYER CIT	Y		STATE	STATE ZIP		
Home				EMBLOVAENT CTATIC CTUDENT CTATIC				THE		
NOTIFICATIONS TO MY CELL PHONE YES NO				EMPLOYMENT STATUS STUDENT STATUS						
RESPONSIBLE PARTY Check here if self			re if self	EMERGENCY CONTACT						
LAST NAME				LASTNAME						
FIRST NAME M.I.			FIRST NAME	FIRST NAME M.I.						
ADDRESS				ADDRESS						
CITY				CITY						
STATE ZIP			STATE ZIP							
HOME PHONE	CELL PHONE			HOME PHONE			CELL PHONE			
WORK PHONE	EXT						EXT			
	EAI						EAT			
DOB SEX Male Female				DOB SEX ☐ Male ☐ Female						
RELATIONSHIP				RELATIONSHIP						
PRIMARY & SECONI PRIVACY NOTICE: I acknowledge	DARY IN	SUR	ANCE (PRESENT	INSU	URANCE	CARDS '	TO FRONT I	DESK)	
PRIVACY NOTICE: 1 acknowle	eage that I na	ave be	en provide	ed Trivalley Pr	rimary	Care's Notic	e of Privacy	Practices initial h	iere	
I authorize TriValley Prima	ary care to	leave	protected	d health infor	rmatio	n on an ans	swering ma	chine/voicema	il at the	
following number/s:								(void if	blank)	
The following is my person	-				mport	ant: Inform	ation passe	d on to the pers	sonal	
representative is equivalent	t to commu		_	-						
Name: Relationshi				p: Telephone Number:						
Patients may request alternate	e means to c	ommu	nicate wit	th them or an a	alterna	te location.	If TriValley	incurs an expen	se to	
effect the alternate means/loc	ation, it mus	st be b	orne by th	ne patient, or it	t shall	not be appro	oved. Please	e list alternative	means of	
communication on the back of										
Signature of Patient (or POA)					Date					
STATISTICAL DATA: SO	DLICITED 1	PER I	FEDERA	L MEANING	JFUL	USE REGI	JLATIONS	(ARRA - 2009))	
EMAIL				RACE						
ETHNICITY				LANGUAGE						
ETHNICITI				LANGUAGE						