

REGISTRATION

Please Print

PATIENT INFORMATION

Name _____ SSN (optional) _____

AKA (Nickname) _____ Birth Name _____

Date of Birth (MM/DD/YY) _____ Sex M F Married or Single

Permanent Address:
Street _____ City _____ State/Zip Code _____

Mailing Address:
Street _____ City _____ State/Zip Code _____

Home Phone () _____ Cell Phone () _____

Message/Alternate Phone/Cell () _____

Email Address: _____

Occupation _____ Employer _____

Work Phone () _____

Who is your primary medical care provider (PCP)? Name _____

Address/Clinic _____ Phone () _____

PATIENT EMERGENCY CONTACT

Contact Name _____ Relationship _____

Home Phone () _____ Work Phone () _____

Message/Alternate Phone/Cell () _____

RESPONSIBLE PARTY INFORMATION

Responsible Party Name _____ SSN (optional) _____

Relationship to Patient _____ DOB _____

Permanent Address:
Street _____ City _____ State/Zip Code _____

Occupation _____ Employer _____

Business Address: _____

Home Phone () _____ Work Phone () _____



1200 - 12th Ave. S, Seattle, WA 98144
www.pacmed.org

Page 1 of 2

Patient Name:

DOB:

MRN:

Clinic Location:

***We value your privacy and may share your contact information with trusted partners to assist us in enhancing your experience with PacMed. Your medical information is never shared.*

PAT-REG-FP (Rev. 1/2016)

In order to meet certain government standards and to provide the best care possible, PMC is required to record specific demographic information about our patients, including new fields of race and ethnicity. This information is required by Centers for Medicare & Medicaid Services for Meaningful Use in the interest of implementing technology that is patient-centered, evidence-based, and prevention-oriented.

Please choose from the selections listed below from the Race and Ethnicity categories:

Ethnicity relates to cultural factors such as nationality, culture, ancestry, language and beliefs.

- **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Ethnicity – Please choose only one.

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Unknown
- Prefer not to state

Race refers to a person's physical appearance, such as skin color, eye color, hair color, etc.

- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** – A person having origins in any of the black racial groups of Africa.

Race – Please select all that apply and indicate the primary selection.

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other
- Unknown
- Prefer not to state

PLEASE NOTE, PACMED CLINICS DO NOT ACCEPT LIENS OR BILL FOR 3RD PARTY MOTOR VEHICLE OR OTHER ACCIDENTS.

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ABOVE IS TRUE AND CORRECT:

Patient/Parent or other authorized representative signature _____

Date _____



1200 - 12th Ave. S, Seattle, WA 98144
www.pacmed.org

Page 2 of 2

Patient Name:

DOB:

MRN:

Clinic Location:

***We value your privacy and may share your contact information with trusted partners to assist us in enhancing your experience with PacMed. Your medical information is never shared.*