Patient Registration Form

Patient Name (Last/First):_____

Date of Birth (MM/DD/YYYY):_____

Social Security #:_____

Driver's License (State/Number):_____

Sex (Male/Female):_____

Marital Status (Single/Married/Divorced/Widowed):_____

Race (African American/American Indian/Asian American/Caucasian/Hispanic/Other):

_____

Preferred language (English/Spanish/Other):_____

Street Address:_____

City:_____State:_____Zip Code:_____

Cell #:_____Home #:_____Work #:_____

Email Address:_____

Preferred Contacting Method (Cell #/Home #/Work #/ Email):_____

Employer:_____Full Time:_____Part Time:_____

Occupation:_____

Spouse:_____Spouse Contact #:_____

Authorized and Responsible Party Information

Name (Last/First):_____

Date of Birth (MM/DD/YYYYY):_____

Social Security #:_____

Relationship to Patient:_____

Cell #:_____Home #:_____Work #:_____

Email Address:_____

Preferred Contacting Method (Cell #/Home # Work #/ Email):_____

Insurance Information

Primary Insurance Company Name:_____

Insurance Address:_____

City:_____State:_____Zip Code:_____

Name of Insured:_____DOB:_____Zip Code:_____

Insurance ID #:_____

Group #:_____

Secondary Insurance Company Name:_____

Insurance Address:_____

City:_____State:_____Zip Code:_____

Name of Insured:_____DOB:_____Zip Code:_____

Insurance ID #:_____

Group #:_____

Referral Information

Who referred you to ASJPC?_____

Emergency Contact

Name:_____

Age:_____

Relationship to Patient:_____

Cell #:_____Home #:_____Work #:_____

Email Address:_____

Authorized Persons for Rx Pick Up

Name:_____Relationship:_____

Name:_____Relationship:_____

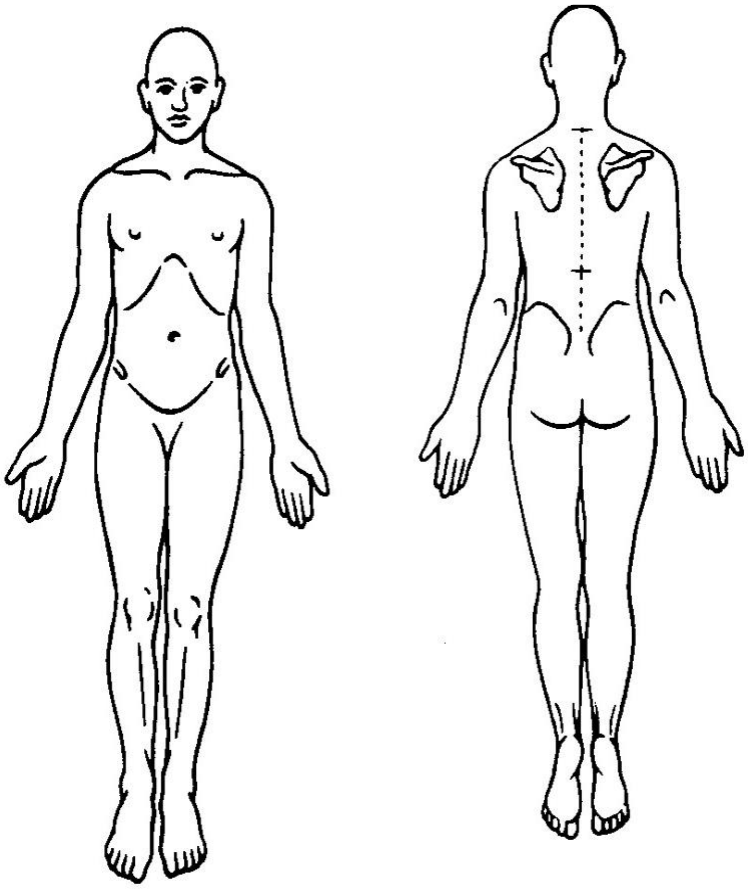
Patient Pain Scale

Pain Intensity Scale

10 Pain as bad as it could be
9 Excruciating
8
7 Severe
6
5 Moderate
4
3 Mild
2 Slight
1
0 No Pain

DIAGRAMS

Front **Back**



1. **Circle the point on the pain intensity scale that best describes your pain at the present time.**
2. **Draw the location of your pain on the body diagrams above.**
3. **Please describe the details of your injury, including the date of injury and any treatment of the injury.**