



COMMONWEALTH PRIMARY CARE, INC.

Physician/Location: Glen Forest Ridgefield Wyndham RPC
 Sommerville VFP West Creek Commonwealth Extended Care

Patient Registration Information

In order to meet criteria established by the Federal Government through the Electronic Health Record (EHR) Incentive Program, our Physician Practice must obtain complete demographic data on every patient including preferred language, race, and ethnicity. If you prefer not to answer these questions you may choose to decline. Thank you for your cooperation.

Date: _____ Name: _____
Last First Middle Suffix

Date of Birth: _____ Sex (M/F) _____ Primary Language: _____

Race:

- American Indian/Alaska Native
- Black/African American
- Native Hawaiian/Pacific Islander
- Declined
- Other: _____

Ethnicity:

- Asian
- White
- Hispanic or Latino
- Non-Hispanic or Latino
- Declined

Marital Status: _____ Driver's License #: _____ State: _____

Address: _____
City State Zip

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Pharmacy: _____ Pharmacy Phone #: _____

Pharmacy Address: _____

Employer: _____ Occupation: _____

Employer Address: _____
City State Zip

Insurance Information: Do you request that we file your insurance and authorize your company to pay us benefits directly? Yes No

Carrier: _____ Policy Holder: _____

Date of Birth: _____ Relationship: _____

Policy #: _____ Group #: _____ Effective Date: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Referring Physician: _____