

Elisabeth Potter, MD, PLLC

New Patient Registration Form

Patient Demographics

Preferred Name First Name Middle Name Nickname _____

First Name _____ Middle Name _____ Last Name _____

Address _____ Zip Code _____

Social Security _____ - _____ - _____ Birth Date ____/____/____ Age _____

Marital Status Single Married to _____ Divorced Widowed

Contact Information

Home (____) ____-____ Work (____) ____-____ Mobile (____) ____-____

Email _____ Preferred Contact Home Work Mobile

Emergency Contact

First & Last Name _____ Relationship _____

Home (____) ____-____ Work (____) ____-____ Mobile (____) ____-____

May we list your emergency contact as a **HIPAA contact** as well? Yes No

Preferred Pharmacy & Location _____

Preferred Language English Other _____ Interpreter Needed Yes No

Employment

Full Time Employee

Full Time Student

Retired

Part Time Employee

Part Time Student

Unemployed

Occupation _____ Company/School _____

Company Address _____ Zip Code _____

Referral Source

Physician _____ Patient _____ Other _____

Primary Care Physician

First & Last Name _____ Company/Location _____

You may edit this information at any time through our online patient portal.

www.mypatientvisit.com