



# Northern Illinois Medical Associates

## PATIENT REGISTRATION FORM

(Please complete all questions)

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Soc Sec#: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ \*This is to activate your online patient portal.

May we leave messages on your voicemail? \_\_\_\_\_ Yes, Detailed Message OK \_\_\_\_\_ Yes, No Details \_\_\_\_\_ No

Sex: \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Veteran Status: \_\_\_\_\_

Race: \_\_\_\_\_ Asian \_\_\_\_\_ African American/Black \_\_\_\_\_ Caucasian/White \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino Primary Language: \_\_\_\_\_

In case of emergency who should we contact? \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### INSURANCE INFORMATION

Person Responsible for Insurance: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc Sec#: \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Address (if different from patient): \_\_\_\_\_

Employer: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Is this patient covered by another Insurance? \_\_\_\_\_

Person responsible for Secondary Insurance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Secondary Insurance: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Do you have a Durable Power of Attorney? \_\_\_\_\_ If yes, Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ \*If you need to assign one, we can provide a form.

Are you new to our office? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Is this visit related to a Work Injury or Motor Vehicle Accident? \_\_\_\_\_

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD AND PHOTO ID. THANK YOU!

[www.nimamed.com](http://www.nimamed.com) Like us on Facebook!