

Northwest Family Medicine

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PATIENT REGISTRATION

A. Patient Demographic Information

Patient Identification	Today's Date _____
First Name _____ M.I. _____ Last Name _____	Nickname _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____ Age _____ SSN _____
Mailing Address _____	City/State/Zip _____
Home Ph _____	Work Ph _____
Cell Ph _____	Other Ph _____
Who will be responsible for your account?	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
Name _____	DOB _____ Preferred Ph# _____
Address _____	City/State/Zip _____
Employer _____	Ph _____
Emergency Contact Information	
Name _____	Relation _____ Phone _____
Address _____	City/State/Zip _____

B. Additional Information

Employment Status:	<input type="checkbox"/> Full Time Employment <input type="checkbox"/> Part Time Employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Stay-at-home
Student Status:	<input type="checkbox"/> Student-Full Time <input type="checkbox"/> Student-Part Time <input type="checkbox"/> Not a student
Marital Status:	<input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Other _____
Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other _____
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown
Race:	<input type="checkbox"/> Native American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Preferred Pharmacies & Location	1. _____ 2. _____