

**Barnes & Klatt, P.C.**

**REGISTRATION FORM**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient Name** \_\_\_\_\_

SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

OKAY TO LEAVE A MESSAGE(Circle)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Yes or No

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Yes or No

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Yes or No

Sex: M \_\_\_\_ F \_\_\_\_ Student: F/T \_\_\_\_ P/T \_\_\_\_

Employer \_\_\_\_\_

Marital Status (Single, Married, Divorced) \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Cell Phone \_\_\_\_\_ Yes or No

Spouse's Employer \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_ Yes or No

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***If Patient is a Minor (under the age of 18)***

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

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**EMERGENCY INFORMATION**

In case of emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

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Whom may we thank for referring you to us \_\_\_\_\_ Phone \_\_\_\_\_

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**Office Use Only**

Account Number \_\_\_\_\_

Diagnosis \_\_\_\_\_

Provider \_\_\_\_\_