REGISTRATION / INFORMATION WORKSHEET

Today's Date: ________________________ **Time of Arrival:** ___________ **AM PM (Circle One)**

CONSENT:

I, ____________________________________, give the staff of **Glen Oaks Hospital**
(Patient/guardian signature)
permission to perform an assessment and to verify insurance benefits.

PATIENT INFORMATION:

Patient Name: ________________________________ Patient SSN: ___________________________

Patient Address: ____

City: ____ State: ___________ Zip: _______________

County: _____________________________ E-mail____

Home Phone #: ___________________ Cell #: ____________________ W #: ___________________

Date of Birth: _______________ Age: _______ Sex: _______ Race: _______ Marital Status: _______

Patient's Occupation: ______________________ Employer: __________________________________

Employer's Address: ____

Employer's Phone #: _______________________________ Length of Employment: ______________

Do you have an Employee Assistance Program? **Y or N** If YES, Who? _________________________

Patient's Biological Mother: __________________ Patient's Biological Father: ____________________

EMERGENCY CONTACT INFORMATION:

In Case of Emergency, contact: _________________________________ Phone #: ________________

What is their relationship to the Patient? _____________________ DOB: _______________________

Address: ____

Additional Contact Name: _____________________________________ Phone #: ________________

What is their relationship to the Patient? _____________________ DOB: _______________________

Address: ____

PRIMARY CARE PHYSICIAN:

Primary Care Physician (PCP) Name: ____

PCP Address & Phone Number: ____

REFERRAL INFORMATION:

Who referred you for services at **Glen Oaks Hospital**?_____________________________________
What agency are they with (address)? ____

LEGAL INFORMATION:

Does the Patient have a Living Will? **Y or N** Effective Date: _________________________________
Is there Durable Power of Attorney? **Y or N** If YES, who holds this? ___________________________
Effective Date: ____

GUARANTOR/GUARDIAN INFORMATION:

Guarantor/Guardian Name*: ______________________________ Guarantor SSN: _________________
* (The guarantor/guardian is the one who will actually be signing the paperwork IF admission takes place)

Guarantor Address: ____

City: ____ State: ____________ Zip: ________________

County: ______________________________ E-mail:____

Home Phone #: ____________________ Cell #: ____________________ W #: __________________

Date of Birth: ________________ Age: ________ Sex: _______ Race: ______ Marital Status: ______

What is the Guarantor's relationship to the patient? ____

Guarantor's Occupation: _______________________ Guarantor's Employer: _____________________

Guarantor's Employer's Address: ____

Employer's Phone #: __________________________________ Length of Employment: _____________

Do you have an Employee Assistance Program? **Y or N** If YES, Who? _________________________

INSURANCE INFORMATION:

PRIMARY Insurance ______________________ Policy holder Name: ____________________________

Policyholder DOB ___________________ Policyholder SSN __________________________________

Policy ID# ____________________________________ Group Name or Number ___________________

Insurance Customer Service or Verification Phone #: ____

Policyholder Employer, City and Phone #____

Relationship to Patient _____________ Policy holder Home #: _____________ Cell # ______________

Policyholder Address ____

SECONDARY Insurance ___________________ Policyholder Name: ____________________________

Policyholders DOB ___________________ Policyholder SSN _________________________________

Policy ID# ____________________________________ Group Name or Number ___________________

Insurance Customer Service or Verification Phone #: ____

Policyholder Employer, City and Phone #____

Relationship to Patient _____________ Policy holder Home #: _____________ Cell #: _____________

Policyholder Address ____

If admission is required, what payment method will you be using today? (Please circle all that apply)

CASH / CHECK / MONEY ORDER MASTERCARD / VISA / DISCOVER / AMERICAN EXPRESS