IDAN SHARON, M.D. PC---SHARON NEUROLOGY---Neurology & Psychiatry

REGISTRATION FORM

Today's date:	Primary doctor:

PATIENT INFORMATION

Last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid

Referred by:	Name on insurance card:	Cellphone:	Birth date: / /	Age:	Sex: ❑ M ❑ F

Street address:	Social Security no.:	CELL phone no.: ( )

P.O. box:	City:	State:	ZIP Code:

Occupation:	Employer:	Employer phone no.: ( )

Chose clinic because/Referred to clinic by (please check one box):	❑ Dr.	❑ Insurance Plan	❑ Hospital

❑ Family	❑ Friend	❑ Close to home/work	❑ Internet	❑ Other

Other family members seen here:

Who is Primary cardholder for your insurance

NAME OF PRIMARY INSURANCE CARDHOLDER_____________________________________SS#______________________ DOB-______________________

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Cell phone no.: ( )	

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.

Patient/Guardian signature *Date*

General Medical Information

PHARMACY Name:
Pharmacy Address & Phone:

Medications and dosage:

1) ______________________________
2) ______________________________
3) ______________________________
4) ______________________________
5) ______________________________
6) ______________________________
7) ______________________________
8) ______________________________

Allergies:

Family Medical History

1. Father-
2. Mother-
3. Children-
4. Brothers-
5. Sisters-
6. Grandparents (mother)-
7. Grandparents (father)-

Note if anyone suffered from neurological or emotional problems, including: alcohol, drugs, seizures, cancer, stroke, diabetes, heart disease, hypertension, migraines, dementia, arthritis, back problems, brain tumor, brain aneurysm, Parkinson's, anxiety, ADHD

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