NSSC *Spine Clinic*
Neuroscience & Spine Center of the Carolinas

PATIENT REGISTRATION SHEET

Social Security # Title (Mr., Mrs., Ms.) Last Name First Name MI

Mailing Address City State Zip Code **Email Address**

Primary Phone # 2nd Phone # Date of Birth Age Sex (M/F)

Marital Status: Single (S) Married (M) Divorced (D) Widowed (W) Separated (X) **Preferred Language**: _____

Race: (Please Circle) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Refuse to Report Undefined

Ethnicity: (Please Circle) Hispanic or Latino Not Hispanic or Latino Refuse to Report Undefined

Employment: Full (F) Part Time (P) Retired (R) None (N) Student: Full (F) Part Time (P) Name of School:_____

Employer Occupation Work Phone and Extension

Primary Insurance Information:

_____ Self (S) Spouse (SP) Child (CH) Other (O)
Primary Insurance Insurance ID# Insured's Relationship to Patient
Insured's Information (if other than patient)

Insured: Title (Mr., Mrs., Ms.) Last Name First Name MI

Date of Birth Employer M/F

Secondary Insurance Information:

_____ Self (S) Spouse (SP) Child (CH) Other (O)
Secondary Insurance Insurance ID# Insured's Relationship to Patient
Insured's Information (if other than patient)

Insured: Title (Mr., Mrs., Ms.) Last Name First Name MI

Date of Birth Employer M/F

Emergency Contacts:

1._____
Name Relationship to Patient Address

Home Phone # Work Phone # Cell Phone #

2._____
Name Relationship to Patient Address

Home Phone # Work Phone # Cell Phone #

_____
Signature Date