The Medical Center
Bowling Green

PRE-REGISTRATION FORM

PROCEDURE DATE/DUE DATE: ____________________ TYPE OF PROCEDURE: ____________________

ADMITTING/TREATING
PHYSICIAN: ____________________ FAMILY PHYSICIAN: ____________________

Patient's Full Name: ____________________
last first middle maiden

Address: ____________________
PO Box/Street City State Zip

Patient's E-mail address ____________________

Birthdate: __________ Age: ______ Marital Status: __________ Race: __________

Diabetic: ☐ Yes ☐ No Religion: ____________________ Church Affiliation: ____________________

Phone: ____________________ Social Security Number: ____________________

Patient's Employer: ____________________ Occupation: ____________________

Address of Employer: ____________________
City State Zip

Patient's Work Number: ____________________ Spouse's Work Number: ____________________

SPOUSE'S NAME: ____________________ Social Security Number: ____________________

Spouse's Birthdate: ____________________

Spouse's Employer: ____________________ Occupation: ____________________

____
Address of Employer City State Zip

PRIMARY INSURANCE: ____________________ PHONE NUMBER: ____________________

Address for Claims: ____________________

Policy Number: ____________________ Group Number: ____________________

Insured's Name: ____________________ Effective Date: ____________________

SECONDARY INSURANCE: ____________________ PHONE NUMBER: ____________________

Address for Claims: ____________________

Policy Number: ____________________ Group Number: ____________________

Insured's Name: ____________________ Effective Date: ____________________

MEDICAL ASSISTANCE ID NUMBER: ____________________ Eff. Date: __________ Exp. Date: __________

***First Name of Patient's Mother: ____________________

One Relative or Friend with phone number and address to notify in case of an Emergency. (Other than patient's phone number.)

____
Name Relation Address Phone

250 Park Street
P.O. Box 90010
Bowling Green, KY 42102-9010
270-796-2117
FAX: 270-796-2491

Southcentral Kentucky's Regional Medical Center

A COMM HEALTH CORP SUBSIDIARY

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