

# MEDICAL ARTS

R A D I O L O G Y

medartsrad.com

## PATIENT REGISTRATION

Bay Shore Commack Huntington Massapequa

Patchogue Plainview West Islip East Setauket

Patient's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Patient SS# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insured Name \_\_\_\_\_ Insured Date of Birth \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

### FOR YOUR ELECTRONIC MEDICAL RECORD

1) What is your native language? \_\_\_\_\_

2) What is your race or ethnicity? \_\_\_\_\_

3) Please list any current medical conditions to be included in your medical records \_\_\_\_\_  
\_\_\_\_\_

4) Do you smoke? (circle one if over the age of 13)      Never      Occasional      Everyday      Former

5) Please list any medications you are currently taking \_\_\_\_\_  
\_\_\_\_\_

6) Please list any medication allergies \_\_\_\_\_  
\_\_\_\_\_

7) **Is there any chance you are pregnant?** (Women age 12-55)      No \_\_\_\_\_      Yes \_\_\_\_\_

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Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_