McLAREN MEDICAL GROUP
ADULT REGISTRATION

Language Preference: ☐ English
☐ Other specify: _____

PATIENT INFORMATION

PATIENT NAME (Last) (First) (Middle)	☐ Male ☐ Female	STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
ADDRESS CITY STATE ZIP CODE		LANGUAGE: ❑ English ❑ Spanish ❑ Arabic ❑ German ❑ Polish ❑ French ❑ Italian ❑ Chinese ❑ Declined ETHNICITY: ❑ Hispanic/ Latino ❑ Non-Hispanic/ Latino ❑ Decline to Answer ❑ Unknown RACE: ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ White Caucasian ❑ Native Hawaiian or Pacific Islander ❑ Unknown or Decline to Answer
TELEPHONE ( )	SS# — —	BIRTH DATE — —
CELL PHONE ( )	E-MAIL ADDRESS	

EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE ( )
EMPLOYER ADDRESS CITY STATE ZIP CODE			
PRIMARY CARE PHYSICIAN	REFERRED OR RECOMMENDED BY		

For appointment reminders only, use phone number _____ and E-mail _____

For leaving a message, use phone number _____

SPOUSE /LEGAL GUARDIAN INFORMATION

NAME (Last) (First) (Middle)	RELATIONSHIP
TELEPHONE ( ) SS# — —	BIRTH DATE — —
ADDRESS CITY STATE ZIP CODE	

EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE ( )
EMPLOYER ADDRESS CITY STATE ZIP CODE			

INSURANCE INFORMATION

PRIMARY INSURANCE		SUBSCRIBER	BIRTH DATE
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME

SECONDARY INSURANCE		SUBSCRIBER	BIRTH DATE
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME

OTHER INFORMATION

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME	RELATIONSHIP
ADDRESS CITY STATE ZIP CODE	
WORK TELEPHONE ( )	HOME TELEPHONE ( )
EMERGENCY CONTACT	RELATIONSHIP TELEPHONE ( )

UPDATES

PATIENT/LEGAL GUARDIAN SIGNATURE	**DATE**

DATE SIGNATURE	DATE SIGNATURE