

# NEW PATIENT REGISTRATION FORM

HYPERTENSION & KIDNEY SPECIALIST  
1352 West Harrison Street, Reidsville, NC 27320  
Phone: (336) 496-7370 | Fax: (336) 715-8622

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## PATIENT INFORMATION

Sex:  MALE  FEMALE  \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Is it okay to send appointment updates via email?  YES  NO Text?  YES  NO

Primary Language:  ENGLISH  SPANISH  OTHER: \_\_\_\_\_

### EMERGENCY CONTACT NAME:

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Primary Care Provider Office Name: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

## INSURANCE INFORMATION

PRIMARY INSURANCE: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Primary Insured Name (if not patient): \_\_\_\_\_ DOB: \_\_\_\_\_

SECONDARY INSURANCE (if applicable): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Primary Insured Name (if not patient): \_\_\_\_\_ DOB: \_\_\_\_\_