Acadiana Medicine Clinic, APMC
Drs. Bordelon, Nix and Santiago
1200 Hospital Drive, Suite 4, Opelousas, LA. 70570
Phone: (337) 948-7090 Fax: (337) 942-8108

PATIENT REGISTRATION

Patient Information

Date:_____

Name: (last)_____(first)_____(middle)_____

Address:(mailing)_____(physical)_____

City: _____ State:_____ Zip Code:_____

Birthdate:_____Sex: M F (circle one) Marital Status: S M W D Sep

Race: African-American Caucasian Hispanic Native American Oriental/Asian Other _____

Telephone No:_____ (work):_____

Cell number: _____ Email address:_____

Social Security No: _____ Occupation: _____

Employment Status: Full-time Part-time Retired Self Employed Student None Other_____

Employer Name: _____ Address:_____

Primary Physician:_____Who referred you?_____

Is this visit for a work related injury? Yes or No Is this visit for an auto accident? Yes or No

Is this visit for another type of accident? Yes or No Date of accident? _____

Emergency Contact (name) _____

Telephone number: _____ (relationship)_____

Responsible Party

Party responsible for payment: (circle one) Self Spouse Parent Other_____

If other than self provide name: _____ Social Security No: _____

Address:_____ City: _____ State & Zip:_____

Insurance:

If insured through someone other than self: Name_____,

Date of Birth_____ and Social Security #_____of insured

Primary Medical Insurance:_____

Insured Party: (circle or provide) **self** spouse parent other _____

Secondary Medical Insurance: _____

Insured party: (circle or provide) **self** spouse parent other _____

PLEASE ALLOW RECEPTIONIST COPY YOUR INSURANCE AND ID CARDS