



Better Sleep, Better Health, Better Life

3600 W. Parmer Lane Suite #108 Austin, TX 78727

Patient Registration Form

(if patient is a minor, complete next page)

Referring Physician _____

Patient Full Name: _____ Today's Date _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone with area code (_____) _____ Mobile Phone: (_____) _____

Sex: M F Age: _____ Date of Birth: _____ Social Security # _____

Marital Status: Married Single Divorced Widowed Other Email Address _____

Race: Hispanic Black or African American White American Indian or Alaskan Native Asian Native Hawaiian

Other Pacific Islander Other Race Choose not to report

Ethnicity: Hispanic Non-Hispanic Choose not to report

Language: English Indian (Hindi/Tamil) Spanish Russian Other _____

Employer: Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Employer Phone: (_____) _____ Occupation: _____

Spouse Name: _____

Who should be notified in case of emergency? _____

Relationship to patient: _____ Phone: _____

Primary Care Physician: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

INSURANCE INFORMATION (MUST BE COMPLETED)

PRIMARY INSURANCE: _____

Address: _____ Phone # (_____) _____

Policy #: _____ Group #: _____

Policy Holder Information (if different):

Policy Holder Name: _____ Policy Holder Phone (_____) _____

Policy Holder SS#: _____ Policy Holder DOB _____

SECONDARY INSURANCE NAME: _____

Address: _____ Phone #: (_____) _____

Policy # : _____ Group #: _____

Policy Holder Information (if different)

Policy Holder Name: _____ Policy Holder Phone #: (_____) _____

Policy Holder SS# _____ Policy Holder DOB: _____



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Guardian Information (if patient is a minor)

Guardian's Name: _____ Sex: Male Female

Marital Status: Married Single Divorced Widowed Other Email Address _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone with area code (_____) _____ Mobile Phone: (_____) _____

Age: _____ Date of Birth: _____ Social Security #: _____

Employment (If applicable): _____ Business Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____