Anita Hwang M.D.
914 Hartford Tpke Waterford, CT 06385
860-443-3250

Account # ______________________________

REGISTRATION FORM

PATIENT INFORMATION

Patient's Last Name:	First:	M.I.	Marital status: S M D W Other
Birth Date:	Weight: / Height:	Sex: M or F	Social Security No:
Race (Circle One): American Indian / Asian / Black or African American / Hispanic / Native Hawaiian or Pacific Islander / White	Ethnicity (Circle One): Hispanic or Latino / Non Hispanic or Latino / Declined to Specify		Language (Circle One or More): English / Spanish / Other:
Mailing Address:	City, State, Zip:		
Home Phone:	Cell:		Other:
Email Address:	Pharmacy:		City, State:
Primary Care Provider:	Phone:	Referring Doctor:	Phone:
Occupation:	Employer	Employer Phone:	Credit Card No:

INSURANCE INFORMATION

(Please give your insurance card to the receptionist)

PRIMARY INSURANCE:

Subscriber's Name	Birth Date	Policy No.	Group No.
Subscriber's S.S. No:		Sex: M or F	Relationship to Patient:

SECONDARY INSURANCE (if applicable):

Subscriber's Name	Birth Date	Policy No.	Group No.
Subscriber's S.S. No:		Sex: M or F	Relationship to Patient:

IN CASE OF EMERGENCY

Name	Relationship to Patient	Home Phone	Cell

HOW DID YOU HEAR ABOUT US?: ______________________________

Patient/Guardian Signature: ______________________________ Date: ______________