

PROMEDICA CLINIC, PC  
493 Dr. M L King Jr Ave Memphis, TN 38126  
(901) 526-7695 Phone (901) 525-4483 Fax

**PATIENT REGISTRATION INFORMATION**

Patient \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Title/Duties/Lifting \_\_\_\_\_

Spouse \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian (if Minor) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name) (Relationship) (Phone)

Health Insurance \_\_\_\_\_  
(Primary) (Secondary)

Family/Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Patient's Auto Insurance/Coverage \_\_\_\_\_

Attorney/Third Party Insurance Claim \_\_\_\_\_

**MEDICAL/INCIDENT HISTORY**

Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

Personal Health Conditions \_\_\_\_\_

Date of Incident \_\_\_\_\_ MVA \_\_\_\_\_ Fall \_\_\_\_\_ Bus \_\_\_\_\_ OJI \_\_\_\_\_ P/I \_\_\_\_\_

Strike any part of body?/ Injury Complaints \_\_\_\_\_

\_\_\_\_\_

Working Normal Duties? YES NO Time Missed from Work? \_\_\_\_\_ Restrictions Allowed? YES NO

The above is true and accurate to the best of my knowledge.

 \_\_\_\_\_  
Patient or Guardian

 \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness