Main Line Health® | BEHAVIORAL HEALTH

PATIENT REGISTRATION FORM

Patient Name: _____ Social Security Number: _____
Last Name First Name MI Picture ID: ☐ Yes ☐ No

Other Name: _____ Date of Birth: _____

Marital Status:
☐ Single ☐ Married ☐ Widowed
☐ Separated ☐ Divorced ☐ Other

Race: (Response is not mandatory. But is useful for additional reporting)
☐ African-American ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Native American ☐ Other ☐ Unknown

	OKAY TO CONTACT and LEAVE MESSAGE?
Home Phone: (____)_____	☐ Yes ☐ No ☐ Emergencies
Work Phone: (____)_____	☐ Yes ☐ No ☐ Emergencies
Cell Phone: (____)_____	☐ Yes ☐ No ☐ Emergencies
Email: _____	☐ Yes ☐ No ☐ Emergencies

Address line 1: _____
Address line 2: _____
City, State, Zip: _____

Emergency Contact

Emergency Contact: _____
Patient's relationship to Contact: _____

	OKAY TO CONTACT and LEAVE MESSAGE?
Home Phone: (____)_____	☐ Yes ☐ No ☐ Emergencies
Work Phone: (____)_____	☐ Yes ☐ No ☐ Emergencies
Cell Phone: (____)_____	☐ Yes ☐ No ☐ Emergencies

Insurance Information

PRIMARY CARRIER: _____

Subscriber's Name: _____ Subscriber's DOB : _____

Address_____ Relationship to Patient: _____

SECONDARY CARRIER: _____

Subscriber's Name: _____ Subscriber's DOB: _____

Address_____ Relationship to Patient: _____

For Couples: I understand WEWC chart will not be released unless both parties agree and provide signed MLH Behavioral Health Release of Records form.

By signing below I confirm that the information above is accurate and I am in agreement:

Signature: _____ Date: _____

Written Name: _____

Signature: _____ Date: _____

Written Name: _____