



Today's Date \_\_\_\_\_

Due Date \_\_\_\_\_

**Pre-Registration Form**

Please take a moment to complete this information. It will enable us to better assist you when you arrive.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Martial Status \_\_\_\_\_

Social Security Number \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Responsible Party _____	Date of Birth _____
Address _____	Phone _____
Social Security Number _____	Job Title _____
Employer _____	How Long _____
Address _____	Phone _____

Emergency Contact _____	Relationship _____
Address _____	Phone _____

Insurance Information	
Name of Policyholder _____	Date of Birth _____
Social Security Number _____	Policy #: _____
Insurance Company _____	Group #: _____
Address _____	Verification Phone _____

Medicaid Number (if applicable) \_\_\_\_\_

OB/GYN Physician \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

Religious Preference \_\_\_\_\_ Primary Language \_\_\_\_\_

Living Will: Yes or No Healthcare Power of Attorney: Yes or No

**Email form to: Pre-Registrations@gmh.org**

**Fax to: 704-834-2777 or Mail to: Access Management, Gaston Memorial Hospital, PO Box 1747, Gastonia NC 28053**

**You can reach us by phone at 704-834-2914.**

Please be aware that email communication can be intercepted in transmission or misdirected. Your use of email to communicate protected health information to us indicates that you acknowledge and accept the possible risks associated with such communication. Please consider communicating any sensitive information by telephone, fax or mail.