



IM CLINIC

The Internal Medicine Clinic

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420 Lowell Dr. SE, Suite 105
Huntsville, AL 35801



Patient Registration Form

First Name **Middle Name** **Last Name**

Address

City **State** **Zip**

Home Phone **Cell Phone** **Work Phone**

Email Address **SSN** **Driver's License State & Number**

Date of Birth (mm/dd/yyyy) **Sex** Male Female **Marital Status** S M D W

Race Black White Asian Other **Ethnicity** Hispanic Non-Hispanic

How did you hear about our office?

Preference for patient care summary: Portal Paper Both

Next of Kin

Name **Relationship** **Phone**

Emergency Contact (if different from above)

Name **Relationship** **Phone**

Employer Information

Employer **Employer Phone** **Occupation & Industry (current or most recent)**

Insurance Information

Primary Insurance **Contract #** **Group #**

Name of Insured **Relationship to Patient** **Sex** Male Female **SSN**_(insured) **DOB**_(insured)

Secondary Insurance **Contract #** **Group #**

Name of Insured **Relationship to Patient** **Sex** Male Female **SSN**_(insured) **DOB**_(insured)

Signature **Date**

Please turn in this form with your driver's license and insurance card to the receptionist.