BREAST CARE FOR Washington DC
QUALITY. CARE. COMMUNITY.

4 Atlantic St. SW
Washington, DC 20032
Phone: (202) 465-7164
Fax: (202) 905-0159

REGISTRATION FORM

Today's Date:

PATIENT INFORMATION

Patient's Last name:	First:	Middle:	Marital status: Single Mar Div Sep Wid
Birth date:	Age:	Social Security:	
Home Phone:	Cell Phone:	Email:	
Street address:		Ward/County:	
City:	State:	ZIP Code:	
Referrring Provider:	Referring Phone:	Send Results: ☐ Yes ☐ No	

Chose clinic because/referred to clinic by (Please check one box): ☐ Insurance Plan ☐ Community Clinic

☐ Family ☐ Friend ☐ Close to home/work ☐ Yellow Pages ☐ Other

☐ I would like to be informed of Breast Care for Washington events/news!

INSURANCE INFORMATION (PLEASE GIVE YOUR INSURANCE CARD & ID TO THE RECEPTIONIST)

Type of Insurance:					Policy #:
Patient's relationship to subscriber:	Self	Spouse	Child	Other	
Secondary Insurance:					Policy #:

No Insurance:

Household Income:	Below 26,000	26,000- 44,000	44,001- 62,001	62,001- 80,000	80,001 +

Family Size:

IN CASE OF EMERGENCY

Emergency Contact:	Relationship to patient:	Home phone no.:	Work phone no.:

Patient/Guardian signature *Date*