Primary Care Associates, PC
204 Shaver Drive, Talbott, Tennessee 37877
423.581.7040 and (fax) 423.581.9563
www.pcatn.com

Adult Registration Form

Name _____ Preferred Name _____
First Middle Last

Birthdate _____ Gender Male Female Social Security Number _____

Address _____ Apt/Suite # _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address(es) _____

Status Married Single Widowed Student Retired Disabled Unemployed Employed

Employer _____ Employer Phone Number _____

Employer Address _____

Emergency Contact _____ Relationship _____ Phone _____

List anyone you give us permission to discuss your medical care with:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Insurance Information:

Primary Insurance
Insurance Co _____
Name of Subscriber _____
Birthdate of Subscriber _____
Social Security of Subscriber _____
Patient Relationship of Insured Self Spouse

Secondary Insurance
Insurance Co _____
Name of Subscriber _____
Birthdate of Subscriber _____
Social Security of Subscriber _____
Patient Relationship of Insured Self Spouse

Advance Directive for Healthcare:

I understand my right to execute a Living Will and/or Durable Power of Attorney for healthcare to assist in healthcare decisions if I become unable to make decisions.

I have a Living Will. YES NO If "yes," copy provided for chart? YES NO
I have granted Durable Power of Attorney. YES NO If "yes," copy provided for chart? YES NO

Patient Signature _____ **Date** _____