Athans and Associates, Ltd.
32 Main Street, Park Ridge, IL 60068/ Tel: (847) 823-4444

#1/5

REGISTRATION
New clients - Please complete in print

Patient Information

Patient Name: ____ Date: _____/_____/______
Address: _______________________________________ City: ______________________
State: ________ Zip+4Code: ______________________

Home Phone:	( )	May we leave a message? ☐ Y ☐ N
Work Phone:	( )	May we leave a message? ☐ Y ☐ N
Cell Phone:	( )	May we leave a message? ☐ Y ☐ N
Alternate Phone:	( )	May we leave a message? ☐ Y ☐ N

Soc Sec #: ______/______/______ Patient's Age: ______ Birth Date:_____/______/______

Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___
Sex: Male___ Female ___ Student: F/T ___ P/T ___
If patient is a minor, with whom do they reside? ________________________________

Employment

If Patient is a Minor: Parent/Guardian Name: ______________________________
Employer: ________________________________ Work Phone #: (_____)_____________
Employer Address: _______________________ City: _____________ State: ___ Zip:______

Employment (If patient is a Minor, Please List Responsible Party's Employment):
F/T ___ P/T ___ Self-empl ___ Not Empl ___ Retired ___Military _____
Employer: _______________________________________ Phone #: (_____)____________
Employer Address: _____________________ City: _______________ State: ___ Zip: ________

Spouse's Name: ____________________________ Spouse's Soc Sec #: ____/_____/_____
Spouse's Employer: ________________________ Spouse's Work Phone #:(____)____________

Responsible Person For Billing

(Not an Insurance Co.): ____
Address:___________________________ City: _______________ State: ____ Zip: ________
Phone #: (_____) _______________ Social Security #: ______/_______/________

Emergency Contact Information

In Emergency, Notify: _____________________________________
Relationship ___________________ Emergency Contact's Phone #: (_____)_______________
Family Physician: ______________________ Physician's Phone #: (_____)_______________
Physician's Address: ____

How were you referred?________________________
How will you pay for today's visit? _____Cash ___Check ___Visa ___ M/ C___

-- **Office Use Only** --

Acc #: _______________ **Provider:** _________________________________ **Dx:** ___________ ___________