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

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**REGISTRATION**
**New clients - Please complete in print**

## Patient Information

Patient Name: _____ Date: _____/_____/_____
Address: _____ City:_____ State: ____ Zip:_____

| | | |
|---|---|---|
| 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 |

Email: _____
May we contact you by email in an emergency? ☐ 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:** _____ _____
**(Registration 2018R)**