

Capital Regional Medical Center

Online Patient Pre-Registration

Need Directions? Please Call (850) 325-5038

1. Fill Out Form Accurately

When your physician schedules an appointment and you submit this form, our registration office will call you if there are any questions. When filling out the form, please fill out the information as accurately as possible.

2. What to Bring With You

Please be sure to bring the following items with you:

- * Any orders that your physician has given to you
- * Driver's License for ID purposes
- * All of your insurance cards
- * Any co-pay that is applicable to your visit

* Please take advantage of our free Valet Parking located at the Main Entrance of the Hospital.

Full Name:	Social Security Number:
Address:	Date of Appointment:
City:	Date of Birth:
State: Zip:	Race:
Home Phone:	Gender:
Alternate Number:	Marital Status:

Employment Status:	If Retired, Retirement Date:
Employer:	Phone Number:
Address:	Ext:
City:	
State: Zip:	

Emergency Contact:	Relationship to Patient:
Address:	Home Phone:
City:	Work Phone:
State: Zip:	

Please complete this section **only** if patient is under 18 (or if covered by parent's insurance).

Parent's Name:	City:	Zip:
Date of Birth:	State:	
Social Security Number:	Phone:	
Employer:	Occupation:	
Employer Address:		

Insurance #1:	State:	Zip:
Mal Claims Address:	ID#:	Group#:
City:	Phone Number:	

Insurance #2:	State:	Zip:
Mal Claims Address:	ID#:	Group#:
City:	Phone Number:	

Is this illness/injury due to an accident?	What type of Accident:
Claim#	Case Worker Phone:
Case Worker Name:	If Applicable Auto Insurance:
Type of Registration:	
