2955 El Dorado Parkway, Frisco, TX 75033
P: (214) 407-8668 | F: (214) 407- 8525
5500 Sycamore School Road, Fort Worth, TX 76123
P: (682) 707-9707 | F: (682) 707-9708
www.icare-er.com

PATIENT REGISTRATION

☐ New Patient - Please fill out all fields ☐ Previous Patient – Please only fill out new or changed information.

Demographics

Patient Name:		Gender: ☐ Male ☐ Female	DOB:
Address: ☐ Same as ID (Street)		(City)	(Zip Code)
Primary Phone:	Secondary Phone:		Social Security:
E-Mail:	Marital Status: ☐ Divorced ☐ Married ☐ Minor ☐ Single ☐ Separated ☐ Widow Race& Ethnicity: ☐ Asian ☐ Black/African-American ☐ White ☐ Hispanic/Latino ☐ Non-Hispanic/Latino		

How Did You Hear About Us?	☐ Drove By ☐ Friend/Family ☐ Internet ☐ Google ☐ Solv ☐ Facebook ☐ Insurance ☐ Doctor Referral ☐ Employee ☐ Previous Patient ☐ Other Name of Referrer (if app):

Chief Complaint

Primary Complaint	Secondary Complaint
Injury Related: ☐ Auto Accident ☐ Work Injury	Date of Injury:

Primary Insurance

Insurance Name:	Policy Holder Name:	DOB:
Patient's Relationship: ☐ Dependent ☐ Spouse ☐ Grandparent ☐ Parent ☐ Legal Guardian		

Patient Contacts

Emergency Contact (Name)	(Phone #)	Relationship: ☐ Spouse ☐ Mother ☐ Father ☐ Daughter ☐ Son ☐ Sibling ☐ Friend ☐ Grandparent ☐ Employer

By signing this form, I affirm that all information listed herein is true and correct to the best of my knowledge. I acknowledge my phone number will be used to send text message information about iCare facilities.

X____
Patient/Guardian Signature

____
Date