



Serendipity  
Wellness  
Center

## REGISTRATION FORM

**Thank you for deciding to come to Serendipity Wellness Center. In order to assist you and/or your family in identifying available resources, we will ask you to provide the following information as completely as possible in order for us to assist you.**

PATIENT INFORMATION					
Last Name:		First Name:		Middle:	Prior/Maiden:
Address:			Apt #:	P.O. Box (if applicable)	
City:			State:		Zip:
Home Phone:			Cell Phone:		
Date of Birth:			Sex: MALE                      FEMALE		
Race: CAUSASIAN    BLACK    ASIAN    AMERICAN INDIAN/ALASKAN NATIVE HISPANIC    NATIVE HAWIAAN OR PACIFIC ISLANDER    OTHER					
Marital Status: Single    Married Separated    Divorce    Widow		Employment Status: Employed    Unemployed    Retired    Student: Grade			
Patient Email address:					
Patient Employer:			Employer Phone:		Occupation:
Employer Address:		City:		State:	Zip:
Spouse Name:		Address (check if same as patient <input type="checkbox"/> ):		City:	State:    Zip:
STUDENT INFORMATION					
Name of School:		School Phone:		Address/City:    State:    Zip:	
IN CASE OF EMERGENCY Please provide 2 contacts					
Name:		Relationship:		Home Phone:    Cell Phone:	
Address (check if same as patient <input type="checkbox"/> ):				City:    State:    Zip:	
Name:		Relationship:		Home Phone:    Cell Phone:	
Address (check if same as patient <input type="checkbox"/> ):				City:    State:    Zip:	
GUARANTOR INFORMATION					
Name (check if patient is guarantor <input type="checkbox"/> ):		Relationship:	SS#:	DOB:	Phone Number:
Address (check if same as patient <input type="checkbox"/> ):			City:		State:    Zip:
Guarantor Employer:			Employer Phone:		Occupation:
Employer Address:			City:		State:    Zip:

**CONSENT FOR ASSESSMENT/BENEFITS VERIFICATION**

I authorize use of this signature on all insurance submissions and authorize the release of any medical information necessary to the processing of insurance benefits (must have a copy of insurance card, if indicated). I permit a copy of this authorization to be used in place of the original)

\_\_\_\_\_  
Signature of responsible party (legal guardian, if minor)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date