

**PATIENT REGISTRATION**

EvergreenHealth Diabetes & Endocrinology Care  
12303 NE 130th Lane, Suite 250 • Kirkland, WA 98034

(425) 899-6414

**COMPLETE ALL SECTIONS**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
FIRST MI LAST

Previous Name \_\_\_\_\_ Advance Directive \_\_\_\_\_

Marital Status \_\_\_\_\_ Sex [ ] male [ ] female

**UNBLOCKED** Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_ PREFERRED# for call backs, messages:  Home  Mobile  Work

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Referred Here By \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

**PRIMARY INSURANCE**

Name Of Insured \_\_\_\_\_ Birth Date \_\_\_\_\_

ID # \_\_\_\_\_ Group# \_\_\_\_\_

Relation To Patient \_\_\_\_\_ Employer \_\_\_\_\_

**Secondary Insurance**

Name Of Insured \_\_\_\_\_ Birth Date \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_

Relation To Patient \_\_\_\_\_ Employer \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship To Patient \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Second \_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian signature required for minor

Initial & Date if unchanged

APPLY PATIENT LABEL HERE