

Virtual Visit Patient Registration Form

PATIENT NAME: _____ **DOB:** _____

SS #: _____ **Sex:** M F **Phone:** _____

Street Address: _____ **City:** _____

State: _____ **Zip:** _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino Other Not Reported

Race: Caucasian/White Black/African American American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander Other Declined Unavailable/Unknown

Preferred spoken/written language: English Other: _____

Guarantor Information: Same as Patient

Name: _____ **Relationship to Patient:** _____ **DOB:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **SS#:** _____

Employer: _____

Insurance Information:

Carrier: _____

Member ID: _____ **Group #:** _____

Subscriber Name: _____ **DOB:** _____ **Sex:** M F

Employer: _____

***Insurance card can be uploaded through Saint Luke's My Patient Portal**

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Emergency Contact- This is an individual that Saint Luke's should notify if there is a medical emergency involving the patient, such as sudden change in the patient's health status and patients unable to communicate. Note: The Emergency Contact may not have the legal authority to act on the patient's behalf unless the patient explicitly provides that power. This person may also be the PHI authorized contact. Staff must confirm before sharing detailed medical information.

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____
3. Name: _____ Telephone: _____
4. Name: _____ Telephone: _____

PHI Authorized Contact- Saint Luke's may share PHI with this individual. This includes PHI that is directly related to such person's involvement with the patient's care.

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____
3. Name: _____ Telephone: _____
4. Name: _____ Telephone: _____

Health Care Agent- This is an individual that is allowed to make decisions for patients, in the event the patient is unable to make them for themselves.

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____
3. Name: _____ Telephone: _____
4. Name: _____ Telephone: _____