

PATIENT REGISTRATION FORM

Please fill out "BOLD" highlighted areas in black ink

Registration Eligibility Data

Patient: _____
Last name First Name MI

SSN: ____ - ____ - ____ **Branch of Service:** USN **Active Duty?** Y

Date of Birth: _____ **Duty Station:** USNA/N00161 **Duty Phone:** 410-293-5001

Duty Address: 121 BLAKE ROAD, ANNAPOLIS, MD 21402 **Rank:** MIDN 4/C
Number Street City State Zip Code

Existing 10-digit DOD ID Number (if prior enlisted or dependent): _____ or **N/A**

Patient Data

Patient Sex (circle one): M | F **Patient Date of Birth:** _____ **Patient FMP:** 20
(FMP is explained on back)

Record Location (if applicable): BHC BANCROFT HALL **Religion:** _____

Race (circle one): Asian / Black / Hispanic / Caucasian / Native American Indian / Eastern Hemisphere Indian / Other / Unknown

Ethnic Origin (circle one): Filipino / Hispanic / Other / Other Asian-Pacific Islander / Southeast Asian / Unknown

Home Address: _____
Number Street City State Zip Code

Home Phone: _____

Allergies? Y or N - If Y, please list them: _____

Emergency Data

In case of Emergency, Contact: _____ **Phone #:** _____

Address: _____
Number Street City State Zip Code

Primary Next of Kin: _____ **Relationship:** _____

Address: _____
Number Street City State Zip Code

Phone #: _____

Do you have any insurance other than Tri-Care? YES or NO

If yes, provide the company and policy number _____
Company Policy Number

I certify that the above information is true to the best of my knowledge. Falsification of information is covered by 18 U.S. Code, section 1001 which provides for a maximum fine of \$10,000 or imprisonment of five years, or both. I hereby authorize and request that the proceeds on any and all benefits be paid directly to the facility of the uniformed service for hospitalization or outpatient services provided to me and/or my dependents.

Signature: _____ Date: _____

FMP is the **Family Member Prefix**. The **FMP** is used to signify the relationship between a patient and sponsor.

For Example:

- 20—Active Duty or Retiree
- 30—Sponsor first spouse
- 31—Sponsor second spouse
- 01—First born child
- 02—Second born child

OFFICE USE ONLY

GENESIS HARD COPY RECORD: Y / N IF YES, **PRT STICKER NUMBER:** _____

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