

Kate McCaffrey, D.O.
707-633-8196 Voice message
1660 Central Ave. Suite H McKinleyville, CA 95519

PATIENT REGISTRATION

Date _____

Name _____ (Ms./Mrs./Mr./Dr.)

Allergies _____

Social Security # _____

Parent(s)/Guardian(s) _____

Address _____

City _____ State _____ Zip _____

Best way to reach you? (Rank 1-4, 1 is best): _____ Mobile _____ Day _____ Evening _____ Email

Occupation _____

Referred by: _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship to Patient _____

Telephone _____ Alternate telephone (optional) _____

Address _____ City _____ State _____ Zip _____

Primary Care Physician _____ Ph: _____

Primary Care Physician's Address (City, State) _____

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BILLING

Visa/MasterCard _____ Exp _____ CVV Code _____

Signature _____ Date _____

Medical insurance carrier (name and phone number):

*Auto insurance carrier (name and phone number):

*Do you have "Medical Payments" (Med Pay) on your auto policy? Yes / No / Not sure

(Med Pay is important protection for you and your family and we highly recommend obtaining as much of this coverage as your carrier allows. It is inexpensive and can eliminate the otherwise inevitable hassle of arguing with insurance companies to get the care you need in the event of a motor vehicle accident.)