Janai Meyer, RD LD IBCLC

Registered Dietitian and Lactation Counselor

REGISTRATION FORM

(Please Print)

Today's date:

PATIENT INFORMATION

Patient's Last Name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid

Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: ❑ M ❑ F

Street address:	Social Security no.:	Primary phone no.:	May we leave a message? ❑ Yes ❑No

P.O. Box:	City:	State:	ZIP Code:

E-mail address:	Alternate phone no.: ( )

Occupation:	Employer:	Employer phone no.: ( )

Referred by:	❑ Dr.	❑ Family	❑ Friend	❑ Close to home/work	❑ Other or Online

*ETHNICITY: ❑ Hispanic ❑ Non-Hispanic

*RACE: ❑ American Indian or Alaska Native ❑ Asian ❑ Black/African American ❑ White ❑Native Hawaiian or Other Pacific Islander
(circle)

*Information is required by the government to meet meaningful use criteria.

INSURANCE INFORMATION

(Please provide your insurance card)

Person responsible for bill:	Social Security#:	Mailing Address:	Home phone no.: ( )

Occupation:	Employer:	Employer address:	Employer phone no.: ( )

Is this patient covered by insurance? ❑ Yes ❑ No

Please indicate primary insurance:	

Insured name:	Insured S.S. no.:	Birth date: / /	Group no.:	Policy no.:	Co-payment: $

Patient's relationship to insured:	❑ Self	❑ Spouse	❑ Child	❑ Other

Name of secondary insurance (if applicable):	Insured name:	Birth date: / /	Policy no.:

Patient's relationship to Insured:	❑ Self	❑ Spouse	❑ Child	❑ Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to Janai Meyer, RD LD. I understand that I am financially responsible for any balance. I also authorize Janai Meyer, RD LD to release to my insurance company any medical or other information necessary to process my claims.

Patient/Guardian signature *Printed name* *Date*