West Alabama Urology Associates
Registration Form

Today's Date:	PCP:	Referring Physician:

Patient Information

Patient's Last Name:	First Name:	Middle Name:
Date of Birth:	Social Security Number:	Email Address:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Sex: Male Female	Ethnicity: Hispanic - Hispanic	Preferred Language: English Spanish Sign Language Other:
Marital Status: Married Single Divorced	Race: White Hispanic American Indian African American Other Decline	
Emergency Contact:	Relationship to Patient:	Phone Number:

Responsible Party

(If patient is a minor (under the age of 18), the parent or guardian bringing in the patient will be listed as the guarantor. If the patient is over 1

Patient's Last Name:	First Name:	Middle Name:
Date of Birth:	Phone #:	Relationship to Patient:
Address of Responsible Party:		
City/State/Zip:	Email Address:	

Insurance Information

Primary Insurance Name:	Secondary Insurance Name:
Policy Number:	Policy Number:
Policy Holder Name:	Policy Holder Name:
Policy Holder DOB:	Policy Holder DOB:
Relationship to Patient:	Relationship to Patient:

Request to Communicate: I authorize West Alabama Urology Associates to contact me regarding clinical services by the
phone number, mobile phone number, email address, and any other personal contact information provided to any authorized
outreach and messaging system to use my personal information, on behalf of my care provider, to remind me of my scheduled appointment(s), a
information, for the purpose of notifying me of a pending appointment, a missed appointment, or any other healthcare
related function. I understand that information transmitted via telephone, text message, or email can be intercepted and recorded by unrelated thir
healthcare provider to utilize this unsecured method of communication for PHI regarding my healthcare. I consent to allowing my healthcare
multiple messages per day from my healthcare provider when necessary. I consent to allowing detailed messag
another individual if available at the number provided by me for the purposes shown above. I understand it is my
Associates should this information change. I understand that I do not have to provide any of the communication sour

Complete and check all that apply

You may leave a detailed message
You may leave a detailed message or se
You may send a detailed message
You may send a detailed message