Neurological Medicine Constance J. Johnson, M.D. 311 Landrum Place Suite B400 Clarksville, Tennessee 37043	**Patient Registration Form**	
	Date:	How did you hear about us?

Last Name:	First Name:	Middle Initial:

Address: (No PO box, please)

City:	State:	Zip:

Home Phone:	Cell:

Employer:	Work Phone:

May we leave messages for you at home? Yes No At work? Yes No

Date of Birth:	Social Security #:	Gender:

Marital Status (circle one): single married partnered widowed divorced separated

Emergency Contact:	Relationship:

Emergency Contact Phone:

Nearest relative not living with you:	Phone:

Referring Physician: (required)	Phone: (required)

Address:	Fax: (required)

Pharmacy:	Phone:

Are you here: For a workman's comp. problem? Yes No As result of an auto accident? Yes No

Are you involved in any legal action with regards to your health problem? Yes No

Do you have Medicaid? Yes No

Primary Insurance:	ID#

Secondary Insurance:	ID #

Policy holder: (if other than patient)	SS#	Birth date:

Please read the information below and then sign and date this form

I consent to treatment and request that payment of authorized Medicare/Commercial Insurance benefits be made to Dr. Constance Johnson/Neurological Medicine for any services furnished me by that physician and her employees. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents or to my Insurance Company any information needed to determine these benefits payable for their related services.

I acknowledge full financial responsibility for all services rendered by Constance J. Johnson, M.D. and her employees and understand that payment of charges incurred is due at the time of service unless other financial arrangements have been made prior to treatment. I understand that I will be charged a statement fee if my balance owed is not paid at the time of my visit. I agree to pay all reasonable attorney fees and collection costs in the event of default of payment of charges that I incur.

Signature:	Date:

Office use only: