

Rasmussen Village Pharmacy Inc
840 Main Street
Baldwin, WI 54002-9211
(715) 684-2674

REGISTRATION FORM

Intake Date:	Referral From:	PCP:
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PATIENT INFORMATION

Patient's last name:	First:	Middle:	Height	Weight	Marital Status (circle one) Single / Mar / Div / Sep / Widow
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Is this your legal name?	If not, what is your legal name?	Social Security No.:	Birth Date:	Home Phone No:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Physical Address:	City:	State:	Zip Code:
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Mailing/Permanent Address:	City:	State:	ZIP Code:
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Physician's Name:	NPI No:	Phone No:
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Physician's Address:	City:	State:	Zip Code:
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Next of Kin Name:	Relationship:	Phone No:
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Facility Name:	Facility Phone No:	Expected Discharge Date:
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Facility Address:	City:	State:	Zip Code:	<input type="checkbox"/> Skilled	<input type="checkbox"/> Medicare Part A
				<input type="checkbox"/> Intermediate	<input type="checkbox"/> Medicare Part B
				<input type="checkbox"/> Residential	<input type="checkbox"/> Private Pay

INSURANCE INFORMATION

(Please give your insurance card to the customer service representative.)

Person responsible for bill:	Birth Date:	Address (if different):	Home Phone No:
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Occupation:	Employer:	Employer Address:	Employer Phone No:
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Work Comp Related Claim: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Accident:	Employer Insurance:	Claim No:
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Medicare No: <input type="checkbox"/> Fee for Service	Medicare Choice Plan: <input type="checkbox"/> HMO <input type="checkbox"/> PPO	Medicaid No:
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Other Insurance Name:	Policy No:	Group No:	<input type="checkbox"/> Primary	Copay:
				<input type="checkbox"/> Secondary
				<input type="checkbox"/> Tertiary

Address:	City:	State:	Zip Code:	Phone No:
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Other Insurance Name:	Policy No:	Group No:	<input type="checkbox"/> Primary	Copay:
				<input type="checkbox"/> Secondary
				<input type="checkbox"/> Tertiary

Address:	City:	State:	Zip Code:	Phone No:
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IN CASE OF AN EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home Phone No:	Work Phone No:
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Allergies:
