East Florida Premium Medical Care
7421 N. University Drive, Suite 314 Tamarac Fl 33321
Phone: 954 724 724-3440 Fax: 954 724 3494

PATIENT REGISTRATION INFORMATION

Date: / /

Name : _____
First Middle Last

Mobile: (_____)_____ -_____ Alternate phone: (_____)_____-_____ relation

Email : _____

Address: _____ _____ _____ _____ _____
Street Apt City State Zip

DOB: _____/_____/_____ Age: _____ Gender: _____ Social Security _____-_____-_____
MM DD YYYY

Driver License # _____

Emergency Contact: _____ Relationship_____ Phone: (_____)_____-_____

Are you Employed? __Yes __No __Full-time __Part-time __Self-Employed __Retired

Are you Student? __Yes __No __Full-time __Part-time

Marital Status __ Single __Married __Divorced __Widowed

Preferred Language __English __ Spanish __French/Creole __Other _____

Race: __White __American Indian __Asian __African American __Other _____

Ethnicity: __Hispanic/Latino __Non-Hispanic/Non-Latino __Decline to answer

PHARMACY INFORMATION

Pharmacy Name : _____ Address: _____ City _____ Zip code _____

PREVIOUS PRIMARY CARE PHYSICIAN INFORMATION

Practice name: _____ City_____ Phone: _____ Fax: _____

Initial: (_____)