ACCESS TO THE
HOPE FAMILY CENTER
DR. MYRA DEESE HALL
210 MAGNOLIA SQUARE CT., ABERDEEN, NC 28315
OFFICE: 910-944-0779 FAX: 910-944-2298
WWW.ACCESSTOTHEHOPEFAMILYCENTER.COM

Patient Registration Update: _____

NEW & CURRENT PATIENTS

General Information:

First Name: _____ MI: ____

Last Name: _____

Prefix: _____ Suffix: _____

Address: _____

_____

Zip Code: _____

City: _____

State: _____

Contact:

Cell: _____

Home: _____

Work: _____

Email: _____

Insurance Information:

(This used for referral information only.)

Primary: _____
Secondary: _____
Policy Holder Name: _____
Policy Holder Date of Birth: _____
Policy Holder SS#: _____
Policy Holder Employer: _____

Basic Information:

Gender: ☐ Male ☐ Female

Date of Birth: _____

Employer: _____

Emergency Contact: _____

Relation: _____

Emergency Phone: _____

Responsible Party:

First Name: _____
Last Name: _____
Address: _____
_____
Zip Code: _____
City: _____ State: ____

HIPPA:

I hereby acknowledge that I have a received the Access To The Hope Family Center Notice of Privacy Practices.

Date: _____
Signature: _____

Authorization to Release Information:

I authorize the release of any medical information necessary for a referral to another medical provider. I permit a copy of this authorization to be used in place of the original.

Date: _____ Signature: _____