

Kevin M. Passer, M.D. PA
5317-4 Old Hwy 11
Hattiesburg, MS 39402
601-261-9101

New Patient Registration

Name: _____ DOB: _____ Today's Date _____

SSN: _____ Phone: _____ Do you have voice mail? Y N

Address: _____

Place of employment: _____ Position: _____

Do you work out of town? Y N Work Schedule: _____

Spouse's Name: _____ Phone: _____

Who can we contact in case of emergency? _____ Phone: _____

Relationship: _____

Do you want your spouse to know about this treatment? Y N

Do you want your emergency contact to know about this treatment? Y N

Is there a court case or legal matter for which you will be seeing Dr. Passer? Y N

How did you first learn about this clinic? _____

Have you been seen previously at this clinic? Y N If yes, when? _____

Do you have insurance? Y N Insurance Carrier: _____

Insurance ID number: _____

Will you try and have your insurance cover your medication costs? Y N

I hereby certify the above information is true: _____