



Today's Date: _____

Patient Registration Form

120 Craven Rd, Ste 101, San Marcos, CA 92078

(760) 591-0955

FAX (760) 591-3680

Patient Name (Last, First): _____ **Birthdate:** _____

Address: _____ **Age:** _____

City: _____ **Sex:** Male Female

State: _____ **Zip Code:** _____ **Marital Status:** Single Married Widowed Divorced

Telephone: (____) _____ **Pager/cellular:** (____) _____

Social Security Number: _____ **E-mail :** _____

If married, spouse's name (if child, please list both parents' names): _____

Driver's License # and state: _____

Employer (or school, if child): _____ **Work phone:** (____) _____

City: _____ **State:** _____ **Zip Code:** _____

Department: _____ **Job title:** _____ **Work Hours:** _____

Do you have a second job? Yes No (2nd Employer: _____)

Responsible Party Information (Indicate "same" if patient is responsible party.)

Name (Last, First): _____ **Sex:** _____ **Birthdate:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home phone: (____) _____ **Work phone:** (____) _____ **Marital Status:** _____

Social Security #: _____ **Driver's License (or other I.D.):** _____

Employer: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Insurance Company: None Medicare _____ **Effective date:** _____

Policy #: _____ **Group #:** _____

Reason for today's visit: _____

How did you hear about our office?

- Previous patient. (Approximate date last seen: _____)
- Referred by a family member/friend/employer (Name: _____)
- Saw advertisement (Where? _____)
- Internet/website: _____
- _____

In case of emergency, notify: (name AND relationship to patient) _____

Phone #: _____

Policy regarding narcotics/controlled substances

Dr. Pearson does not routinely prescribe narcotics, nor does he administer narcotics by injection in the clinic. *Individuals who are seeking "pain killers" for chronic use are hereby advised to seek treatment with an appropriate pain management clinic, or, if the pain is severe, with the local hospital emergency department. When indicated, long-acting opioids are prescribed in extremely limited quantities without automatic refills. Narcotic prescriptions will not be refilled after office hours.*

It is an inherently dangerous practice to receive prescriptions for narcotics and other controlled substances from several physicians at the same time. Therefore, patients who do seek narcotic prescriptions through this office agree that, unless otherwise indicated by Dr. Pearson, he is to be the sole prescribing physician for the patient. *Furthermore, patients desiring prescriptions for controlled substances from our clinic agree to grant us permission to contact pharmacies and other physicians to ensure compliance with this policy. Be aware that we actively participate in SD Police Department's FAXNET program and the DOCTOR SHOPPING HOTLINE.*

I have read and understand this policy.

Patient's Signature and Date

I have read and understand the accompanying "Statement of Financial Policies" and the "Disclosure Statement for Laboratory Procedures."
I hereby give my consent for medical treatment and declare that the information I provided is true and correct.

Signature and Date

Circle one: Patient Guardian