



205 N Phoenix Rd., Ste. 325 | Phoenix, Oregon 97535
P: (541) 690-1525 | F: (541) 690-1527 | MurphyCreekWellness.com

Patient Registration (Please print clearly)

Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ Date of Birth: _____ Gender: Male ___ Female ___

SS#: _____ Pharmacy & Location: _____

Race: American Indian or Alaska Native Asian African American
 Native Hawaiian/Other Pacific Islander White Decline to answer

Ethnicity: Hispanic or Latino Not Hispanic or Latino Decline to answer

Marital Status: Single Married Divorced

Driver's License #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Primary Phone: Home Work Cell Appt. Reminders OK? Yes No

Emergency Contact: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Employer: _____ Phone: _____ Occupation: _____

If patient is a minor:

Mother: _____ DOB: _____ Phone: _____

Father: _____ DOB: _____ Phone: _____

Insurance Information

Primary Insurance: _____ Policy #: _____ Group #: _____

Policy Holder: _____ DOB: _____ SSN: _____ Relationship: _____

I authorize treatment of the person named above and accept financial responsibility for all treatment provided. I authorize Murphy Creek Wellness to provide my insurance companies with all information necessary to process insurance claims and assign payments to Murphy Creek Wellness all of the insurance benefits due to me to the full extent of my financial obligation. A photocopy of this authorization shall be considered as valid as the original. I have read and understood all of the above.

Signature: _____ Date: _____