

# South Palm Beach Health Group, PLLC.

Dr. Richard Martinoff

Dr. JoAnn Yi

## New Patient Registration

### New Patient Information

Date: \_\_\_\_\_

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

Gender:  Male  Female  Unknown

Medical Rec# (if known) \_\_\_\_\_

Marital Status:  Single  Married  Unknown

Employment Status: \_\_\_\_\_

Employer: \_\_\_\_\_

Referred by: \_\_\_\_\_

### Contact Information

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address (if available): \_\_\_\_\_

### Providers

Primary Care Physician: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

### Guarantor

Person Financially Responsible: \_\_\_\_\_  
(If different from patient)

Guarantor's Address: \_\_\_\_\_  
(If different from patient) Street City State Zip

Payor Scenario:

Primary Insurance  Auto Accident  Workers Compensation  Other: \_\_\_\_\_