

Registration Form
Steven K. Sterzer, M.D., Inc.
24 Hanover Lane, Ste. A
Chico, CA 95973
(530) 895-0428 / fax (530) 895-0258

Date _____

Patient's Full Name _____

Mailing Address _____
Street / PO Box / Apt. # _____ City and State _____ Zip Code _____

Physical Address _____
Street / PO Box / Apt. # _____ City and State _____ Zip Code _____

Phone _____ Wk Phone _____

Cell # _____

Date of Birth _____ Age _____ Sex: M / F

Soc. Sec. # _____ Driver's Lic. # _____

***If patient is a minor, please fill in the following information.

Parent/Guardian _____ Relation _____

Addr/Phone (if different than patient) _____

Parent/Guardian _____ Relation _____

Addr/Phone (if different than patient) _____

***Patients, please fill in the information below. If the patient is a minor, please fill in the information of the responsible party.

Married Single Widowed Divorced Separated

Occupation _____ Employer _____

Employer's Addr _____
Street / PO Box / Apt. # _____ City and State _____ Zip Code _____

Spouse _____ Work Phone _____

Emergency Contact _____ Phone _____

Insurance _____ Subscriber _____

ID# _____ Group# _____

*If Subscriber is someone other than the patient, please fill in the following:

Subscriber's Employer _____

Subscriber's Soc. Sec. # _____

Subscriber's Date of Birth _____

Reason for visit _____

Referred by _____

Primary Physician _____

Pharmacy of choice _____
