

Hillcrest

MEDICAL  CENTER
TULSA, OKLAHOMA 74104

PRE-REGISTRATION INFORMATION

INSTRUCTIONS: Please fill out the attached questionnaire completely. Detach cover sheet and bottom stub, fold at perforations, remove paper tape to expose adhesive and seal. Please return within two days.

If you have any difficulty with this Pre-Registration form, please phone us for assistance - 579-8015. When done, fax form to 579-8013.

PATIENT PROFILE	PATIENT'S FULL NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH	AGE	SEX	RACE	MARITAL STATUS
	PATIENT'S ADDRESS CITY STATE & ZIP				ADMIT DATE	HAVE YOU BEEN TO HMC BEFORE? WHEN (DATE)? <input type="checkbox"/> YES <input type="checkbox"/> NO		DIABETIC <input type="checkbox"/> YES <input type="checkbox"/> NO	
	PATIENT SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER OF SPOUSE		PATIENT'S PHONE NUMBER		VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO		
	CHURCH NAME / PREFERENCE			HOSPITALIZED LAST 60 DAYS? IF YES, WHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO			FROM _____ TO _____		
	EMPLOYER NAME				EMPLOYER'S PHONE NUMBER		LENGTH OF EMPLOYMENT		
	EMPLOYER'S ADDRESS CITY STATE ZIP					OCCUPATION			
	OR <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENTAL INJURY	WORK RELATED	TYPE OF ACCIDENT		ACCIDENT DATE	ACCIDENT TIME	PLACE OF ACCIDENT	
	DATE _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						
	ALLERGIES					REFERRING PHYSICIAN			
	RESPONSIBLE PARTY	RESPONSIBLE PARTY'S NAME				RESPONSIBLE PARTY'S EMPLOYER NAME			
RESPONSIBLE PARTY'S ADDRESS, CITY STATE AND ZIP				RESPONSIBLE PARTY'S EMPLOYER ADDRESS, CITY, STATE, AND ZIP					
PHONE		RELATIONSHIP	SOCIAL SECURITY NUMBER		PHONE	OCCUPATION	LENGTH OF EMPLOYMENT		
NEXT OF KIN	PATIENT'S NEXT OF KIN				NEXT OF KIN EMPLOYER NAME				
	NEXT OF KIN ADDRESS		RELATIONSHIP		NEXT OF KIN EMPLOYER'S ADDRESS				
	CITY, STATE AND ZIP		PHONE NUMBER		CITY STATE ZIP			PHONE NUMBER	
	NAME OF OTHER FRIEND OR RELATIVE		RELATIONSHIP		ADDRESS			PHONE NUMBER	
MEDICARE	MEDICARE NUMBER		STATE		DHS NUMBER		COUNTY		
	PRIMARY INSURANCE NAME		POLICY NO		GROUP NO		NAME OF INSURED		
INSURANCE INFORMATION	INSURANCE COMPANY ADDRESS				PHONE NUMBER				
	SECONDARY INSURANCE NAME		POLICY NO		GROUP NO		NAME OF INSURED		
	SECONDARY INSURANCE ADDRESS				PHONE NUMBER				

ROOM ACCOMMODATIONS - Reservations for specific room accommodations are subject to availability of rooms at the time of admission