KENAM HEALTHCARE LLC – A DPC PROVIDER

Patient Registration – Additional Family Members

Patient Information			
Name:		Date of Birth:	
I prefer to be addressed as:		Gender:	
Email:			
Cell phone: ( )	Home: ( )	Work: ( )	
Home Adress:	City:	State:	Zip:
I authorize Kenam Healthcare to email me regarding my medical care [ ] yes [ ] No			
ALLERGIES:			
Preferred Pharmacies			
Emergency contact Name:		Relationship to you:	
Emergency Contact Phone:			

Insurance Information
Although we do not submit claims to your insurer, we may need this information to assist you with referrals or prior authorizations. Please bring your insurance card to your first appointment so that we may scan it to your record. Thank you.

Optional Information		
Ethnicity:	Race:	[ ] Veteran
It is the policy of Kenam Healthcare to not discriminate with regard to race, color, religion, national origin, age, sex, sexual orientation, gender identity, gender expression, or disability.		

If you are enrolling other family members in your household, please see back ……

KENAM HEATHCARE LLC

Patient Registration – Additional Family Members

Name:		Date of Birth:	
Adress: Same as above [ ]			
Relation to you:			
Email:		Cell:	
ALLERGIES:			
(Optional) Gender:	Ethnicity:	Race:	[ ] Veteran

Name:		Date of Birth:	
Adress: Same as above [ ]			
Relation to you:			
Email:		Cell:	
ALLERGIES:			
(Optional) Gender:	Ethnicity:	Race:	[ ] Veteran

Name:		Date of Birth:	
Adress: Same as above [ ]			
Relation to you:			
Email:		Cell:	
ALLERGIES:			
(Optional) Gender:	Ethnicity:	Race:	[ ] Veteran