Collin County Pulmonary Associates
6100 Windcom Court, Suite 102, Plano, Tx 75093
Phone: (972) 964-0170 Fax: (972) 596-8928

Patient Registration

Date of Birth ____________ Social Security ____________

Name: ____________ last ____________ first ____________ middle ☐M ☐F (gender)

Address: ____________ Street no. and name ____________ apt/lot number

____________ city ____________ state ____________ zip ____________ county ____________ home ____________ Fax

☐Single ☐Married ☐Divorced ☐Widowed ☐Separated ☐Other__________

____________ Employer Name ____________ Work Number ____________ Cell Number

☐ F/T ☐ P/T ☐Self ☐Retired ☐Student ☐Child ☐Unemployed ☐Other_______

Method of Contact: ☐Phone ☐Mail ☐Fax ☐Other__________

Ethnicity: ☐Black ☐White ☐Hispanic ☐Native American ☐Filipino ☐Chinese ☐Japanese ☐Oriental/Asian ☐Pacific Islander ☐Other________ Language__________

Guarantor (party responsible for payment) ☐Self ☐Spouse ☐Parent ☐Other__________

Name: ____________ last ____________ first ____________ date of birth ☐M ☐F (gender)

Address: ____________ Street no. and name ____________ apt/lot number

____________ city ____________ state ____________ zip ____________ county ____________ home ____________ Fax

Primary Insurance: ____________________ ID# ____________

Policy Holder: ☐Self ☐Spouse ☐Parent ☐Other______ Group# ____________

Name: ____________ last ____________ first ____________ date of birth ☐M ☐F (gender)

Address: ____________ Street no. and name ____________ apt/lot number

____________ city ____________ state ____________ zip ____________ county ____________ home ____________ Fax

Employer: ____________________

Primary Insurance: ____________________ ID# ____________

Policy Holder: ☐Self ☐Spouse ☐Parent ☐Other______ Group# ____________

Name: ____________ last ____________ first ____________ date of birth ☐M ☐F (gender)

Address: ____________ Street no. and name ____________ apt/lot number

____________ city ____________ state ____________ zip ____________ county ____________ home ____________ Fax

Employer: ____________________