



## My Care Health Center

18 Market Street, Suite C, Mt. Clemens, MI 48043  
6900 E. Ten Mile Road, Center Line, MI 48015  
43740 Groesbeck Highway, Clinton Township, MI 48036

P: 586.783.2222  
P: 586.756.7777  
P: 586.493.0961

F: 586.783.6280  
F: 586.756.7788  
F: 586.493.1001

## Patient Registration Form

<b>Patient Name:</b>	<b>DOB:</b>	<b>Gender:</b> Male/ Female
<b>SS#:</b>	<b>Marital Status:</b> Single Married Divorced Widowed	
<b>Address:</b>	<b>Apt:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email:</b>		

**Emergency Contact:** Relationship: DOB:

**Phone:** Alternate Phone:

If the patient is a minor?

<b>Parent/Guardian Name:</b>	<b>DOB:</b>
<b>SS#:</b>	<b>Gender:</b>
<b>Address:</b>	<b>Apt:</b>
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Primary Insurance:</b>	<b>Secondary:</b>
<b>Subscribers Name:</b>	<b>Subscribers Name:</b>
<b>DOB:</b> <b>Relationship:</b>	<b>DOB:</b> <b>Relationship:</b>
<b>Certificate/ID#:</b>	<b>Certificate/ID#:</b>
<b>Group #:</b>	<b>Group #:</b>
<b>Group Name:</b>	<b>Group Name:</b>
<b>Effective Date:</b>	<b>Effective Date:</b>