MICHIGAN RHEUMATOLOGY
& WELLNESS CENTER, PLC

3950 South Rochester rd. Suite 1300
Rochester Hills, MI 48307
Tel: 248.923.1300 Fax: 248.218.1071

Patricia Cagnoli, MD
Sunita Pudasaini, NP

# PATIENT REGISTRATION FORM

## PATIENT INFORMATION

Name: _____ Date of birth: _____ Social Security # _____

Address _____ City: _____ State: _____ Zip: _____

Primary phone: _____ Alternate Phone _____ Email address _____

Race _____ Ethnicity _____ Language: _____

## RESPONSIBLE PARTY INFORMATION

**Primary Insurance Company:** _____ **Subscriber Name** _____

Contract/Policy # _____ Group # _____ Co-Pay:

Subscriber relationship to patient: Self / Spouse / Parent Gender: M / F Subscriber Date of birth: _____

**Secondary Insurance Company:** _____ **Subscriber Name** _____

Contract/Policy # _____ Group # _____ Co-Pay:

Subscriber relationship to patient: Self / Spouse / Parent Gender: M / F Subscriber Date of birth: _____

## PRIMARY CARE PHYSICIAN

Name: _____

Address: _____

Phone: _____ Fax: _____

## REFERRING PHYSICIAN

Name: _____

Address: _____

Phone: _____ Fax: _____

## PREFERRED PHARMACIES:

**LOCAL PHARMACY:** Name: _____ City _____ Zip Code _____

**MAIL PHARMACY:** Name _____

**SPECIALTY PHARMACY:** Name _____ City _____ Zip Code _____

## EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relationship to patient: _____