

### Patient Registration Form

Patient First Name: \_\_\_\_\_ Patient Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/State/Zip)

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Would you be interest in having communications sent via your e-mail address? Yes No

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

#### School Clinic Locations

- Canyon View High School – Wednesday’s 9am-12pm

Best Time for Appointment? ( 9am) (10am) (11am) (12pm)

- Aqua Fria High School – Monday’s 9am-12pm

Best Time for Appointment? ( 9am) (10am) (11am) (12pm)

#### Health Clinic Service Requested

- Sports Physical  
    ○ No Insurance, Available for an Out-of-Pocket cost of \$25.00.
- COVID-19 Testing
- Well-Visit
- Immunizations (Coming Soon)

#### AHCCCS Insurance Information

Plan Name: \_\_\_\_\_ AHCCCS ID Number: \_\_\_\_\_

#### Commercial Insurance Information

Plan Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_ Group Number: \_\_\_\_\_