Space Coast Surgery Center
595 N. Courtenay Parkway, Suite 103
Merritt Island, Florida 32953
321-890-1800 • Fax: 321-890-1819

PATIENT REGISTRATION

PATIENT NAME (LAST, FIRST, MI)	DATE OF BIRTH	SEX	TODAY'S DATE:

HOME ADDRESS (Street) (Apartment No.) (City) (State) (Zip)

MARITAL STATUS	SOCIAL SECURITY NO.	HOME PHONE	WORK PHONE

PATIENT'S EMPLOYER	OCCUPATION

WORK ADDRESS

ARE YOU BEING TREATED TODAY AS A RESULT OF AN AUTOMOBILE ACCIDENT? ☐ YES ☐ NO IF YES, DATE OF ACCIDENT

ARE YOU BEING TREATED TODAY AS A RESULT OF AN INJURY AT WORK? ☐ YES ☐ NO IF YES, DATE OF ACCIDENT

SPOUSE	SPOUSE WORK PHONE

IF PATIENT IS A MINOR: PARENT NAME / LEGAL GUARDIAN / AUTHORIZED REPRESENTATIVE

PERSON TO CONTACT IN AN EMERGENCY

NAME	RELATIONSHIP TO PATIENT

PHONE	ADDRESS

COMPLETE THIS SECTION ONLY IF THE PATIENT IS NOT THE PRIMARY CARD HOLDER

(EXAMPLE: IF YOU ARE INSURED ON YOUR SPOUSE'S PLAN, YOU WOULD NEED TO COMPLETE THIS SECTION)

INSURED'S NAME	RELATIONSHIP TO PATIENT

INSURED'S EMPLOYER	OCCUPATION

EMPLOYER ADDRESS

SOCIAL SECURITY NO.	DATE OF BIRTH

HOME PHONE	WORK PHONE

NOTICE TO PATIENT:

Based on legislation approved for the State of Florida Agency for Health Care Administration, our facility is required to provide various types of data to the State of Florida on a quarterly basis. This information provides the state with a database of ambulatory surgical procedures and permits assessment of variations in utilization, practice parameters, access to ambulatory care and estimates of cost trends for ambulatory procedures.

In order to comply with these regulations, please make sure that you have completed the patient registration from **IN ITS ENTIRETY** and check one of the following as it applies to the **PATIENT ONLY.**

☐ American Indian ☐ Asian Pacific ☐ Black ☐ White ☐ White Hispanic ☐ Black Hispanic ☐ Other ______________

Religion Preference ______________________ (IF NONE, PLEASE INDICATE)