

Marianjoy Medical Group

part of



Registration Form

Patient Last Name: _____ **First Name:** _____ **M.I.:** _____

Date of Birth (MM/DD/YY): _____ **Sex:** M F

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Ph#: _____ **Other Ph#:** _____ (/Wk/Cell/Oth)

Marital Status: _____ **Race:** _____ **Ethnicity:** _____

Preferred Spoken Language for Health Care: _____ **Interpreter Required:** Y / N

Social Security#: _____ **Religion Preference:** _____

Email Address: _____

Next Of Kin Name: _____ (Must be a relative)

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Ph#: _____ **Other Ph#:** _____ (/Wk/Cell/Oth)

Relationship to Patient: _____

Emergency Contact Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Ph#: _____ **Other Ph#:** _____ (/Wk/Cell/Oth)

Relationship to Patient: _____

Insurance Carrier Name: _____

Claim Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Claim ph#: _____

Policy/Insured ID#: _____ **(Not always same as SS#)**

Group Name: _____ **Group #:** _____

Name of Insured/Policy Holder: _____

Insured/Policy-Holder Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Insured Relationship to Patient: _____ **Sex: M F**

Policy/Insured ID#: _____

Insured/Policy-Holder Employment Status: _____ **(FT/PT/DIS/SE/UE)**

Name of Referring Physician: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Reason for Visit: (as requested by the Referring Physician) _____

Preferred Pharmacy: _____ **Ph#:** _____

Pharmacy Address: _____ **City:** _____ **Zip:** _____

How did you hear about Marianjoy? _____

Race Ethnicity Information

During the registration/admission process, we are required to ask you questions related to your race, ethnicity and preferred language.

In addition to meeting a number of mandated regulatory and accreditation requirements, this information will aid in our ability to provide health care equally to all the patients we serve in line with Northwestern Medicine's value of respect for all.

We appreciate your cooperation as we complete this process.

RACE

Mnemonic	Response
AA	African American/Black
AS	Asian
CA	Caucasian / White
D	Declined
NA	Native Amer/Native Alskn
NH	Native Hawaiian/Pacific ISL
OT	Other
un	Unavailable
unk	Unknown

ETHNICITY

Mnemonic	Response
aa	African American/Black
af	African
ar	Arab
as	Asian Indian
bl	Black
ba	Bahamian
bos	Bosnian
br	British / English
bur	Burmese
ca	Central American
cam	Cambodian
cha	Chamorro
chic	Chicano
chin	Chinese
col	Colombian
cro	Croatian
cu	Cuban
cz	Czech

Mnemonic	Response
lav	Latvian
leb	Lebanese
lit	Lithuanian
mex	Mexican
mexam	Mexian American
mid	Middle Eastern
moe	More than one ethnicity
nal	Native Alaskan
nam	Native American
nau	Native Australian
nha	Native Hawaiian
ni	Nigerian
no	North African
nor	Norwegian
other	Other (not on the list)
pak	Pakistani
pal	Palestinian
po	Polish

d	Declined
do	Dominican
eg	Egyptian
ei	East Indian
eth	Ethiopian
fil	Filipino
fr	French
ge	German
gr	Greek
gua	Guamanian / Chamorro
hai	Haitian
his	Hispanic (not specified)
hmo	Hmong
in	Indonesian
ir	Irish
iran	Iranian
iraq	Iraqi
isr	Israeli
it	Italian
jam	Jamaican
jpn	Japanese
jrd	Jordanian
kor	Korean
lao	Laotian
lat	Latino (not specified)
latam	Latin American (not specified)

pol	Polynesian
pr	Puerto Rican
ru	Russian
sam	Samoan
sau	Saudi Arabian
sca	Scandanavian
sco	Scottish
serb	Serbian
slovk	Slovakian
slovn	Slovenian
som	Somalian
souaf	South African
souam	South American
sp	Spanish
sw	Swedish
syr	Syrian
tah	Tahitian
tai	Taiwanese
th	Thai
tib	Tibetan
uk	Ukranian
un	Unavailable
unk	Unknown
viet	Vietnamese
wi	West Indian