

ADMISSION DATE
 MONTH DAY YEAR

PREAMISSION REGISTRATION
PHELPS MEMORIAL HEALTH CENTER
HOLDREGE, NEBRASKA



(Please complete form in its entirety)

PATIENT NAME (Last, first, middle initial)		ADDRESS (Street, Apartment No.)		CITY	STATE	ZIP
PHONE NUMBER ()	BIRTHDATE	SOC. SEC. NO.	SEX () Female () Male	MARITAL STATUS () Married () Single () Separated () Divorced () Widowed		
MAIDEN/OTHER NAME	MOTHER'S NAME (Last, First)	AGE	RELIGIOUS PREFERENCE	Do you have a Living Will or Durable Power of Attorney for Health Care? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient's Employer		Patient's Employer's Phone Number ()		Patient's Occupation		
Patient's Employer's Street Address		City	State	Zip		

SPOUSE, PARENT OR GUARDIAN

Name	Relationship	Street Address	City	State	Phone Number ()
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WHOM TO NOTIFY IN CASE OF EMERGENCY

Name	Relationship	Street Address	City	State	Phone Number ()
Name	Relationship	Street Address	City	State	Phone Number ()

PERSON RESPONSIBLE FOR BILL

Name	Relationship	Street Address	City	State	Home Phone Number Work Phone Number
Soc. Sec. No.	Employer Name	Street Address	City	State	Occupation

VISIT INFORMATION

Attending Physician	Other Physician(s) (i.e. surgeon consulting, etc.)	Is this visit due to a work related illness/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Registration: () Inpatient () Emergency () Outpatient Surgery () Obstetric () Outpatient		Is this visit due to or resulting from an auto accident? <input type="checkbox"/> Yes <input type="checkbox"/> No

INSURANCE/PRE-CERTIFICATION – CONTACT YOUR INSURANCE COMPANY PRIOR TO ADMISSION TO AVOID POSSIBLE LOSS OF BENEFITS

Medicare/Medicaid Number	Insurance Company Name	Street Address	City	State	Policy ID Number Group Number or Name	
Policy Holder Name	Policy Holder Date of Birth	Policy Holder Employer	Street Address	City	State	
* Secondary Insurance Coverage	Street Address	City	State	*Policy Holder Name	*Policy Holder Date of Birth	*Policy ID Number *Policy Group Number

If you have any questions, please call our Admissions Office at (308) 995-2871