



# Cincinnati Allergy & Asthma Center Patient Registration Form

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Patient's Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_  
(First) (Last)

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Preferred contact: Home Cell

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Birth Gender: Male Female Gender Identity: Male Female Non-binary

Marital Status: Single Separated/Divorced Widowed

Married - Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Name of Insurance Cardholder: \_\_\_\_\_ Cardholder Date of Birth: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance (if applicable): \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

### Treatment/Care Team

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other physicians involved in your care related to the reason for your visit today (i.e. pulmonology, ENT, dermatology, GI, etc):

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If patient is a minor, please provide the following information about parent(s)/primary caregiver(s):

Parent/Caregiver #1: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Caregiver #2: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **INSURED CARDHOLDER OR OTHER FINANCIALLY RESPONSIBLE PARTY**

I (print name), \_\_\_\_\_, will assume all financial responsibilities for uncovered expenses related to the patient's treatment/care.

Relationship to insured/patient: \_\_\_\_\_  
(Self / Mother / Father / Spouse / Son / Daughter)

**Please complete the below section only if details for the financially responsible party are different than information listed above:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_