



Audubon Medical Campus
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 Colorado Springs, CO 80909

St. Peregrine Pavilion
 6031 E. Woodmen Rd. # 300
 Colorado Springs, CO 80923

Tel: 719 867 7800
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 ColoradoENT.com

PATIENT REGISTRATION

Full Name: _____ Email Address: _____

Race: _____ Hispanic/Latino or _____ Non-Hispanic/Latino _____ Sex: _____ M _____ F

Patient/Guardians Name (if minor): _____ Marital Status: _____ S _____ M _____ D _____ W

Patients/Guardians Name (if minor): _____ Martial Status: _____ S _____ M _____ D _____ W

Address: _____ City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ (mm/dd/yyyy) Age: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Cell Phone: () _____ - _____

Employer: _____ Primary Care Physician: _____

Pharmacy Preference (include location): _____

Guarantor Name: _____ Guar. SSN: _____ - _____ - _____ Guar. DOB: _____

Guar. Phone: () _____ - _____ Guar. Emp: _____ Guar. Occ: _____

Name of Medication	Dosage (req'd)	How Often Taken	Prescribing Physician

Medication Allergies - List any known medication allergies.

Name of Medication	Type of Reaction

Surgeries and Hospitalizations - List any surgeries and/or hospitalizations and the year of each.

Year	Type of Surgery/Hospitalization	Year	Type of Surgery/Hospitalization