1605 George Jackson Rd.
Maupin, OR 97037
Phone: 541-395-2911
Fax: 541-395-2912

DESCHUTES RIM
HEALTH CLINIC

Patient Registration

Current Patient Information **Date: _____**

Full Name:	Preferred Name:
Physical Address:	City-Zip Code:
Mailing Address:	Marital Status:
Home Phone:	Mobile Phone:
Email:	Social Security #:
Date of Birth	Gender:

Guarantor Information, If not Self

Full Name:	Relationship:
Mailing Address:	
Home Phone:	Cell Phone:
Date of Birth:	

Emergency Contact

Full Name:	Relationship:
Home Phone:	Cell Phone:

Primary Insurance Information **Secondary Insurance Information**

Insurance Plan Name:	
Insured Name:	
Subscriber Number:	
Group Number:	

Pharmacy

Name:
City, State:
Phone Number: