

LYNCH PRIMARY CARE, LLC  
615 W. MacPhail Road, Suite 212  
Bel Air, MD 21014  
Lynchprimarycare.com

P: 410-638-5339  
F: 410-638-8877

### PATIENT REGISTRATION

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY NO: \_\_\_ - \_\_\_ - \_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE/SIGNIFICANT OTHER: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name of Emergency Contact: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### PHARMACY INFORMATION

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Pharmacy Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Pharmacy Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

HOW DID YOU HEAR OF LYNCH PRIMARY CARE? \_\_\_\_\_