BERGEN HEALTH & WELLNESS

Dr. Joseph J. Portale
555 Bergen Blvd
Ridgefield, NJ 07657
Office: 201-945-5353 | FAX: 201-945-5667

New Patient Registration Information

Date: ______________

Section I — Patient Information

Name: ______________ I Prefer to be called: ______________

Address: ______________

City, State, Zip: ______________

Check Appropriate Box: ❐Minor ❐Single ❐Married ❐Widowed ❐Separated ❐Divorced

Home Phone: ______________ Work Phone: ______________ Cell Phone: ______________

The best time to contact me is: ______ ❐ A.M. ❐P.M. on my ❐Home phone ❐Work phone ❐Cell phone

Is it permissable to contact you at work? ❐Yes ❐No Best Time: ______________

Date of Birth: ______________ Social Security #: ______________

Spouse or Parent's Name: ______________

Employer ______________ Phone ______________

Whom may we thank for referring you? ______________

Person to contact in case of emergency: ______________ Phone ______________

Driver's Lic.#: ______________ State: ______ Exp. Date: ______________

E-mail address: ______________ Would you like to receive our e-newsletter? ❐Yes ❐No

Section II — Responsible Party

Relationship to Patient: ❐Self ❐Spouse ❐Parent ❐Other

Name: ______________

Address: ______________

City, State, Zip: ______________

Home Phone: ______________ Cell Phone: ______________

Employer: ______________ Social Security #: ______________

Section III — Insurance Information

Name of Insured ______________ DOB ______________ Relationship to Patient ______________

SSN# ______________ Name of Employer: ______________ Work Phone: ______________

Address of Employer ______________ City/State/Zip ______________

Insurance Company ______________ Grp# ______________ ID# ______________

Ins Co. Address: ______________ Ins Co. Phone: ______________

DO YOU HAVE ANY ADDITIONAL INSURANCE? ❐YES ❐NO IF YES, COMPLETE THE FOLLOWING

Name of Insured ______________ DOB ______________ Relationship to Patient ______________

SSN# ______________ Name of Employer: ______________ Work Phone: ______________

Address of Employer ______________ City/State/Zip ______________

Insurance Company ______________ Grp# ______________ ID# ______________

Ins Co. Address: ______________ Ins Co. Phone: ______________

Please briefly describe the reason for your visit today: ______________

How did you choose our office? ❐ Yellow Pages ❐ Referred by friend ❐ Live in neighborhood

❐ Referred by Dr.: ______________ ❐ Newspaper, Radio, Mailing ❐ Other: ______________