

# Welcome to ProHEALTH Care Associates, LLP. PATIENT REGISTRATION FORM

In order to serve you, we need the following information. Please print.

Today's Date:				cting Pro	OHEALTH Car	e Associates.	
	and the second s	NFORMATIO		A	Birth Dat		
Patient's Last Name:	First:	Middle:	Gender:	Age:	birui Dau	e.	
Social Security No.:	Preferred Language:	Mar	rital Status: S M	D	W SEP	Student: Part Time Full Time	
Race: American Indian or Alaska Native  Native Hawaiian or Other  Asian White Black or African American  Other		ner Pacific Islander	Pacific Islander  Decline to Answe			☐ Not Hispanic or Latino☐ Decline to Answer	
Street Address:	Apt # City/Town:	State:	Zip Cod	le:	Home Pho	ne No.:	
Mobile Phone No.:	Email Address:		Work No.:				
Name of Employer:	Address:	City	y/Town:		State:	Zip Code:	
		-N-00MATT	N & I				
Last Name:	SPOUSE'S First:	INFORMATIC Middle:	Gender:	Age:	Birth Dat	e:	
Mobile Phone No.:	Work No.:		Social Secur				
Employer:	Street Address:	City/	City/Town:		State	: Zip Code:	
~	PARENT I	NFORMATIO	N				
Complete the section be	low with your parent's information i	f you are a full ti	me studen	t covere	d under their	health insurance.	
Insured's Last Name:	Insured's First:	Middle:	Gender:	Age:	Birth Dat		
Mobile Phone No.:	Work No.:		Social Secur				
Employer:	Street Address:	City/	Town:		State	e: Zip Code:	
	EMERGE	NCY CONTACT	-				
Name:		Relationship to	Patient:				
Primary Telephone No.:	Secondary Telephone No.:						
DOTMADV	CARE PHYSICIAN		F	REFERF	RING PHYS	ICIAN	
Primary Care Physician Name:	Referring Physician (if not same as PCP):						
Street Address:		Street Addre	ess:				
City, State, Zip:	Telephone No.:	City, State,	City, State, Zip: Telephone No.:				
Please provide the name/s and tele	ephone numbers of any other doctors tre	ating you at this tir	me.				
. ~	PHARMAC	Y INFORMATI	ON		_		
Name of Pharmacy:	Address:		Telephone No.:			Fax No.:	

## DIRECTIONS TO OUR GARDEN CITY OFFICE

#### MEADOWBROOK PARKWAY

Take exit M1 west (Old Country Road) towards Mineola. Follow Old Country Road approximately 1 mile to Franklin Ave. (Citibank on the right), make a left. Take Franklin Ave. about 1 mile, pass over railroad tracks and make a left onto Chestnut Street. The building and parking are on the left.

#### NORTHERN STATE PARKWAY

Traveling East: Take exit 31A (Meadowbrook Parkway) towards Jones Beach. Follow Old Country Road approximately 1 mile to Franklin Ave. (Citibank on the right.), make a left. Take Franklin Ave. about 1 mile, pass over railroad tracks and make a left onto Chestnut Street. The building and parking are on the left.

Traveling West: Take exit 31A (Meadowbrook Parkway) towards Jones Beach, bear left at fork and follow Old Country Road approximately 1 mile to Franklin Ave. (Citibank on the right), make a left. Take Franklin Ave. about 1 mile, pass over railroad tracks and make a left onto Chestnut Street. The building and parking are on the left.

#### SOUTHERN STATE PARKWAY

Traveling East: Take exit 19 North (Peninsula Blvd.) follow 1/2 mile to South Franklin Street, make a left. Follow Franklin approximately 1 1/4 miles to Chestnut Street. Make a right. The building and parking are on the left.

Traveling West: Take exit 22 North (Meadowbrook Parkway). Take exit M1 and follow from Meadowbrook Parkway Directions.

### BUS - From Queens From Jamaica Terminal

N6 – To Hempstead Terminal Then take N40/North to 5th Street, walk up N41/the block to 601 Franklin Avenue

Train - From Jamaica

Long Island Railroad - Hempstead line to Country Life Press. Board the last car on the train. When exiting train walk left to exit. Make a left and walk to Chestnut Street; make another left and walk around the block. Building is on the right side.