THE SELEM CENTER
OPHTHALMOLOGY & PLASTIC SURGERY

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PATIENT REGISTRATION

Patient Name	Today's Date	Date of Birth	Sex	Age
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed				
Parent if Patient is a Minor		Email Address		
Patient's Social Security Number		Florida Driver's License No.		
Home Address	City	State	Zip	
Mailing Address if Different	City	State	Zip	
Home Telephone Number		Work Telephone Number		Cell Number
Occupation		Employer's Name		
Employer's Address	City	State	Zip	
Spouse Name		Employer		
Primary Physician's Name		Phone Number		
Reason For Visit		Whom May We Thank for Your Referral		

NOTIFY IN CASE OF EMERGENCY

Name		Relationship		
Address	City	State	Zip	
Home Telephone		Work Telephone		
Nearest Relative (not living with you)				
Home Telephone		Work Telephone		

FINANCIAL INFORMATION: PERSON RESPONSIBLE FOR FEES

Primary Insurance		
Subscriber's Name	Subscriber's Relationship Self ☐ Parent ☐ Child ☐	Subscriber's Insurance Type
Insurance ID No.:	Group Number	
Secondary Insurance		
Subscriber's Name	Subscriber's Relationship Self ☐ Parent ☐ Child ☐	Subscriber's Insurance Type
Insurance ID No.:	Group Number	
Were You Injured on the Job? YES NO	Have you Informed Your Employer? YES NO	
Date of Original Injury:		

CORAL GABLES LOCATION
814 Ponce de Leon Blvd.
Suite 510
Coral Gables, Florida 33134

MIAMI LOCATION
3850 SW 87th Avenue
Suite 304
Miami, FL 33165

www.theselemcenter.com