



Berkeley Family Medicine

101 Marcley Drive
Martinsburg, WV 25401
304-263-8911
Fax: 304-263-9450

Patient Registration

Last Name: _____ First Name: _____ MI: _____ Sex: _____

SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

Zip: _____ City: _____ State: _____ Cell: _____

Employer: _____ Work: _____

E-Mail Address: _____

Race: _____ Language: _____ Marital Status: _____ Ethnicity: Hispanic/Latino Not Hispanic/Latino

Who may we thank for referring you: _____

Insurance Information

Primary Insurance: _____

Guarantor: _____ Relationship to Insured: _____

Policy Number: _____ Group Number: _____

Secondary Insurance: _____

Guarantor: _____ Relationship to Insured: _____

Policy Number: _____ Group Number: _____

I attest and confirm that the above listed information to true and complete to the best of my knowledge and ability.

Patient Printed Name

Date