



Central Ohio Geriatrics  
Otterbein at Granville  
2158 Columbus Rd  
Granville, OH 43023

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Phone: (740)321-0401  
Fax: (740)321-0476

### Patient Registration

Patient Name: \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Home Phone: ( ) - Work Phone: ( ) -

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

### Spouse/Parent Information

Spouse' full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - Work Phone: ( ) -

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐

Emergency Contact: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - Work Phone: ( ) -

Emergency Contact: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - Work Phone: ( ) -

May we leave a message on your phone? ☐ Yes ☐ No

May we leave a message with other residents? ☐ Yes ☐ No

### Please tell us who we can talk to about your medical concerns:

Is this contact for emergency purposes only? ☐ Yes ☐ No, you can talk to this person whenever needed.

Relationship of contact: \_\_\_\_\_ Phone: ( ) -

### Insurance Information

Responsible party for insurance and bills: ☐ Spouse ☐ Self ☐ Child

Primary Insurance Company: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Relationship to cardholder: ☐ Self ☐ Spouse Insurance ID: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Relationship to cardholder: ☐ Self ☐ Spouse Insurance ID: \_\_\_\_\_

### Consent / Release of Information

Name of additional authorized phys/health care entity involved with my med care for ongoing release of info/cont of care:

Provider: \_\_\_\_\_ Phone: ( ) -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of physician / health care provided: \_\_\_\_\_

Signature (Parent/Legal Gurdian): \_\_\_\_\_ Date: \_\_\_\_\_

Information reviewed: \_\_\_/16 \_\_\_/17 \_\_\_/18 \_\_\_/19 \_\_\_/20

Revised 4/15/2025