EMORY
HEALTHCARE

For Office Use Only
TEC MRN: ______________________
EMPI: _________________________

1365 Clifton Rd. | Atlanta, GA 30322
Phone: 404-778-2291 | Fax: 404-778-1260 | emory.international@emoryhealthcare.org |

INTERNATIONAL REGISTRATION FORM

Please read carefully and complete all fields. Incomplete information will result in a delay in the registration process.

PATIENT INFORMATION		
Last name:	First Name:	Middle:
Date of Birth:	Gender:	Mother's Maiden Name:
Passport/Visa I.D #:	Marital Status:	Phone 1:
Email:		Phone 2:

PATIENT DEMOGRAPHICS	
Primary Language:	Interpreter Required? ☐ YES ☐ NO
Patient Race:	☐ African American or Black ☐ American or Alaskan Native ☐Asian ☐ Caucasian ☐Native Hawaiian or Pacific Islander
Patient Ethnicity:	☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Other

INTERNATIONAL ADDRESS		
Street:		City:
State/Province/Parish:	Country:	Zip:

LOCAL/ BILLING ADDRESS (OPTIONAL)		
Street:		City:
State/Parish/Province:	Country:	Zip:

PAYMENT INFORMATION	
Person Responsible for Bill:	Relationship to Patient:
Address (if different):	Phone:

INSURANCE		
Are you Insured?	☐ YES (complete info below)	☐ NO, Self-pay patient (move on to next section)
Subscriber's Name:		Relationship to Patient:
Insurance Company:	Plan Name:	Policy No.:

ADDITIONAL INFORMATION	
Expected Arrival Date (to Atlanta):	Expected Length of Stay:
Clinical Specialty Requested (e.g.: cardiology, oncology, etc.): ____	
Do you have a preferred Emory physician? ☐ YES ☐NO If, yes indicate here: ________________________________	
Home Physician Name:	Contact:

Please indicate any special needs: □ Hearing Impaired □ Vision Impaired □ Mobility Impaired □ Speech Impaired

□ Other (please specify) ____

Accommodations: □ Family/Friends □Hotel/Guest House: ____

Will you need any additional services? □No □Yes (please specify):____

IN CASE OF EMERGENCY		
EMERGENCY CONTACT		
Name:	Relationship to patient:	
Home Phone:	Work Phone:	Cell Phone:
NEXT OF KIN		
Next of Kin Name:	Relationship to patient:	
Home Phone:	Work Phone:	Cell Phone: