Boulder MRI, Suite 105, 1000 W South Boulder Rd, Lafayette, CO 80026

Registration Form

Last Name:	First Name:	MI:	Date of Birth: _____/_____/_____	SS#: _____-_____-_____
Permanent Street Address:	City, state, zip code:		County:	
Temporary mailing address if different than above:	City, state, zip code:		Gender: □ Male □ Female	
Home Phone:	*Cell Phone:	Work Phone:	Best number to be reached at: □ Home □ Cell □ Work	
Employer's Name:	Employer's Address (Street address, city, state, zip):			
Name of Emergency Contact:	Emergency Contact's Phone Number:		Emergency Contact's relationship to patient: □ Spouse □ Parent □ Child □ Friend □ Partner/Other	

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Other

Student: □ YES □ NO

Race: □ American Indian or other Native □ Asian □ White □ Patient Refusal □ Black or African American □ Native Hawaiin or other Pacific Islander

Patient a minor: □ YES □ NO

Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino □ Patient Refusal □ Primary spoken language: _____

*Please Note: The below portion ***DOESN'T*** need to be completed if you are the primary policy holder for your insurance or you are the primary person financially responsible for services rendered at Boulder MRI.

Primary Policy Holder's / Guarantor's Last Name:	Primary Policy Holder's / Guarantor's First Name:	MI:	Date of Birth: _____/_____/_____	SS#: _____-_____-_____
Permanent Street Address if different than above:	City, state, zip code:		Gender: □ Male □ Female	
Home Phone:	*Cell Phone:	Work Phone:	Best number to be reached at: □ Home □ Cell □ Work	Relationship to the patient: □ **Spouse** □ **Parent** □ **Partner/Other**

WORKMAN COMP/AUTO ACCIDENT INFO: Is your injury related to an accident? □ No □Work/On-the-Job Injury □Auto Accident □ Other What was the date of injury? _____/_____/_____

Patient/Guardian Signature:	Date:_____/_____/_____	Email Address:_____

*By signing below, you expressly acknowledge and give your consent to Boulder MRI and its business associates as recognized under HIPAA to contact you at the telephone numbers you have provided for any and all purposes deemed appropriate by Boulder MRI and/or its business associates, which could result in charges to you. Such calls may be made by using automated dialing technology, including telephonic messages, pre-recorded/ artificial voice message, SMS text messages, or emails.