



Tidewater Neurologists, Inc. & Sleep Disorder Specialists

PARTNERING FOR BEST SLEEP & BRAIN HEALTH

PATIENT REGISTRATION

SLEEP DISORDER CENTERS

3235 Academy Avenue
Suite 305
Portsmouth, VA 23703
Tel. 757-686-9300
Fax 757-686-1514

300 Medical Parkway
Suite 108
Chesapeake, VA 23320
Tel. 757-549-8800
Fax 757-547-8180

2713 Magruder Blvd
Suite G3
Hampton, VA 23666
Tel. 757-262-0390
Fax 757-262-0391

4480 Holland Office Park
Bldg 2, Suite 225
Virginia Beach, VA 23452
Tel. 757-228-5801
Fax 757-228-5063

Date: _____ Account # _____

Name: _____ SS# _____ Age: _____

Please write name EXACTLY as it appears on your insurance card.

DOB: _____ Sex: ☐ Male ☐ Female Marital Status: ☐ S ☐ M ☐ W ☐ D

Race: _____

(American Indian / Asian / Black / Hispanic / Latino / Native Hawaiian / White / Unreported or Refused to Give)

Ethnicity: _____

(Hispanic / Latino - Non-Hispanic/Latino - Unreported or Refused to Give)

Preferred Language: _____

(English / American Sign / Arabic / French / German / Hindi / Urdu / Japanese / Mandarin / Portuguese / Russian / Spanish)

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Email: _____

Responsible Person for this Visit: _____

Please list name of SUBSCRIBER on your insurance card.

Relationship to Patient: _____

Patient or Guardians Employer: _____

Business Address: _____ Business Phone: _____

Emergency Contact

Person: _____ Phone #: _____

Do you have a living will? ☐ Yes ☐ No



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INSURANCE INFORMATION

Primary Insurance Co: _____

Subscriber Name: _____ SS# _____ DOB: _____

Sponsor Name: _____ SS# _____ DOB: _____

Secondary Insurance Co: _____

Subscriber Name: _____ SS# _____ DOB: _____

Sponsor Name: _____ SS# _____ DOB: _____

****PLEASE PRESENT INSURANCE CARDS AND PERSONAL ID WITH THIS REGISTRATION FORM****

Patient Name: _____ Date: _____

MEDICAL INFORMATION

Primary Care Physician: _____ Office #: _____

Address of PCP: _____

Referring Physician: _____ Office #: _____

Preferred Pharmacy: _____ Phone #: _____

Address/Location of Pharmacy: _____

Current List of Medications / Dose / And How Medication Is Taken
