Rajiv B. Nanavaty, M.D.
Lacey D. Lyle, F.N.P.
DeJa Davis, D.N.P
Nancy D. Myers, P.A.

PATIENT REGISTRATION

Patient's Name: _____ SSN: _____-_____-_____
First *Middle* *Last* *Suffix*

Email: _____ Preferred Method of Contact:
Circle One - Email / Home / Cell / Work

PHONE: Home _____ Work: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Unknown ☐ Deceased Subscriber

Select RACE: ☐ Caucasian (White) ☐ Black/African American ☐ Asian ☐ Native American ☐ Asian Pacific American ☐ Pacific Islander ☐ Subcontinent Asian American ☐ Native Hawaiian ☐ American Indian or Alaskan Native

Sexual Orientation: ☐ Straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other ☐ Unknown ☐ Declined

Sex/Gender Identity: ☐ Male ☐ Female ☐ Declined ☐ Transgender Male/Female to Male ☐ Transgender Female/Male to Female ☐ Gender-queer; neither Exclusively Male nor Female ☐ Other

Select Ethnicity: ☐ Latino/Hispanic ☐ Not Hispanic or Latino ☐ Other ☐ Refused ☐ Not Reported

Preferred Language: _____

Employed: ○ Full Time ○ Part Time ○ Retired ○ Student

Employer: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Preferred Pharmacy: _____ Phone: _____

BILLING: If you are NOT the Subscriber, please provide: Subscriber Name: _____
Relationship to Subscriber: _____ Subscriber's Date of Birth: _____

DISCLOSURE Our *Notice of Privacy Practices* provides information about how we may use or disclose medical information about you. A copy of this policy is made available in our waiting room, you may request a copy from the Front Desk, or download a copy from our website: www.SuffolkNeuro.com

Please Initial: _____ I have been provided an opportunity to review the Notice of Privacy Policy.
In addition to the policies set forth in the Notice of Privacy Practices regarding the release of my medical information, I authorize Neurology and Sleep Associates of Suffolk to discuss my healthcare with the following individuals:

_____ Name/Relationship

_____ Name/Relationship