

# Wake Gastroenterology

A Division of Wake Internal Medicine Consultants, Inc.

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## PATIENT REGISTRATION

Chart: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Date: \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_

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

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

Telephone (home): \_\_\_\_\_ (work or cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: M  F  Marital Status: M  S  Other  \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employer: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address of PCP: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Special needs: \_\_\_\_\_

### Responsible Party

Party responsible for payment: Self  Spouse  Parent  Other  \_\_\_\_\_

Name (if other than self): \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

### Insured Party (primary insurance card holder)

Name (if other than self): \_\_\_\_\_

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

Are you interested in being contacted about participation in Research Studies? Yes  No

How did you hear about us? Newspaper  Website  Friend/Relative  Yellow Pages  Other  \_\_\_\_\_