

Hospital Patient Registration Form Sample

Download our **hospital patient registration form** sample in Word format to streamline the admission process. This customizable template ensures accurate patient information collection for efficient healthcare management. Easily edit and print to suit your facility's specific needs.

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Preview of Hospital Patient Registration Form

| Patient Registration Form | |
|---------------------------|--|
| Patient Name: | _____ |
| Date of Birth: | ____ / ____ / ____ |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Contact Number: | _____ |
| Address: | _____ |
| Emergency Contact Name: | _____ |
| Emergency Contact Number: | _____ |
| Insurance Provider: | _____ |
| Policy Number: | _____ |
| Reason for Visit: | _____ |
| Signature: | _____ |
| Date: | ____ / ____ / ____ |

Note: Click the "Download Word Template" button above to receive the editable version of this Hospital Patient Registration Form.