



EXODUS PAIN CLINIC

INTERVENTIONAL SPINE & PAIN MEDICINE

8950 W Emerald St. Ste. 168
Boise, ID 83704
PHONE: 208-947-7246

409 E. Elm St.
Caldwell, ID 83605
FAX: 208-297-7772

PATIENT REGISTRATION FORM

Patient Name: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Preferred Contact Phone #: _____ Alt #: _____

SSN: _____

Telephone Authorization:

May we leave a detailed message on the preferred contact phone listed above? YES NO

Email (please print legibly): _____

Name of Primary Care Physician: _____
(REQUIRED)

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian Asian Native Hawaiian African American White Hispanic Other:

 Check box if declining to answer

EMERGENCY CONTACT: If you would like to authorize an individual to speak to our staff (Dr, NP, MA, or Reception) regarding your **appointments/health care and/or treatment**. Please list their information below:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____