

Completing Registration Forms Checklist

Scenario: _____

I can fill out...

- ☐ General Information
- ☐ Personal Contact Information
- ☐ Family Contact Information
- ☐ Emergency Contact
- ☐ Lifestyle Behaviors
- ☐ Illnesses or Surgeries
- ☐ Current Medications
- ☐ Allergies
- ☐ Personal & Family Health History
- ☐ Insurance Card Information

Is the person in your scenario missing any information? **YES** **NO**

What can they do to make sure they get the information they are missing?

Completing Registration Forms Checklist

Scenario: _____

Is the person in your scenario missing any information? **YES** **NO**

What can they do to make sure they get the information they are missing?

- ☐ General Information
- ☐ Personal Contact Information
- ☐ Family Contact Information
- ☐ Emergency Contact
- ☐ Lifestyle Behaviors
- ☐ Illnesses or Surgeries
- ☐ Current Medications
- ☐ Allergies
- ☐ Personal & Family Health History
- ☐ Insurance Card Information