



SAUK PRAIRIE MEMORIAL
HOSPITAL & CLINICS

80 First Street, Prairie du Sac, WI 53578
phone: 608/643-3311 fax: 608/643-7151

PATIENT INFORMATION

Please respond as accurately and completely as possible.
Print all information. Use only legal names.
All information will be kept highly confidential.

PATIENT'S INFORMATION:

Last _____ First _____ MI _____
 Previous Last Name _____
 Address _____ City _____ State _____ Zip _____
 Phone (home) _____ (cell) _____
 Marital Status _____ DOB _____ SS# _____ Sex _____
 Religion Preference _____ Affiliation _____

EMPLOYER:

Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Occupation _____ Emp. Status _____

NEXT OF KIN:

Name _____ Relationship to Patient _____
 Address _____ City _____ State _____ Zip _____
 Phone (home) _____ (cell) _____

PERSON TO NOTIFY:

Name _____ Relationship to Patient _____
 Address _____ City _____ State _____ Zip _____
 Phone (home) _____ (cell) _____

INSURANCE INFORMATION:

Primary Insurance Company _____ Subscriber _____
 Insurance's Address _____ Phone _____
 Patients Relationship to Subscriber _____ Subscriber's Employer _____
 Policy number _____ Group number _____

Secondary Insurance Company _____ Subscriber _____
 Insurance's Address _____ Phone _____
 Patients Relationship to Subscriber _____ Subscriber's Employer _____
 Policy number _____ Group number _____

Primary Care Physician _____

Have you ever received services at SPMHC? /Baby's Ins Co _____
 Yes No

Do you have an Advance Directive?

Yes No If yes, circle: Living will Power of Attorney for Health Care

COMPLETE THIS AREA FOR MATERNITY ADMISSION

Expected delivery date _____ admitting Doctor _____
 Baby's last name _____ Baby's Doctor _____

Mail as soon as possible to: Sauk Prairie Memorial Hospital, Attn: Registration Department, 80 First Street, Prairie du Sac, WI 53578. If any of this information changes, please call Registration Department at 608-643-7528 to update your records. Thank you for your assistance.