

## HEART FAILURE TREATMENT & TRANSPLANT PROGRAM PULMONARY HYPERTENSION AND LUNG TRANSPLANT

### Registration Information Form

#### Patient's Demographics

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Suffix \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/FL \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security #: \_\_\_\_\_ Religion \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Marital Status  Single - Never Married  Married  Divorced  Separated  Widowed  
 Cohabiting  Life Partner

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell \_\_\_\_\_

#### Gender

Female  Male  Transgender, Male/Trans Male or female to Male  Transgender, Female/Trans Female or Male to Female  Genderqueer: Neither exclusively Male or Female  Additional gender category/Other:  
Please specify \_\_\_\_\_  Decline to answer

#### Race

Asian  African  African American  Alaskan Indian  Aleutian  American Indian  American Indian or Alaska Native other  American Indian not specified/Unknown  Arab or Middle Eastern  Asian Indian/Indian Sub-Continent  Asian not specified/unknown  Asian other  Black or African American: Not specified/unknown  Black or African American: Other  Chinese  Cuban  Eskimo  European Descent  Filipino  Guamanian or Chamorro  Haitian  Hispanic / Latino: Not Specified/Unknown  Hispanic/Latino: Other  Japanese  Korean  Mexican  Native Hawaiian  Native Hawaiian or other Pacific Islander: Not Specified  Native Hawaiian or other Pacific Islander: Other  North African (Non-Black)  Puerto Rican  Samoan  Vietnamese  West Indian  White: Not Specified/Unknown  White: Other

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**Ethnicity**

Not of Hispanic Origin  Hispanic Origin  Hispanic Mexican

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**Highest Level of Education**

Grade School (0-8)  High School (9-12) or GED  Technical School  
 Attended College  Associate / Bachelor Degree  Post College / Grad School

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**Citizen**

U.S. Citizen  Non-U.S. Citizen US Resident  Non-U.S. Citizen Non-US Resident, Traveled to US for Reason other than Transplant  Non-U.S. Citizen Non-US Resident, Traveled to US for Transplant  
Date of entry to US \_\_\_\_\_  
Country of permanent residence \_\_\_\_\_

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**Patient Employment Status**

Patient's Employment Status  Working  Not Working

Patient's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Number \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date Retired \_\_\_\_\_

Occupation: Full Time  Yes  No or Part Time  Yes  No

Professional, technical or related occupation (e.g. teacher/professor, nurse/physician, lawyer, Engineer)

Manager, administrator, or proprietor (e.g. sales manager, real estate agent, post master)

Clerical or related occupation (e.g. secretary, clerk, mail carrier)

Sales occupation (e.g. sales associate, demonstrator agent, broker)

Service occupation (e.g. police officer, cook, hairdresser)

Skilled craft or related occupation (e.g. carpenter, repair technician, telephone line worker)

Laborer (e.g. helper longshoreman, warehouse worker)  Farmer (e.g. owner, manager operator, tenant)

Member of the military  Homemaker  Student  Under School Age  Not previously employed

Other

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**Spouse Employment Status**

Spouse's Employment Status  Working  Not Working

Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Number \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date Retired \_\_\_\_\_

Occupation: **Full Time**  Yes  No or **Part Time**  Yes  No

Professional, technical or related occupation (e.g. teacher/professor, nurse/physician, lawyer, Engineer)

Manager, administrator, or proprietor (e.g. sales manager, real estate agent, post master)

- Clerical or related occupation (e.g. secretary, clerk, mail carrier)
- Sales occupation (e.g. sales associate, demonstrator agent, broker)
- Service occupation (e.g. police officer, cook, hairdresser)
- Skilled craft or related occupation (e.g. carpenter, repair technician, telephone line worker)
- Laborer (e.g. helper longshoreman, warehouse worker)  Farmer (e.g. owner, manager operator, tenant)
- Member of the military  Homemaker  Student  Under School Age  Not previously employed
- Other

**Income Level**

- Salary/Wages  Social Security  Public Assistance  Unemployment  Pension  Qualifies for Medicaid
- Qualifies for Other Assistance  Doesn't Qualify for Assistance  Does not wish to disclose

**Insurance Information**

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Subscriber \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Subscriber \_\_\_\_\_

Pharmacy Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Subscriber \_\_\_\_\_

**Referring Physician** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Number \_\_\_\_\_ Fax # \_\_\_\_\_

**Primary Physician** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Number \_\_\_\_\_ Fax # \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_