



at UC Health Harmony Campus
2121 E. Harmony Rd., Suite 350
Fort Collins, CO 80528
Phone # (970) 214-8175
Fax # (970) 788-7376

NEW PATIENT REGISTRATION

Patient Name (First / Middle Initial / Last):

Patient Date of Birth (MM/DD/YY):

Gender (circle one):

Female Male Non-binary Prefer not to say

Preferred Phone Number:

(____) _____

Would you prefer (circle one or all):

Calls Text Messages Emails

Preferred Email Address:

Mailing Address:

City:

State:

Zip Code:

Spouse / Partner / Guardian Information (Guardian required if Patient is under the age of 18)

Name (First / Middle Initial / Last):

Date of Birth (MM/DD/YY):

Preferred Phone Number (if different):

(____) _____

Preferred Email Address (if different):

Mailing Address (if different):

City:

State:

Zip Code:



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Emergency Contact (if different from Spouse / Partner / Guardian)

Name (First / Middle Initial / Last):

Preferred Phone Number:

(____) _____

Preferred Email Address:

Mailing Address:

City:

State:

Zip Code:

Primary Care Physician Name:

Primary Care Physician Phone (if known):

(____) _____

How did you hear about us?
