**Pre-registration script**

*Use this simple pre-registration checklist to ensure you collect all the information needed for an efficient and effective first visit. Adapt the checklist so that the fields match those in your EHR or registration software.*

**Verify and/or enter the following general patient information.**

| Personal information |
| --- |
| First name | Middle name | Last name | DOB |
| Sex | SSN | Marital status | Preferred language |
| Address | City | State | ZIP code |
| Phone number (home) | Phone number (mobile) | Email address | Preferred method/time of contact |
| Referring physician | Phone number | PCP | Phone number |
| Preferred pharmacy | Pharmacy address | Pharmacy phone number |  |
| Work information |
| Employer | Phone number (work) | Address | City/State/ZIP code |
| Insurance information |
| Guarantor | Address  | City | State/ZIP code |
| Insurance company | Plan type | Identification number | Group number |
| Phone number | Specialist copay | PCP copay |  |

**Once the patient is registered, populate the patient’s medical intake information. Use the EHR’s fields to guide the conversation with the patient.**

| Medications |
| --- |
| Medication allergies  | Current medication(s) | Dose(s) | Refill(s) needed |
| Past medical history  |
| Previous surgery(ies) | Date(s) | Laterality |  |
| Chronic condition(s) | Cancer  | Depression/anxiety |  |
| Family history  |
| Relative | Chronic condition(s) | Cancer | Depression/anxiety |
| Social history |
| Alcohol consumption | Tobacco use | Sexual activity | Caffeine consumption | Exercise |
| Upcoming visit |
| Visit purpose/goals | Symptoms (duration) | Recent imaging | Recent laboratory testing |
| Relevant MD notes | Recent hospitalizations | *Remind patient to bring in relevant documents* |

*Source: AMA. Practice transformation series: advanced pre-registration. 2016.*