EMORY
JOHNS CREEK
HOSPITAL

6325 Hospital Parkway, Johns Creek, GA 30097

Pre-Admission Form

Fax to (678) 474-7076

Please complete this form and have information ready for pre-admission registration.

Date to be Admitted/Surgery | If Maternity Patient, Expected Date of Delivery

Surgery Time

Admitting Physician

INSTRUCTIONS

- **Patient name should be the same as it appears on Driver's License**
- **Do not complete Guarantor Section if patient is responsible party**

PATIENT INFORMATION

Patient's Name (Last) (First) (Middle) | Date of Birth | Age | ☐ Single ☐ Divorced ☐ Married ☐ Widowed ☐ Separated

Home Address | City | State | Zip Code | Country

Home Phone | Sex ☐ Male ☐ Female | Religious Preference | Patient's Social Security Number

Patient's Employer | Employer's Address | Phone Number

Patient's Occupation | Previous Admission Date | Previous Admission Name

Nearest Relative at Different Address | Relationship | Address | Phone Number

Notify in Case of Emergency | Relationship | Address | Phone Number

GUARANTOR

Person Responsible for Bill (Last) (First) (Middle) | Social Security Number | Phone Number

Guarantor Address | City | State | Zip Code | Occupation

Guarantor's Employer | Employer's Address | Phone Number

INSURANCE

Medicare Number | Name as it Appears on Medicare Card | Has Patient been Hospitalized within 60 days of Scheduled Admission Date? ☐ Yes ☐ No

Policy One

Policy Number | Insurance Company and Address | Policy Holder Name | Relationship to Patient

Policy Holder Date of Birth | Policy Holder SSN | If Group Policy, Name of Employer | Employer's Phone

Policy Two

Policy Number | Insurance Company and Address | Policy Holder Name | Relationship to Patient

Policy Holder Date of Birth | Policy Holder SSN | If Group Policy, Name of Employer | Employer's Phone

Policy Three

Policy Number | Insurance Company and Address | Policy Holder name | Relationship to Patient

Policy Holder Date of Birth | Policy Holder SSN | If Group Policy, Name of Employer | Employer's Phone