Richard B. Johnson Jr., M.D. & Mistie Kocurek, FNP-C

Internal Medicine
703 Hill Country Dr Ste 101 Kerrville, Tx 78028
(830)257-5500 Office (830)257-5501 Fax

Patient Registration Information:

Name: Mr. Mrs. Ms. Miss Dr.

Last: ______________________ First: ______________________ Middle I: ______

Date of Birth: ______________ Social Security #: ______________ Gender: Male / Female

Address: ______________________ City: __________ State: ________ Zip: __________

Home #: ______________ Cell #: ______________ Work #: ______________

Marital Status: *Married* *Single* *Separated* *Divorced* *Widowed*

Occupation: ______________________________ Student: Yes No

Driver License #: ______________ Email: ______________________

Spouse Name: ______________ Spouse Phone #: ______________

Who would you like us to contact in the event of a medical emergency?

Name: ______________ Phone: ______________ Relationship: ______________

How did you learn of Dr. Johnson's office? ______________________

Please list your preferred pharmacy? ______________________

Insurance Coverage:

Primary Insurance: ______________________ Policy #: ______________

Group #: ______________________ Effective Date: ______________

Policy Holder Name: ______________________ DOB: ______________

Policy Holder SSN: ______________ Relationship to patient: ______________

Secondary Insurance: ______________________ Policy #: ______________

Group #: ______________________ Effective Date: ______________

Policy Holder Name: ______________________ DOB: ______________

Policy Holder SSN: ______________ Relationship to patient: ______________

Patient signature: ______________________________ Date: ______________