



Augusta Women's Health & Wellness Center
Donna Adams-Pickett, PhD., M.D
Obstetrics and Gynecology

Patient Registration

Welcome to our office! Please assist us by providing the requested information below. All information is confidential and is released only with your consent.

Patient Name _____ Date of Birth _____ Age _____

Parent if Patient is a Minor _____

Patient's SSN : _____ Driver's License Number _____

Home Address _____ City/State/Zip _____

Mailing Address(if different) _____

E-mail Address _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Preferred Contact Number : Please circle above

Occupation _____ Employer _____

Spouse's Name _____ Employer _____

Emergency Contacts:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Financial Information

Insurance Company _____ Group# _____ ID # _____

Subscriber's Name _____ Subscriber's SSN _____ Subscriber's DOB _____

Secondary Insurance _____ Group# _____ ID # _____

Subscriber's Name _____ Subscriber SSN _____ Subscriber's DOB _____

*** Note this practice does NOT accept Medicaid, Amerigroup or Wellcare as a Secondary Insurance**