

LAKESIDE MEDICAL GROUP - PATIENT REGISTRATION & HISTORY

SECTION A: PATIENT DEMOGRAPHICS

- Patient Full Legal Name: Johnson, Robert "Bob" William
- Date of Birth: 1975-03-14
- Gender: Male
- Full Mailing Address: 789 Pine Street, Riverdale, IL, 62705
- Primary Phone Number: (555) 888-1212
- Patient Internal Account ID: LMG-456789

SECTION B: INSURANCE INFORMATION

- Insurance Carrier: Blue Shield Access PPO
- Member ID Number: BSA-9876543210
- Group Number: BSG-100-XYZ
- Is Patient the Subscriber?: Yes

SECTION C: REASON FOR VISIT & MEDICAL HISTORY

- Is this visit related to an accident or employment? No.
- Reason for Today's Visit: Scheduled 3-month follow-up for diabetes management.
- Known Chronic Conditions: Type 2 Diabetes Mellitus, well-controlled. Hyperlipidemia.