ALS of Utica
Fighting Lou Gehrig's Disease

9169 River Road
Marcy, New York 13403
Phone: 315-768-8502
Fax: 315-768-4807
www.ALSUtica.org

Located in the Office of Advanced Tool Inc.

Patient Registration

Name of ALS Patient:		Today's Date:
Address:		
Phone:	Email:	
Date of Birth:	Marital Status:	Date of ALS Diagnosis:
Physician who diagnosed ALS: **(Please enclose copy of diagnosis from doctor)**		Address: Phone:
Primary Physician:		Address: Phone:
Medications:		
Primary Insurance: Policy Number		Secondary Insurance: Policy Number
Emergency Contact: Relationship to Patient:		Address: Phone: Cell Phone: Email Address:
Primary Contact Person: If other than Patient Relationship to Patient:		Address: Phone: Cell Phone: Email Address:
Current Physical Limitations (if any):		
Has any other family members ever been diagnosed with a Neuro-degenerative Condition:		

Please select the appropriate option below.

- ❑ This information may be shared with the ALS Community.
- ❑ Please keep my information confidential and for research purposes only.

_____

Signature