Fill Out Forms

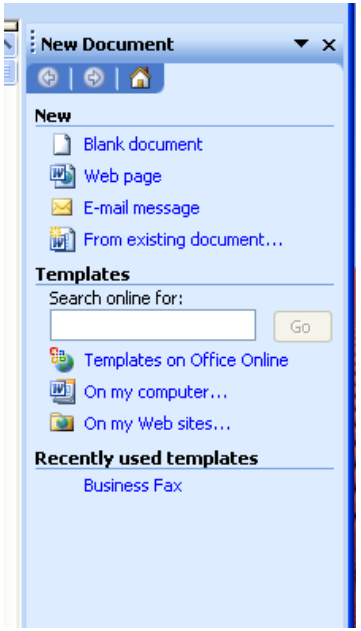
Skills: Move within a document using the mouse or keyboard, close and save a document

Materials: Microsoft Word, Internet access

Activity: Fill out a job application or doctor's office registration form.

To download a form:

1. Go to **File/New**.
2. Type "forms."
3. You will see a list of forms to choose from. Click on the name of a form.
4. Click on **Download**.



Note to Instructors

You may want to find and download a form to use. To do this, follow the first 4 steps of the activity.

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5. Put your cursor where you want to type by clicking in the box. Use the **Tab** key to move around the form.

6. Save your form.

[Name of Practice]

REGISTRATION FORM

(Please Print)

Today's date:	PCP:

PATIENT INFORMATION

Patient's last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid

Is this your legal name?	If not, what is your legal name?	(Former name):	Birth date:	Age:	Sex:	
❑ Yes ❑ No			/ /		❑ M	❑ F

Street address:	Social Security no.:	Home phone no.:
		( )

P.O. box:	City:	State:	ZIP Code:

Occupation:	Employer:	Employer phone no.:
		( )

Chose clinic because/Referred to clinic by (please check one box):	❑ Dr.		❑ Insurance Plan	❑ Hospital
❑ Family	❑ Friend	❑ Close to home/work	❑ Yellow Pages	❑ Other
Other family members seen here:				