

# Fill Out Forms

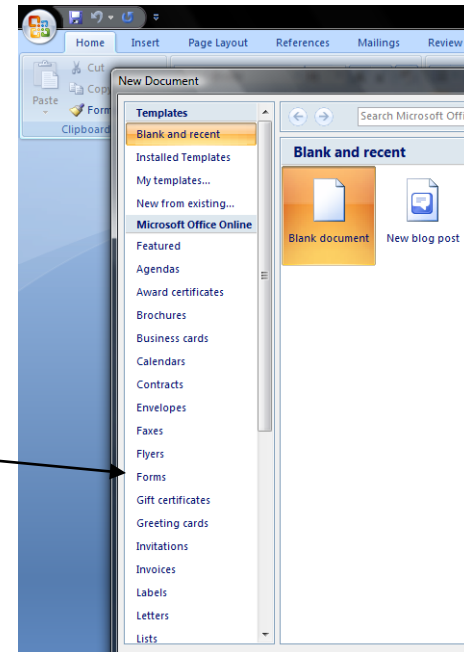
Skills: Move within a document using the mouse or keyboard, close and save a document

Materials: Microsoft Word, Internet access

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

To download a form:

1. Click on the **Office** button and choose **New**.
2. Click on **Forms**.
3. You will see a list of types of forms.  
To practice a form for a doctor's office, choose Healthcare.
4. Double-click on the form you want to fill out.



## 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.

## Fill Out Forms

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.

<b>[Name of Practice]</b>										
<b>REGISTRATION FORM</b>										
(Please Print)										
Today's date:					PCP:					
<b>PATIENT INFORMATION</b>										
Patient's last name:			First:		Middle:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital status (circle one)	
							<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Single / Mar / Div / Sep / Wid	
Is this your legal name?		If not, what is your legal name?			(Former name):		Birth date:		Age:	Sex:
<input type="checkbox"/> Yes	<input type="checkbox"/> No						/ /			<input type="checkbox"/> M <input type="checkbox"/> 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):					<input type="checkbox"/> Dr.	<input type="checkbox"/> Insurance Plan			<input type="checkbox"/> Hospital	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Other				
Other family members seen here:										