

PATIENT REGISTRATION IN THE MEDICAL COMPOSITE HEALTHCARE COMPUTER SYSTEM (CHCS) <i>(This form is subject to the Privacy Act of 1974. Use Blanket PAS, DD form 2005)</i>	DATE (YYYYMMDD)
---	-----------------

Each patient must be registered in the DoD CHCS in order to be seen by a healthcare provider. Please complete this form for yourself and any dependents who will be receiving care at this facility. The Family Member Prefix (FMP) codes are listed for your reference. Thank you for your cooperation.

SPONSOR INFORMATION

NAME (Last, First, Middle Initial)		SEX (M/F)	DATE OF BIRTH (YY/MM/DD)	SSN	
HOME PHONE/AREA CODE	STREET ADDRESS	ZIP CODE	RANK	NAME OF ORGANIZATION AND BASE (Include Zip)	DUTY PHONE

STATUS:	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RETIRED	<input type="checkbox"/> DECEASED	<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> RESERVE	<input type="checkbox"/> OTHER _____
----------------	---------------------------------	----------------------------------	-----------------------------------	-----------------------------------	----------------------------------	--------------------------------------

BRANCH OF SERVICE	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> NAVY	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINES	<input type="checkbox"/> Euro NATO Joint Jet Training	<input type="checkbox"/> OTHER _____
--------------------------	------------------------------------	-------------------------------	-------------------------------	----------------------------------	---	--------------------------------------

DRUG ALLERGIES	BASE WHERE MEDICAL RECORD MAINTAINED	ORGAN DONOR (Y/N)
----------------	--------------------------------------	-------------------

FAMILY MEMBERS

NAME <i>(Last, First, Middle Initial)</i>	SEX <i>(M/F)</i>	DATE OF BIRTH <i>(YY/MM/DD)</i>	FMP	FAMILY MEMBER SSN <i>(If known, otherwise update when</i>	RELATIONSHIP TO SPONSOR <i>(e.g., spouse, daughter, son)</i>	ORGAN DONOR (Y/N)

FAMILY MEMBERS PREFIX (FMP) CODES

01 1st Eligible Child	04 4th Eligible Child	20 Sponsor	32 3rd Spouse	50 Mother-in-law
02 2nd Eligible Child	05 5th Eligible Child	30 1st Spouse	40 Mother/Stepmother	55 Father-in-law
03 3rd Eligible Child	06 6th Eligible Child	31 2nd Spouse	45 Father/Stepfather	

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).