Countryside House Calls, Inc.

REGISTRATION FORM

(Please Print)

Reason to be Seen:	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? ❑ Yes ❑ No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: ❑ 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:

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )

The above information is true to the best of my knowledge.

I consent to the evaluation and management of this on-site out-patient visit including services but not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, surgical or nursing treatment and procedures rendered to me as ordered by Countryside House Calls' healthcare professional.

I permit the Countryside House Calls' health care providers involved in my care to release the healthcare information necessary for treatment, payment, or healthcare operations in accordance to state and federal law.

I acknowledge that I have received Countryside House Calls' Notice of Privacy Practices (HIPAA) which describes the ways in which they may use and disclose my healthcare information, its treatment, payment, healthcare operations and other described and permitted uses and disclosures.

To the extent permitted by law, I consent to the use and disclosure of my information for the purposes described in the Notice of Privacy practices.

I understand that I am financially responsible and agree to full payment in cash, check or credit card for services rendered today.

Patient/Guardian signature *Date* *Time*