



WELCOME TO OUR OFFICE

(please print clearly)

General Information

Patient's name: _____ Sex, M/F: _____ Marital Status: _____
 Email: _____ Pharmacy: _____ Location: _____
 Street Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Cell #: _____
 Date of Birth: _____ Social Security #: _____ Work #: _____
 Employer: _____ Occupation: _____
 Primary Language Spoken: _____ Is interpreter needed: _____
 Name of parent(s) or guardian if patient is a minor: _____
 Emergency contact name: _____ Relationship to patient: _____
 Emergency phone # (day): _____ (evening): _____

Insurance Information

Please present a copy of your insurance card and driver's license to the receptionist.

Primary insurance company: _____
 Policy #: _____ Group #: _____ Copay \$: _____
 Insured's name: _____ Insured's DOB: _____
 Insured's name: _____ Insured's DOB: _____
 Patient's relationship to policy holder: _____
 Secondary insurance company: _____
 Policy #: _____ Group #: _____ Copay \$: _____
 Patient's relationship to policy holder: _____

I, the patient, authorize payment be made by my insurance carrier(s) to Your Choice Medical, llc. I acknowledge that I have been made aware of the privacy policy of this office, as it pertains to the privacy and confidentiality of my medical records.

Signature: _____ Date: _____

Additional Demographic Information

We need your help collecting additional demographic information for quality of care improvement and to meet objectives outlined in the "meaningful use" of Electronic Health Records released by the Department of Health and Human Services (HHS). Why are physicians being urged to collect a patient's race, ethnicity and preferred language? We are collecting this data to track quality of care, health outcomes, and mortality rates by relevant groups to monitor for and address disparities as well as communicate effectively with patients.

Race:	Ethnicity:	Preferred Language:
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____