

2150 NE Division St., Suite 202
Gresham, Oregon 97030

503.667.4545
Fax: 503.666.3298



PCP: _____

PATIENT INFORMATION

Patient's last name:			First:	Middle:	Marital status (circle one)		
					Single / Mar / Div / Sep / Wid / Other		
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
Social Security no.:			Religion:		Country of Birth		
Home phone:		Cell phone:		Email:			
()		()					
Street address:			City:	State:	Zip Code:		
Mailing address:			City:	State:	Zip Code:		
Occupation:	Employer:			Employer phone:			
				()			

Chose clinic because/Referred to clinic by (please check one box):
 Dr. _____ Insurance plan Hospital Family Friend Close to home/work Yellow Pages Other/Internet

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill:	Birth date:	Address (if different):	Home phone:
	/ /		()
Occupation:	Employer:	Employer address:	Employer phone:
			()

Is this patient covered by insurance? Yes No

Please indicate primary insurance:

Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Group no.:	Policy no.:
		/ /		

Patient's relationship to subscriber: Self Spouse Child Other

Name of secondary insurance (if applicable):

Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Group no.:	Policy no.:

Patient's relationship to subscriber: Self Spouse Child Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone:	Work phone:
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The US Department of Health and Human Services has new regulations within the HITECH Act which is designed to promote the adoption and meaningful use of health information technology. One section of the act requires physician offices using an electronic medical record to ask the Race, Ethnicity and Language Preference of each patient. This is the same information you provide on your census form. You have the option of declining this requested information.

Race: Decline American Indian / Alaskan Native Asian Black/African American White Unknown
Ethnicity: Decline Not Hispanic / Latino / Spanish Origin Hispanic or Latino
Language Preference: Decline English Spanish Chinese German Russian French