



PATIENT INFORMATION

病人資料

Vincent D. Ho, M.D.
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NAME 名字: _____, _____ DOB 出生日期 _____/_____/_____
(Last Name) 姓氏 (First Name) 名字 月 / 日 / 年

ADDRESS 住址: _____

City 城市: _____ State 州: _____ Zip: 郵遞區號: _____

Phone 電話: (____) _____ - _____ Cell 手機 (____) _____ - _____ Work 工作(____) _____ - _____

Gender 性別: 男 女 Marital Status 婚姻 Single 單身 Married 已婚 Divorced 離婚 Widowed 喪偶

Language Spoken 語言: _____ SS# 供卡號碼: _____ - _____ - _____

Emergency Contact 緊急聯絡人:

(Name 名字) (Relationship to the Patient 關係) Phone 電話: (____) _____ - _____

Insurance Health Plan 保險: _____ Policy# 保號: _____

How did you hear about us? 您從哪裡知道我們的診所?

The Web 網路 Family 家人介紹 Friends 朋友介紹 Other 其他: _____

By signing below 通過簽署下面:

我證明以上的信息和資料 是正確 的, 我以閱讀並理解醫務所 的政策. I certify the above demographic information is correct and I have read and understood the office policies included in this packet.

保險轉讓 INSURANCE ASSIGNMENT:

本人授權何演源 家庭醫務所從我的保險公司收取所有的醫療服務費用. 在必要時, 並可以代表我處理我的所有醫療信息或個人資料. 我明白我要負責從我保險得到的所有非覆蓋服務. I authorize Vincent D. Ho, Inc to bill my insurance carrier for all medical services rendered and if necessary release any medical or personal information required to process pending claims on my behalf. I understand that I am responsible for all non-covered services by my insurance.

確認簽收: 隱私慣例通知 ACKNOWLEDGEMENT OF RECEIPT: NOTICE OF PRIVACY PRACTICES

我已收到並閱讀隱私慣例通知關於我的醫療資料, 並了解我的健康信息的使用方式. 我明白何演源家庭醫務所有權利更改隱私慣例的內容和規則. 我可以收到一份隱私慣例的副本. I have received and read the Notice of Privacy Practices and understand the complete description of the uses and disclosures of my health information. I understand that Dr. Vincent D. Ho has the right to change the content of the Notice of Privacy Practices and that I may obtain a current copy of the Notice of Privacy Practices.

確認通知: 病人注意 ACKNOWLEDGEMENT OF NOTICE: NOTICE TO PATIENTS

我明白我的 醫生何演源醫師是加州許和的醫學 委員會監管. I understand my physician, Vincent D. Ho, MD is licensed and regulated by the Medical Board of California.

PATIENT SIGNATURE (OR GUARDIAN IF PATIENT IS A MINOR)

DATE

病人簽名 (或監護人如果病人是未成年)

日期

感謝和歡迎您來到我們的診所!