Name_____ **Date of birth**_____**Soc. Sec. #**_____

Address_____Apt.#_____**City**_____**Zip**_____

Cellular (Mobile) #_____**Home #**_____

E-mail Address_____Male/Female

Emergency Contact Name :_____**Phone #**_____**Relationship**_____

Medical Problems or Surgeries: you have or had:_____

Medications: Do you take any medications? NO, Yes (list them, if long list give it to us) _____

Allergies to any medications? No, Yes (if yes list)_____

Social History (circle one): Do not smoke, Current smoker Former Smoker

Notices of Privacy Practices: Your medical record is confidential. By signing below I acknowledge that I was offered a copy of The Notice of Privacy (laminated paper underneath), and a copy in lobby for me to take. I also give consent to SFM for medical evaluation and treatment.

The doctor & staff of Somerset Family Medicine may release information on my health to the following individual(s): Name: Relationship:

SIGNATURE for privacy notice_____DATE_____

Financial Policy: I understand that it is my responsibility to check with my insurance on what is/is not covered and be aware of my deductible. I understand that I will be billed for any amount not paid by my insurance or any amount that goes toward copay/deductible. If the balance is not paid after 3 statements, it will go to collections. I authorize payment of medical benefits to SFM. **I understand that every time I see the doctor I am responsible to pay my copay and deductibles.**

1- Referrals: If you require a referral, you must see us for an office visit to approve and document. We do not give referrals over the phone. Please allow 7-10 days for the referrals to be completed.
2- Medication refills: Request directly from your pharmacy. For chronic issues, we will see you every 3-6 months
3- Your responsibility: You are required to show respect and kindness to our staff, doctor and students.
4- No Show/Cancellation: No show to your appointment 3 times or 6 cancellations you will be discharged.
5- Going green: We don't give paper copy of lab results you can obtain them via Beaumont or our patient portal.
6- Students/ Externs: We have students/externs, whom will do vitals and take history before you see the Doctor.
7- Patient Center Medical Home (PCMH): Our offices have been designated as PCMH, see pamphlet in lobby.
8- Narcotics/Psychiatric Medications: We do not give narcotics such as codeine, Norco etc. We also do not give psychiatric, anxiety, sleeping, or ADD medications. Find pain clinic or psychiatrist.
We will NOT give you temporary supply. **If you must have them then go to ER or find another Doctor.**

By signing below, I understand and accept the financial and office policies.

SIGNATURE **DATE**

Patient portal: is a free secure online website *FollowMyHealth* that gives you access to your medical record. Using a secure username and password, patients can view health information such as: recent doctor visits, labs.

Signature if you want patient portal:_____**Date**_____

OR

Patient Portal Opt-out: By signing below I indicate that I DO NOT WANT PATIENT PORTAL.

Signature if you do not want patient portal:_____**Date**_____

Fill this section only if the patient's insurance is under another person's name.

Policy holder Name: **Policy holder: Male Female**
Policy holder's DOB: **Policy holder's relationship to patient:**