

West Seattle

Foot & Ankle Clinic

4520 42nd Avenue SW
Seattle, WA 98116
(206) 937-4700

Patient Registration

DOCTOR TO BE SEEN: _____ **TODAY'S DATE:** _____

| | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> DR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. | PATIENT NAME LAST: _____ FIRST: _____ MI: _____ | | |
| EMAIL ADDRESS | BIRTHDATE | | <input type="checkbox"/> M <input type="checkbox"/> F |
| HOME ADDRESS | CITY | STATE | ZIP CODE |
| HOME TELEPHONE | WORK TELEPHONE | CELL PHONE | |
| PREFERRED NUMBER (CHECK ONE) <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL | PATIENT'S EMPLOYER (OR PARENTS EMPLOYER IF PATIENT IS A MINOR) | | |
| RESPONSIBLE PARTY | RELATIONSHIP | ADDRESS (IF DIFFERENT FROM PATIENT) | PHONE NUMBER |
| EMERGENCY CONTACT (NOT IN YOUR HOUSEHOLD) | ADDRESS | | PHONE NUMBER |
| REFERRED TO THIS OFFICE BY: <input type="checkbox"/> PHYSICIAN: _____ <input type="checkbox"/> SELF <input type="checkbox"/> WEBSITE <input type="checkbox"/> TELEPHONE BOOK <input type="checkbox"/> OTHER/SOURCE: _____ <input type="checkbox"/> INSURANCE COMPANY | | | |

INSURANCE INFORMATION (PLEASE PROVIDE INSURANCE CARDS AND PHOTO ID TO RECEPTIONIST)

| | | |
|--|--|--|
| NAME OF INSURANCE COMPANY: | MEMBER ID: | |
| POLICY HOLDER'S NAME: | POLICY HOLDER'S BIRTHDATE: | |
| NAME INSURANCE COMPANY (SECONDARY): | MEMBER ID (SECONDARY): | |
| POLICY HOLDER'S NAME (SECONDARY): | POLICY HOLDER'S BIRTHDATE (SECONDARY): | |
| IS THIS A WORK RELATED INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, DATE OF INJURY: | IF YES, DO YOU HAVE AN OPEN CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Patient Registration

NOTICE OF PRIVACY PRACTICE

We keep a record of the health care services we provide you. You may ask to see and copy the record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting the administrator of the location at which you have been treated. Please call the main office phone number and ask for the administrator.

Our NOTICE OF PRIVACY PRACTICES describes in more detail how your health information may be used and disclosed, and how you can access your information.

With whom may we share your information, including financial account information?

| | |
|-------|---------------|
| NAME: | RELATIONSHIP: |
| NAME: | RELATIONSHIP: |

AUTHORIZATION

I authorize my insurance benefits be paid directly to West Seattle Foot and Ankle Clinic, PLLC. I am financially responsible for any balance due, including monthly service charges on patient balances over 60 days. I will pay a \$35 fee for a check written without sufficient funds.

I authorize the doctor or insurance company to release any information required for this claim.

I acknowledge the receipt of the Notice of Privacy Practice.

Signed _____

Authorization for treatment of a minor:

I authorize West Seattle Foot and Ankle Clinic to treat the minor patient named above.

Signed _____

DEMOGRAPHICS QUESTIONNAIRE

The Centers for Medicare and Medicaid Services (CMS) recently issued new guidelines for the collection of patient data. It has been reported that there are gaps in the quality of health and health care across racial, ethnic, sexual orientation, and socioeconomic groups. Due to these new federal guidelines we are asking for your help in identifying your race/ethnicity, preferred spoken language and marital status. This information will become part of your confidential medical record to assist us in continuing to provide you with the very best health care.

PATIENT NAME: _____ **DATE OF BIRTH:** _____

1. I consider myself to be:

- African American/Black
- American Indian or Alaska Native
- Asian
- Hispanic
- Native Hawaiian, Pacific Islander
- White/Caucasian
- Other: _____
- I prefer not to answer

2. My marital status is:

- Common Law
- Domestic Partner
- Living together
- Married
- Separated
- Single
- Unmarried
- Widowed
- I prefer not to answer

3. My preferred spoken language is:

- English
- Cambodian
- Cantonese
- Japanese
- Korean
- Russian
- Somali
- Spanish
- Tagalong
- Thai
- Vietnamese
- Other: _____
- I prefer not to answer