

New Patient Registration

Patient information, insurance & contacts

PATIENT INFORMATION

Last Name	
First Name	
Preferred Name	
Middle Name	
Date of Birth	
Address	
City	
State	
Zip	
Home Phone	
Mobile Phone	
Work Phone	
Email	
Preferred Contact	
Sex at Birth	
Current	
Social Security #	
Language	
Communication Needs	
Race	
Ethnicity	
Marital Status	
Employer	
Preferred Pharmacy	

Preferred Provider

☐ Jennalee Olsen ☐ Melissa Davis ☐ Kip Littau

GUARANTOR INFORMATION

Name	
Address	
Relationship	
Date of Birth	
Phone	
Social Security #	

INSURANCE INFORMATION

Plan Name	
Policy #	
Grupo #	
Policy Holder	
Holder DOB	
Relationship	

EMERGENCY CONTACT

I approve this contact to have access to my private medical information unless specified in writing.

Name	
Relationship	
Phone	

ADDITIONAL CONTACTS

Name	
Relationship	
Phone	
Name	
Relationship	
Phone	

ONLINE PORTAL

☐ Yes, authorize a portal for me / my child age 0-11

Email

☐ No, I do not want a portal account at this time

ACKNOWLEDGEMENT, AUTHORIZATION & CONSENT

Patient / representative signatures

Patient Name

DOB

- ☐ I have read the Acknowledgement and Consent Policy for Hometown Family Health (available on our website or in hard copy). I request, agree, and consent to evaluation and treatment, including studies or procedures deemed necessary/appropriate for diagnosis or treatment. I acknowledge and consent to the use of AI scribe technology to aid these services.

Signed

Date

- ☐ I have read and understand the HIPAA/Privacy Policy for Hometown Family Health.

Signed

Date

- ☐ I hereby assign my insurance benefits to be paid directly to Hometown Family Health.

Signed

Date

- ☐ I authorize Hometown Family Health to release medical information required to process my claim with my insurance.

Signed

Date

- ☐ I have read and understand the Financial Policy for Hometown Family Health.

Signed

Date

- ☐ I authorize Hometown Family Health to obtain/have access to my medication history.

Signed

Date

- ☐ I authorize my provider's office to contact me by mobile phone via text or call.

Signed

Date