

Rincon Medical Center

Established Patient Information Sheet

Today's Date _____

Patient Name _____ DOB _____ AGE _____

Reason for today's Visit: _____

Result of a vehicle accident

Result of a work related injury

When did symptom's begin _____ Pain Scale (1=mild - 10=Extreme) _____

What Medications are you currently taking? List on File

Medicine Name	Dosage	Frequency

Are you Allergic to any Medications? _____ **If Yes, Please List** _____

Would you be interested in filling your prescription within the office? No Yes

(Most medications cost \$10.00 per prescription)

Female: When was your last normal period? _____

Since your last visit at Rincon Medical Center has there been any change in:

Address: No Yes, explain _____

Phone: No Yes, explain _____

Insurance: No Yes, explain _____

Medical/ Surgical History: No Yes, explain _____

Family Medical History: No Yes, explain _____

Social History: No Yes, explain _____

Primary Care Physician: No Yes, explain _____

The signature below serves as authorization for medical treatment by the physician or nurse. It also provides authorization to **Rincon Medical Center** to furnish and/or release any information necessary to your insurance carrier, third party administration, and or health benefit payor representatives in order to process health care claims. This authorization also serves as permission to release my medical records to my designated primary care physician's office to ensure continuity of care. . I understand that I may withdraw this authorization to release medical information at any time, when I communicate in writing. I acknowledge that **Rincon Medical Center** will file my insurance as a courtesy, but it is my responsibility to understand my insurance coverage. I understand that I am financially responsible at the time of service for all co-payments, deductibles, balances not covered by the insurance carrier, and any previous balances owed.

Patient/ Responsible Party Signature _____ **Date** _____

Physician Signature _____ Date _____