

PULMONARY ALLERGY CRITICAL CARE & SLEEP ASSOCIATES

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NEW PATIENT PAPERWORK INSTRUCTIONS

Please bring in your completed new patient registration forms, as well as your driver's license and insurance cards, to your initial visit in our office.

Patient Information

On the first page, fill in all the blanks that apply.

On the second page, sign and date the statements that apply. Under the "Optional" section is where you can list the names of individuals that you would like to be authorized for us to release your medical information to.

Patient Assessment Form

Fill in this page to the best of your knowledge.

Under smoking, specify how much you smoke per day and for how long you have smoked. If you have quit, please note how much you did smoke per day and how many years you had smoked for, as well as when you quit.

Medication Profile

If you already have your own list, there is no need to complete this page; please bring a copy of your list in with you for your visit. Otherwise, a list is provided here for you.

Medical Release Form

For this page, please enter your name, date of birth, and signature ONLY. This form allows us to request test results that you may have had elsewhere that is pertinent to your care.

HIPAA Notice of Privacy

Read through our HIPAA Notice of Privacy Practices. Signature and date acknowledging the HIPAA privacy rules are on the Patient Information form.