Cherry Bend Family Care, PLC

Health Information Check List

Patient Name:________________________________Date of Birth: _______________

Soc. Sec. Number: ____________________________

I authorize the physicians and staff at Cherry Bend Family Care to impart my personal health information to me in the following manner: Please initial next to ALL that apply.

_____ OK to e-mail me test results – medical information and/or instructions via our secure Patient Portal. If you do not receive your test results from our office within a reasonable time (2-3 weeks), please call our office.

E-MAIL ADDRESS: ____

_____ OK to leave detailed messages on my answering machine or voice mail.
Details of test results – appointment dates/times – medical information and/or directions.

PHONE #:____________________Alternative Phone #: _____________________

_____ OK to leave brief messages on my answering machine or voice mail "test results are normal" – "confirming next day office appointment".

_____ OK to discuss my test results, medical information and/or directions with:

Name/Relationship_______________________________Contact #: _______________

Name/Relationship_______________________________Contact #: _______________

_____ OK to send an open post card reminding me to call the office to make a return visit or test.

_____ OK to call me on my cell phone. CELL:_______________________________________

_____ DO NOT CONTACT ME AT HOME…Please contact me ONLY by:________________

Emergency Contact

Name: ____

Relationship: ___________________________ Phone: ___________________________

Patient Signature________________________________Date _______________

Dear Patient,

As part of the Healthcare Reform Act, the government is requesting we collect information on our patient's race and ethnic background. Would you please tell us which one of these best describes you?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian
- ☐ Black or African American
- ☐ White
- ☐ Hispanic
- ☐ Other Race
- ☐ Other Pacific Islander
- ☐ Unreported/Refused to Report

This information is not a requirement. Please let us know if you'd prefer not to give this information. Sincerely, Cherry Bend Family Care.