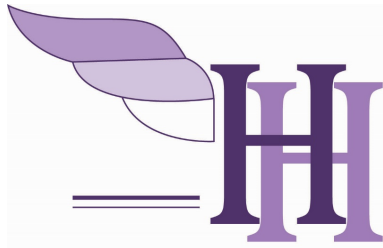


HERMES HEALTHCARE PA

3343 West Central Avenue - Wichita, Kansas 67203

PATIENT INFORMATION FORM

Patient Information				
Name:	Enter Patient Name	DOB:		
Address:				
Phone:		Fax:		
SSN:		Sex		Marital Status:
Email:				
Ethnicity:				
Contact Person(s):		<-- Person 1 to left, ----- person 2 to right- ---->		
	Phone			
	Relationship:		Relationship:	
Responsible Party if not Self:	Name Relationship Address City, State, Zip Phone			
Responsible Party for Medical Decisions:	Name Relationship Address City, State, Zip			



HERMES HEALTHCARE PA

3343 West Central Avenue - Wichita, Kansas 67203

	Phone
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Primary Care Physician Information	
Name:	Physician Name.
Address:	Address Line 1 Address Line 2 City, State, Zip
Phone:	Enter Phone Number.

Medicare Screening Information		
	Yes	No
Is the patient a veteran?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, Did the VA refer the patient?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, Does the patient have a Fee Basis ID Card?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is the visit due to an accident?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient covered by an employer's work group health plan?	<input type="checkbox"/>	<input type="checkbox"/>

Mission to Disclose Protected Health Information:
 In general the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.