Patient Registration Form

Last Name | First Name | MI | Date

Maiden Name | Date of Birth | Age | Gender

Race | Ethnicity | Preferred Language

Street Address

City | State | Zip

Telephone (Home) | (Work) | (Cell)

Email Address | May we contact you by email? ❒ Yes ❒ No

Where may we leave messages? ❒ Home ❒ Work ❒ Cell

Where do you prefer to receive your appointment reminder message? ❒ Home ❒ Cell ❒ Email ❒ Text

Parent(s) / Guardian(s) Name / Healthcare proxy

Do you have advance directives? ❒ Yes ❒ No

❒ Married ❒ Partnership ❒ Separated ❒ Divorced ❒ Widowed ❒ Single

Live with: ❒ Spouse ❒ Partner ❒ Parents ❒ Children ❒ Friends ❒ Alone

Occupation | Hours per week

Employer Name and Address

Emergency Contact | Relationship | Contact Phone

Primary Care Physician | Preferred Pharmacy

How did you hear about Biologic Healthcare?

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Biologic Healthcare (BH) is required to provide you with a copy of our **Notice of Privacy Practices** and to obtain written acknowledgement, if possible, that it has been received. This Notice describes how medical information about me may be used and disclosed, and how I can access this information.

I, ______________________________ , hereby acknowledge that I have received a copy of **Biologic Healthcare's Notice of Privacy Practices**. I understand that a record will be kept of the services provided by BH and this record will be kept confidential (i.e. It will not be released to others unless so directed by me or my representative or otherwise permitted or required by law.)

SIGNATURE | DATE | RELATIONSHIP TO PATIENT, IF SIGNED BY SOMEONE OTHER THAN PATIENT

FOR OFFICE USE ONLY

This section serves as a record of BH's good faith effort to obtain written acknowledgement from the patient of receipt of the Notice of Privacy Practices, received on:

❒ Patient refused to sign acknowledgement ❒ Patient is physically unable to sign acknowledgement ❒ Other:

Office use only: ❒ HCFA ❒ EHR ❒ QB ❒ Scanned to EHR

sensible approaches to your well-being

205 Main Street • Brattleboro, VT 05301 • 802.275.4732 • FAX 802.275.4738
www.biologichealthcare.com