

FAMILY CLINIC, LLC

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**How did you hear about us?**

- Insurance Company
- Online
- Word of Mouth
- Other \_\_\_\_\_

***PLEASE COMPLETE ALL 3 FORMS!  
THANK YOU!***

**PATIENT REGISTRATION FORM**

**Patient Information**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Responsible Party:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY CLINIC, LLC**

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**HEALTH HISTORY**

**Patient Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_ **Reaction** \_\_\_\_\_

**CURRENT MEDICATION:** \_\_\_\_\_

\_\_\_\_\_

**CIRCLE ANY SURGERY THAT APPLIES, OR LIST UNDER "OTHER."**

**WOMEN ONLY**

**PAST MEDICAL HISTORY:**

**CIRCLE ANYTHING THAT APPLIES, OR LIST UNDER "OTHER."**


**FAMILY HISTORY:**

**Please specify which family member has the problem.**


**SOCIAL HISTORY:**

Do you currently smoke or chew tobacco? Yes No If no, have you in the past? Yes No

How many packs per day? \_\_\_\_\_

Do you drink alcohol, beer, or wine? Yes No If no, have you in the past? Yes No

How many drinks per week? \_\_\_\_\_ Do you currently drink coffee and/or tea? Yes No If yes, how many cups per day? \_\_\_\_\_ Do you consume energy drinks? Yes No If yes, how many cups per day? \_\_\_\_\_

**FAMILY CLINIC, LLC**

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**HIPAA NOTICE OF PRIVACY PRACTICES**

**Uses and Disclosures of Protected Health Information**

**Treatment**

**Payment**

**Healthcare Operations**

**Other Permitted and Required Uses and Disclosures**

**You may revoke this authorization,**

**Your Rights:**

FAMILY CLINIC, LLC

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**You have the right to inspect and copy your protected health information.**

**You have the right to request a restriction of your protected health information**

**You have the right to request or receive confidential communications from us by alternative means , or at an alternative location. You have the right to obtain a paper copy of this notice from us.**

**You may have the right to have your physician amend your protected health information**

**You have the right to receive an accounting of certain disclosures we have made, if any of your protected health information**

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**Complaints:**

**We will not retaliate against you for filing a complaint.**

**April 14, 2003.**