

WELCOME TO PromptMD!



REGISTRATION FORM

TODAY'S DATE: _____

(Please Print)

PATIENT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name: _____	First Name: _____		Middle Initial: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Date of Birth: ____/____/____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number: ____-____-____
Mailing Address: _____		Apartment # _____	City: _____	State: _____ Zip: _____
Home Phone Number: (____) _____ - _____	Mobile Phone Number: (____) _____ - _____	Confidential E-Mail Address: _____		
Employer: _____		Occupation/Title: _____		

EMERGENCY CONTACT

Name of Contact: _____	Relationship to Patient: _____	Phone: (____) _____ - _____
-------------------------------	---------------------------------------	---------------------------------------

BEST FORM OF CONTACT

Best Form of Contact: Choose one <input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile Phone	Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best time to call? _____	If unable to reach you, do you authorize release of your medical information to the following contact? If, yes, name? _____
--	---	---------------------------------	---

SURVEY (OPTIONAL)

How did you hear about and why did you choose PromptMD? (check all applicable)

Close to Home/Work Walked by Google Facebook Yelp Friend/Family Great Reviews
 Other Website/Internet Weekend Hours ZocDoc Signage / Bus shelter or Path Train Ad

To better our service, we've placed you on our friendly SMS survey (SMS and data rates may apply) opt-out

REASON FOR TODAY'S VISIT

Symptoms & How Long? _____	PHARMACY YOU USE: _____
--	-----------------------------------

FOR MINOR PATIENTS: PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____	Date of Birth: _____
Social Security Number: _____	Phone Number: _____

FINANCIAL POLICY (We accept credit or debit cards, cash. Personal checks are not accepted.)

Payment for today's visit is expected at time of service. Prompt MD's office visits start at \$100 and are based on level of service. Any laboratory procedures, diagnostic and medical/surgical are additional to office visit fees. For insurances that PromptMD is non-participating, you will be given a paid receipt and claim form for you to submit to your carrier for possible reimbursement according to your health insurance policy.

Please indicate method of payment for today's visit: Cash Credit Card Medicare Insurance

Signature _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I (name of patient) X _____ acknowledge and agree that I have been given the opportunity to review a copy of PromptMD's Notice of Privacy Practices.