

WENDOVER OB/GYN & INFERTILITY, INC.
PATIENT DEMOGRAPHIC SHEET

NAME _____
First Name Middle Last Name

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME _____ CELL _____ WORK _____ EXT _____

EMAIL ADDRESS _____

BIRTH DATE _____ SEX _____ MARITAL STATUS _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ (ONLY THE LAST 4 DIGITS CAN BE SEEN BY STAFF)

EMPLOYER _____ OCCUPATION _____

SPOUSE/NEXT OF KIN _____

SPOUSE EMPLOYER _____ PHONE _____

EMERGENCY CONTACT: NAME _____ PHONE _____

IF STUDENT OR UNDER 18 YEARS OF AGE _____
Parents and/or permanent address

REFERRED BY _____

CAN WE LEAVE A MESSAGE ON YOUR VOICE MAIL? YES NO HOME CELL WORK

CAN WE RELEASE YOUR MEDICAL INFORMATION TO SOMEONE ELSE? YES NO

IF YES, WHO CAN WE RELEASE THE INFORMATION TO? _____

Check all that apply:

- All my medical information
- Information necessary to bill for or submit claims for care provided to me or to resolve an outstanding account

Release and Assignment

I authorize release of any and all medical information necessary to process my insurance claims and request payment of benefits to Wendover OB/GYN & Infertility, Inc.

Signature of Patient Date

Signature of Responsible Party if Under 18 Years of Age Date

Social Security Number of Responsible Party

For your protection from identity theft, a photo ID (Driver's License or other Government issued ID) is required

MEANINGFUL USE DEMOGRAPHIC FORM

The American Recovery & Reinvestment Act of (ARRA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009 established the criteria for “meaningful use” of electronic health records. As part of the initiative, we are required to record in your electronic health record the demographic categories and choices as listed below.

We appreciate your marking the choices as they apply to you:

RACE:

- Asian
- Black or African American
- White or Caucasian
- American Indian or Alaska Native
- Native Hawaiian
- Other Pacific Islander
- More than one race
- Undefined
- Refused to Report / Not Reported

ETHNICITY:

- Hispanic or Latino
- Non-Hispanic
- Refuse to Report

LANGUAGE:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Hungarian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Italian |
| <input type="checkbox"/> French | <input type="checkbox"/> Khmer |
| <input type="checkbox"/> French Canadian | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Maori |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Norwegian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Oromo |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Brazilian Portuguese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Slovak |
| <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> German | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Visayan |