



**HERMES HEALTHCARE LLC**

3343 West Central Avenue - Wichita, Kansas 67203

## PATIENT INFORMATION FORM

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



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Primary Care Physician Information	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

Medicare Screening Information		
	Yes	No
<b>Is the patient a veteran?</b>	<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"/>
<b>Is the visit due to an accident?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is the patient covered by an employer's work group health plan?</b>	<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.