

PATIENT INFORMATION FORM

NAME: FIRST _____ MI _____ LAST _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ HOME/OTHER PHONE: _____

HEIGHT _____ ' _____ " WEIGHT _____ lbs

RACE: WHITE BLACK/AFRICAN AMERICAN AMERICAN INDIAN/ALASKA NATIVE
 ASIAN NATIVE HAWAIIAN/PACIFIC ISLANDER OTHER _____

ETHNICITY: HISPANIC/LATINO NOT HISPANIC/LATINO

PREFERRED LANGUAGE: _____

SMOKER: CURRENT EVERYDAY SMOKER CURRENT SOME DAY SMOKER FORMER SMOKER
 NEVER SMOKER SMOKER, CURRENT STATUS UNKNOWN UNKNOWN IF EVER SMOKED

ARE YOU ALLERGIC TO ANY MEDICATION? YES NO (If YES, please list the medication & reaction)

MARITAL STATUS (circle answer): MARRIED SINGLE WIDOWED DIVORCED

EMPLOYMENT STATUS (circle answer): FULL-TIME PART-TIME DISABLED RETIRED

EMPLOYER NAME: _____

EMERGENCY CONTACT: Name _____

Relationship to Patient _____ Phone # _____

INSURANCE: Insurance Plan Name _____

Cardholder Name _____

Relationship to Patient _____ SS # _____ - _____ - _____

DOB _____ Employer Name _____

Information Verification — By signing below, I am indicating that I have completed, reviewed or modified the information above. I have verified that the information is accurate and requires no further changes. I am aware that if my insurance provider fails to pay for the services rendered today due to outdated or incorrect information on this form that I am responsible for the balance.

Patient or Guardian Signature _____ Date _____



GET YOUR RESULTS — PATIENT PORTAL PATIENT EMAIL COLLECTION & VERIFICATION FORM

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH _____ DATE OF SERVICE _____

We are very excited to offer you the **Doctors Imaging Patient Portal** and hope you will find it helpful and efficient. The portal will provide you with the ability to do the following actions on your own from your computer, smart phone or tablet.

- **view, print, and download your exam reports**
- **view your exam images**
- **share your exam reports and images**
- **view your scheduled appointments and check-in times**
- **save iCalendar appointment reminders to your own calendar**

To join today, please provide your email address below. If you have already subscribed to the portal, please provide your email address again so we may verify our existing records.

Provide email address in the big box below

The Doctors Imaging Patient Portal can only be accessed with an individual email address. Sharing an email address will typically not work as it will be interpreted as a duplicate email address if that email address is already in our system for another patient. If you would like to use an email address that is not the patient's email address (like for an dependent child or parent), please be aware that patient portal access will not be generated if the email provided is already in our system.

What you need to know about the Patient Portal?

1. Your results are usually available on the portal two to three business days after the exam.
2. All of your historical exams are immediately available for your review and use.
3. We no longer email results as you now have the ability to access them or share them yourself.
4. If you need your results sooner we can make them available for you to pickup at the front desk.
5. The patient portal is the quickest and most efficient way to get your results to a new doctor.