NEW PATIENT HEALTH HISTORY

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Marital status: Single Partnered Married Separated Divorced Widowed Contact Phone:	Name (Last, First,	, M.I.):				⊔м	шғ	DOB:							
Address: Email: Previous or referring doctor: Date of last physical exam:	Marital status:	□Single	☐ Partnered	☐ Married	□ Sepa	rated	□ Dive	orced	□ Wid	owed					
Email: Previous or referring doctor: Date of last physical exam:	Contact Phone:														
Previous or referring doctor: Notice of Patient Privacy/Patient Consent Form Understand that as part of my healthcare, the physicians of One to One Health originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for serv ices provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals. One to One Health Notice of Privacy Practices provides pecific information and complete description of how my personal information may be used and disclosed. I understand that a copy of the Notice of Privacy Practices of health notice of Privacy Practices are valiable at the front desk and understand that I have the right to review the notice prior to signing this consent. I understand that One to One Health review Notice of Privacy Practices, the revised Notice will be mailed to me if I provide my address below. I understand I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or healthcare operations and that One to One Health in so required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that One to One Health has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies,															
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PERSONAL HEALTH HISTORY Childhood illness:	I understand that health records de- and any plans for treatment, to bill froutine healthcare. One to One Health of how my person Practices is avail- this consent. I und Prior to implement if I provide my adhealth information to agree to the resone to One Health by me in writing. Votall the protecte in the office where (even if you have a or our privacy pra-	as part of scribing in future ca or serv if future ca or serv if cape at the c	f my healthcar my health history and the constant of Privacy Praction of Privacy of Pri	e, the physic pry, symptom tit. I understate one, to commissessing qualitities provide ised and discussed and discussed and discussed and the tit, or healthor, and this emaintain. If n request a poste with you wasse contact to r written aut for you want of y	ians of Oris, examirand that II municate lity and receives the constitution of the con	nation his info with c eviewir c infor unders ave th right ces, th estrict ations nt at a rior co any ti we ch y of th ically) n lister n to us	and tesormation there has competed to change revised the usand the consent. The and ange out is notice. For me d at the se your h to have	tresult result n is util n is util n is util althcar is etence and coper to reviewed Notice and/ot tone to in writi. This coper inforce, or an ore inforced of Private etence ete	Its, diaglized to eprovide of the amplete opy of the eprovide	gnosi o plan iders o desc e Notic of Pri be ma osure dealth eept to vised n osure dealth pept to vised n osure n n abo ocume	s, treating my car and other and other reprofessing the prior vacy Prailed to be of my a is not to the exist the restrict, and this ent.	menter and the second s	onals. cy gning ces. onal ired that ked ply ontice time ce		
Childhood illness:	Patient Signature							-		Da	ate		-		
Childhood illness:			PEF	RSONAL HI	EALTH H	ISTO	RY								
Immunizations and dates: ☐Tetanus ☐Pneumonia ☐Hepatitis ☐Chickenpox ☐Influenza ☐MMR Meastes Mumps, Rubella ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Childhood illness:	□Mea						Rheum	atic Fe	ever	□Polic)			
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Surgeries			□Influenza			□мм	R Measles,	Mumps, Rub	ella						
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