

(patient information)

Choice Medical Group

CM Chart Check

Preop: Date ___/___/___ Init. _____

DOS: Date ___/___/___ Init. _____

PROCEDURE RECORD

Date: ___ / ___ / ___

For all YES / NO questions, please circle your answer.

Have you been seen as a patient at this clinic before? YES NO If yes, when was your last visit? _____

Have you ever been seen as a patient at another Choice Medical Group clinic? YES NO

Name: _____ Age: _____ DOB: ___ / ___ / ___

Address: _____ City: _____ Zip: _____

Cell phone number: (____) _____ OK to say: ___ Choice ___ Tina ___ Doctor's Office

Home / other phone #: (____) _____ OK to say: ___ Choice ___ Tina ___ Doctor's Office

If we need to mail something to you: ___ use a plain envelope ___ OK to use a Choice Medical Group envelope

SS# _____ - _____ - _____ Occupation (if applicable): _____

Support person / someone who knows you are here: _____ relationship: _____

Phone number (of person listed above): (____) _____

Person to contact IN CASE OF EMERGENCY: _____ relationship: _____

Address: _____ Phone number: (____) _____

Does this person know about this abortion? YES NO

If you are under 18 years of age only: Name of legal guardian: _____

Phone number: (____) _____ Does this person know about this abortion? YES NO

Insurance Information:

Medical insurance (if applicable): _____ Plan #: _____

Insurance subscriber's name: _____

Relationship to subscriber: Self Spouse Partner Parent

Referral Information:

How did you come to choose Choice Medical Group for your care? (check all that apply)

- physician referral
- my insurance is accepted here
- friend / family member recommendation
- yellow pages listing
- website / internet search
- referral from other organization: _____
- previous patient
- other: _____

Staff Use Only

PAYMENT: Cleared Pending

Alpha 4 Scheduled DOS: ___/___/___ Appt. time: _____

RH type: positive negative EGA: ≤ 12 wks _____ wks (2nd tri only)

Type: 1st tri (surgical) Anesthesia: CS MOP: P \$ _____

MAB

LA

M-Cal

Cleared for month of: _____

2nd tri

GA

Ins/HMO

Cleared for month of: _____ Co-pay: \$ _____

Cytotec

Kaiser

Auth: _____ Good through: _____

Lams

____ FREMONT 1895 Mowry Ave., #116 ____ CONCORD 2485 High School Ave., #227 ____ SAN FRANCISCO 2107 O'Farrell St.
____ SAN JOSE 2365 Montpelier Dr. ____ SACRAMENTO 2322 Butano Dr., #205