

# Hawaii Family Physicians *New Patient Information*

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**To:**

**From:** Hawaii Family Physicians P O Box 2060 Kealakekua, HI 96750

**Re:** Patient Registration Packet

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Hawaii Family Physicians is pleased to welcome you as a new patient. Please read carefully.

Enclosed is a registration packet (or you may be accessing these forms online.) Please complete all the pages, **answering every question thoroughly and to the best of your ability.** (You may want to consult your medical records for dates of surgeries, look at actual medication bottles for complete info, etc.)

Please sign and date every page where indicated. Please keep the *Notice of Privacy Practices* for your records.

In addition to the completed forms listed below:

1. New Patient Information
2. Medical History
3. Review of Systems
4. Privacy Signature page (you need someone to witness your signature).
5. Vaccination Information

**WE NEED THE FOLLOWING:**

6. A copy of the front and back of your health insurance cards (bring to each of your visits also)
7. A copy of your driver's license.
8. On the day of your appointment, please bring all medications you are currently taking in their original containers.

**NOTE:** **Always** call to reschedule or cancel any appointments at least **24 hours** before your appointment to avoid the \$50 missed appt. fee (\$100 for procedures). *Call on Fri. if you have a Monday appointment.*

**We are unable to accept the following:** Workman's Comp (injury at your place of employment), chronic pain management, AIDS/HIV, Hepatitis C, auto accidents. *Sorry.*

Return your packet to our office and then call the receptionist to schedule your first patient appointment. If you have any questions, please call us at **323-3107**. Thank you!

