KyreneInternalMedicine

Caring for Teens, Adults & Seniors

4545 E Chandler Blvd, # 201 Phoenix, AZ 85048 www.kyreneinternalmedicine.com Phone: 480-598-4145 Fax 480-598-4145

Complete the entire form so we can set up your Chart Accurately, then you will use the ipad to complete your check in.

PREFIX ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Sir ☐ Dr	
Formal Last Name	Formal First Name
Suffix ☐ II ☐ III ☐ IV ☐ Jr ☐ Sr	Middle Initial
Formal Previous Name (If this is a Name Change)	Preferred Name (What can we call you informally, if any)
Address Line 1	
Address Line 2 / City	State / ZIP
Primary Phone	Personal Email Address
IS THIS A CELL PHONE? YES ☐ NO ☐	I DONT HAVE ONE ☐ WILL NOT PROVIDE ☐
*** Your cell phone number is needed to send you text messages including televisits links, appointment reminders etc**	*** Providing your email allows us to create your secure personal account to contact us, get copies of labs, records etc**
BIRTH SEX ☐ MALE ☐ FEMALE	**SSN**

GUARANTOR: This is the person responsible for payment of medical bills.

I am responsible for my own Medical Bills ☐ YES ☐ NO
If you selected YES, skip this section, If NO and some else is responsible, complete this section

Guarantor Last Name	Guarantor First Name	Guarantor Middle Initial	
Guarantor Social Security Number	Guarantor Date of Birth	Guarantor Phone	Guarantor Sex ☐ F ☐ M
Guarantor Address Line 1 (Same as my address ☐)			
Guarantor Address Line 2			
Guarantor City	Guarantor State	Guarantor ZIP	

EMERGENCY CONTACT: In case of an emergency who do we contact.

Do you AUTHORIZE us to disclose your confidential medical information with this person YES ☐ NO ☐

Relation to Emergency Contact		Is Emergency Contact a patient here ☐ Yes ☐ No	
Emergency Contact Last Name	Emergency Contact First Name	Middle Initial	Emergency Contact Phone

© 2024 Kyrene Internal Medicine

PRIMARY INSURANCE				
Name of Insurance				
Your subscriber ID			Group Number if any	
Are you the primary insured ☐ **YES** ☐ **NO** **If NO, complete the rest**	How are you related to the primary insured? ☐ **Spouse** ☐ **Child** ☐ **Other**			
Last Name	First Name	Middle Initial	Date of Birth	Sex ☐ F ☐ M
Address Line 1 (Same as my address ☐)				
Address Line 2	City	State	Zip	

SECONDARY INSURANCE				
Name of Insurance				
Your subscriber ID			Group Number if any	
Are you the primary insured ☐ **YES** ☐ **NO** **If NO, complete the rest**	How are you related to the primary insured? ☐ **Spouse** ☐ **Child** ☐ **Other**			
Last Name	First Name	Middle Initial	Date of Birth	Sex ☐ F ☐ M
Address Line 1 (Same as my address ☐)				
Address Line 2	City	State	Zip	

PHARMACY DETAILS

Pharmacy Name	City
Phone	Zip Code

HIPAA CONTACT INFORMATION: This is the person you AUTHORIZE this office to disclose your confidential medical information to			
Relation to HIPAA Contact	Is HIPAA Contact a patient here ☐ Yes ☐ No If Yes, no address needed		
HIPAA Contact Last Name	HIPAA Contact First Name	Middle Initial	HIPAA Contact Phone

© 2024 Kyrene Internal Medicine

Marital Status

☐ Divorced ☐ Married ☐ Partner ☐ Single ☐ Unknown ☐ Widowed ☐ Legally Separated

Preferred Language

☐ English Other Language ______________________ ☐ I need a Translator

Race

☐ Asian ☐ Native ☐ Black/African American ☐ White ☐ Declined ☐ Other Race _________________________

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Declined ☐ Other Race _________________________

Advance directives are legal documents that provide instructions for medical care and only go into effect if you cannot communicate your own wishes
Do you have Advance Directives?

☐ Living Will ☐ Power of Attorney ☐ DNR order ☐ OHDNH order ☐ DNI Order ☐ DNH order ☐ MOLST ☐ POLST

Employment Status

☐ Full Time ☐ Part Time ☐ Not Employed ☐ Self Employed ☐ Retired ☐ Active Duty Military ☐ National Reserve

Student Status

☐ Full Time ☐ Part Time ☐ Not a Student

PREFERRED FACILITIES

Lab

☐ Sonora Quest ☐ Labcorp ☐ Other _____________________________________

Radiology

☐ SimonMed ☐ Banner Imaging ☐ Arizona Diagnostic Radiology (Dignity Health) ☐ Other ______________________

© 2024 Kyrene Internal Medicine

4545 E Chandler Blvd, # 201 Phoenix, AZ 85048 www.kyreneinternalmedicine.com Phone: 480-598-4145 Fax 480-598-4145

CURRENT MEDICATION for Name:______________________________ DOB__________

PLEASE LIST ALL MEDICATIONS AND ALLERGIES SO WE CAN HAVE AN ACCURATE SETUP FOR YOUR MEDICAL CHART

MEDICATION	DOSAGE	HOW MANY TIMES DO YOU TAKE IT?

ALLERGIES

 © 2024 Kyrene Internal Medicine

4545 E Chandler Blvd, # 201 Phoenix, AZ 85048 www.kyreneinternalmedicine.com Phone: 480-598-4145 Fax 480-598-4145

Patient Care Team for Name:______________________________ DOB__________

PLEASE LIST ALL SPECIALISTS YOU ARE CURRENTLY SEEING SO WE CAN HAVE AN ACCURATE SET UP OF YOUR MEDICAL CHART

Name of Provider/Clinic	Speciality	Phone

© 2024 Kyrene Internal Medicine