

SouthPark Internal Medicine
9088 S Ridgeline Blvd. #201 - Highlands Ranch, CO 80129

Patient Registration:

Name: _____ Pt ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____ Birth Date: _____

Occupation: _____

Sex: M F Marital Status: M W D S Social Security #: _____

Emergency Contact: _____ Phone #: _____

Demographic Information: Required information by government's Meaningful Use Initiative

Preferred Language: _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaskan Native Asian Black/African American

Native/Other Pacific Islander White Other Race

I choose not to share this information. _____ Initials

AUTHORIZATION TO COMMUNICATE: Appointments, Treatment, Billing Information (Check all that apply)

Home Phone Work Phone Cell Phone Patient Portal

No, I do not authorize SouthPark Internal Medicine to leave phone messages with Personal Health Information on any of my telephone number(s). _____ **Initials**

INDIVIDUALS AUTHORIZED ACCESS TO PERSONAL HEALTH INFORMATION:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

No, I do not authorize anyone access to my Personal Health Information. _____ **Initials**

Patient Signature

Date