



El Camino Women's Medical Group

Obstetrics, Gynecology, Infertility & Minimally Invasive Surgery

Registration Form

When you arrive for your first appointment, a tablet will be given to you to fill in your demographic information.

In addition to demographics, we need the following information:

Name:

Date of birth:

Social security number:

Marital status:

Primary care physician:

May we send them information after your visits?

Yes

No

Referred by:

Emergency contact

Name:

Relationship:

Phone:

Privacy preferences

I request the following restrictions to the use or disclosure of my health information:

Medical information can only be discussed with:

Patient only

Family member/friend: _____

Physician

Other _____

Detailed messages regarding test results can be left on voicemail:

No

Yes, at this number: _____

Any updated/amended copies of this office's notice of Privacy Practices will be sent to your listed email address, unless otherwise requested. The most updated policies will always be available in the office and on the website: www.ElCaminoWomen.com.