

# Northwest Rheumatology Privacy Notice and Patient Demographic Form

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City Zip Code

Race (please choose all that apply):  White  American Indian/Alaskan Native  
 Asian  Black or African American  Native Hawaiian or Other Pacific Islander  
 Other race  Multiracial/More Than One Race  Decline to Specify

Ethnicity:  Not Hispanic or Latino  Hispanic or Latino  Unknown  Decline to Specify

## Please fill out this entire form and Initial in spaces given

➤ your initials to confirm **acknowledgment**.

➤ \_\_\_\_\_ A copy of our privacy notice is made available for my records at any time in compliance with the HIPAA regulations by Northwest Rheumatology Specialist (NWR).

- Describing your rights and choices and our uses and disclosures.

✓ Please provide the following information on how we can contact you:

(1) Home# \_\_\_\_\_ (2) Cell# \_\_\_\_\_

(3) Alternate# \_\_\_\_\_ (4) Email: \_\_\_\_\_

✓ How do you prefer to be contacted? \_\_\_\_\_, second preference \_\_\_\_\_

➤ \_\_\_\_\_ Messages are left on voicemails or with a person answering the phone in your absence,

✓ Specify anywhere you wish voicemails **NOT** be left: \_\_\_\_\_

✓ Specify anyone you wish **NOT** to be given a message in your absence:  
\_\_\_\_\_

\*Messages will contain minimal health information. **To give authorization to another individual regarding your health care, a separate form is available.**

➤ \_\_\_\_\_ I understand I can change the disclosure permission in this form at any time.

➤ \_\_\_\_\_ I understand that any appointment cancelled without at least 24 hours' notice may result in a charge of \$55.

➤ \_\_\_\_\_ I understand only cash or checks are accepted for payments, if I do not have my copay at the time of the visit a \$15 charge may apply.

➤ \_\_\_\_\_ All referrals and precertification's must be obtained prior to the time of service, or the patient will be financially responsible for the visit.

➤ \_\_\_\_\_ I understand that if a balance remains longer than 90 days the bill may be submitted to collection agency. I will be responsible for collection fees, and a \$20 service charge will be added on to any balance over 90 days old.

Please let us know of any special needs regarding your health records you may have.

Signature (or legal guardian's) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please take a moment to fill out our questionnaires. Thank you!**

Please (X) the ONE best answer for your abilities at this time:				RAPID 3			
Over the last WEEK were you able to:	Without <b>Any</b> Difficulty	With <b>Some</b> Difficulty	With <b>Much</b> Difficulty	<b>Unable To Do</b>			
Dress yourself, including shoe laces and buttons?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Get in and out of bed?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Lift a full cup or glass to your mouth?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Walk outdoors on flat ground?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Wash and dry your entire body?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Bend down to pick up clothing off the floor?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Turn faucets on and off?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Get in and out of a car, bus, or airplane?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Walk 2 miles if you wish?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Participate in sports and activities as you'd like?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Get a good night's sleep?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Deal with feelings of anxiety or being nervous?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Deal with feelings of depression or feeling blue?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			

How much pain have you had because of your condition over the past week? Please indicate how severe.																					
No Pain											Worst Pain Possible										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering all the ways in which illness and health condition may affect you at this time, please circle how you are doing.																					
No Pain											Worst Pain Possible										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please (X) the ONE best answer for your abilities at this time:				HAQ II			
Over the past WEEK were you able to:	Without <b>Any</b> Difficulty	With <b>Some</b> Difficulty	With <b>Much</b> Difficulty	<b>Unable To Do</b>			
Stand up straight from a chair?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Walk outdoors on flat ground?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Get on/off the toilet?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Open car doors?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Do outside work (such as yard work)?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Wait in line for 15 minutes?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Lift heavy objects?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Move heavy objects?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			
Go up 2 or more flights of stairs?	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)			