## Northwest Rheumatology Privacy Notice and Patient Demographic Form

Print Name: $\qquad$ Date of Birth: $\qquad$
Address: $\qquad$
$\qquad$ Zip Code

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

Ethnicity: O Not Hispanic or Latino $\mathbf{O}$ Hispanic or Latino Unknown $\mathbf{O}$ Decline to Specify

## Please fill out this entire form and Initial in spaces given > your initials to confirm acknowledgment.

$\qquad$ 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.
$\checkmark$ Please provide the following information on how we can contact you:
(1) Home\# $\qquad$ (2) Cell\#
(3) Alternate\# $\qquad$ (4) Email:
$\qquad$
$\qquad$
$\checkmark$ How do you prefer to be contacted? $\qquad$ second preference $\qquad$
$\qquad$ Messages are left on voicemails or with a person answering the phone in your absence,
$\checkmark$ Specify anywhere you wish voicemails NOT be left: $\qquad$
$\checkmark$ 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.
$>\ldots \ldots \quad 1$ understand I can change the disclosure permission in this form at any time.
$>\quad$ ___ $\quad$ understand that any appointment cancelled without at least 24 hours' notice may result in a charge of $\$ 55$.
$>\quad 1$ 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.
$>\quad$ _ $I$ 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.
$\qquad$ Date: $\qquad$

Northwest Rheumatology Intake Form For New Patients

| Name: |  | Height: | Date: |
| :---: | :---: | :---: | :---: |
| Date of Birth: Birth gender: |  | Current gender: |  |
| Please fill out and return to one of our staff members as soon as you have completed this form |  |  |  |
| Date of your last flu shot: |  | Pneumonia: |  |
| Do you smoke tobacco or use a vaping device? Y / N <br> Amount used: <br> If not, have you ever smoked tobacco? $\mathrm{Y} / \mathrm{N}$ age stopped: amount used: |  |  |  |
| Date of your last DEXA scan (bone density): |  |  |  |
| Primary Care Doctor: |  | Phone number: |  |
| Pharmacy: |  | Town located in: <br> Phone number: |  |
| Mail order Pharmacy: |  |  |  |

Please list what medications/vitamins/supplements you are currently taking, including OVER THE COUNTER (we can photocopy a list if you have brought one with).

| Medication name and dose | Frequency | Reason |
| :--- | :--- | :--- |
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Please tell us of any ALLERGIES, PAST medications, or medication REACTIONS (INCLUDE OVER THE COUNTER).

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| :--- | :--- | :--- |
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## 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 Any Difficulty |  | With Some Difficulty |  | With Much Difficulty |  | Unable To Do |  |
| Dress yourself, including shoe laces and buttons? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Get in and out of bed? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Lift a full cup or glass to your mouth? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Walk outdoors on flat ground? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Wash and dry your entire body? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Bend down to pick up clothing off the floor? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Turn faucets on and off? | 0 | (0) | 0 | (1) | 0 | (2) | 0 |  |
| Get in and out of a car, bus, or airplane? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Walk 2 miles if you wish? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Participate in sports and activities as you'd like? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Get a good night's sleep? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Deal with feelings of anxiety or being nervous? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |
| Deal with feelings of depression or feeling blue? | 0 | (0) | 0 | (1) | 0 | (2) | 0 | (3) |

How much pain have you had because of your condition over the past week? Please indicate how severe. No Pain

Worst Pain Possible

$$
\begin{array}{|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|}
\hline 0 & 0.5 & 1 & 1.5 & 2 & 2.5 & 3 & 3.5 & 4 & 4.5 & 5 & 5.5 & 6 & 6.5 & 7 & 7.5 & 8 & 8.5 & 9 & 9.5 & 10 \\
\hline
\end{array}
$$

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 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 0 | 0.5 | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | 4 | 4.5 | 5 | 5.5 | 6 | 6.5 | 7 |  | 9 | 9.5 | 10 |  |


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

