# Annual Update 2022

***required info**

**Patient last name*:** _____ **Patient first name*:** _____ **MI*:** ___

Preferred name (if different than above): _____

**Date of birth*:**_____

**Marital status*:** ☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Partner ☐ Widowed

☐ Please check here if you prefer pronouns would you like (They/them/theirs) used in your health record.

**Address*:** _____ **Apt/Unit:** _____

**City*:** _____ **State*:** _____ **Zip*:** _____

**Email address*:** _____

**Primary phone*:** _____ ☐ Home ☐ Cell/mobile ☐ Work

Secondary phone: _____ ☐ Home ☐ Cell/mobile ☐ Work

**How would you like to receive appointment reminder notifications?***

☐ Phone ☐ SMS/text[1] ☐ Both *OR* ☐ NO reminder notifications

[1]SMS/text messages may be subject to message or data fees charged by your mobile service carrier. Please contact your mobile service carrier to confirm any fees for SMS/text services.

**Emergency contact*:** _____ **Relationship*:** _____

**Primary phone*:** _____ **Secondary phone:** _____

Do you have a caregiver (if other than spouse or emergency contact)?

Name: _____ Phone: _____

**Consent to Release Personal Health Information (PHI)***

I authorize Westminster Medical Clinic to discuss and/or share information with the individual(s) listed below. I understand that I may add or remove individual(s) to this consent at any time by submitting a new consent. I agree that Westminster Medical Clinic may share all information related to:

1. Medical, diagnostic, imaging, and/or laboratory results
2. Appointment scheduling and billing

Name: _____ Relationship:_____

Name: _____ Relationship:_____

_____ _____

**PATIENT SIGNATURE (or legal guardian)*** **DATE***



**OVER ⇨**