Center for Urinary and Pelvic Disorders
S. Gregory Portera, MD, FACOG
Urogynecology

6215 Humphreys Blvd. Suite 110
Memphis, TN 38120
Phone: 901-227-9610
FAX: 901-227-9615
www.cupdms.com

New Patient Information Sheet

Last Name: _____ **First Name**: _____ **MI**: _____

Address: _____ **City, State, Zip:** _____

Phone: (H) _____ (C) _____ (W) _____

Date of Birth: _____ **Social Sec #:** _____ **Gender**: M F

Email Address: _____ **Marital Status**: S M D W O

Patient's Employer: _____ **Address**: _____

Race: African American/Black Caucasian Asian American Indian/Alaskan Native Hawaiian Native American Pacific Islander Subcont Asian American Asian Pacific American More than 1 Race Other
Ethnicity: Latino Hispanic Other Decline to Answer **Language if not English**: _____

Who referred you to our practice?_____

Primary Insurance Information:
Insurance Company: _____
Policy Holders Name: _____ Policy Holder's Date of Birth: _____
Subscriber ID: _____ Group #: _____
Relationship to Patient: _____ Employers Name: _____

Secondary Insurance Information:
Insurance Company: _____
Policy Holders Name: _____ Policy Holder's Date of Birth: _____
Subscriber ID: _____ Group #: _____
Relationship to Patient: _____ Employers Name: _____

Emergency Contact (who does not live with you):
Name: _____ Relationship: _____
Address: _____ Phone: _____

Do you have any of the following advance directives? (check all that apply, or NONE)
☐ Living Will ☐ Power of Attorney ☐ Durable POA for Healthcare ☐ Healthcare Surrogate ☐ NONE
*If signing as POA for patient, please provide us with a copy of legal assignment of POA

Name of Pharmacy: _____**Phone #**:_____

Signature: _____ **Date**: _____

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PATIENT NAME: _____ DOB:_____

PROTECTED HEALTH INFORMATION

My signature below indicates my authorization to release my protected health information (PHI), including account status, test results, scheduled appointments, and information regarding my medical treatment, to the persons I have listed below. Any person who is not listed will not be able to obtain protected health information. It is not necessary to list other treating physicians or insurance companies. This authorization will remain in effect until revoked by me in writing.

	Name of authorized person	Relationship	Phone number
1			
2			
3			
4			
5			

PATIENT COMMUNICATIONS/AUTOMATED MESSAGES

Our practice utilizes an electronic appointment reminder system to allow us to communicate more securely and efficiently. Please indicate your automated messaging preference(s), one that you will be sure to see, for reminders about scheduled appointments, cancellation/reschedule requests, closures or delayed openings, and other important office announcements:

□ Email _____ □ Text Message _____
Email Address Mobile phone #

□ I do not wish to receive automated appt reminder messages

These notifications apply only to **automated** messages from our office. Our office may still contact you via phone if an urgent matter requires your attention.

CONSENT FOR TREATMENT

My signature below indicates my consent for treatment to the Center for Urinary and Pelvic Disorders. This consent to treat is a lifetime consent unless revoked by me in writing.

ACKNOWLEDGEMENT OF RECEIPT OF OUR PRIVACY PRACTICES

My signature below indicates that I have been given the opportunity to receive a copy of the Center for Urinary and Pelvic Disorders Notice of Privacy Practices. By signing below, I am only acknowledging that I have received or have had the opportunity to receive the Notice of Privacy Practices.

_____ _____
Signature Date

MEDICARE PATIENTS ONLY: LIFETIME AUTHORIZATION TO FILE MEDICARE

I request that payment for authorized Medicare benefits be made to the Center for Urinary and Pelvic Disorders for services furnished to me by that provider. I also authorize any holder of medical information about me to be released to the Center for Urinary and Pelvic Disorders for Medicare/Medicaid services and it's agents if information is needed to determine these benefits payable for related services.

_____ _____
Signature Date