Salem Family Primary Care

Patient History

Beth Israel Deaconess HealthCare®

Lawrence General Hospital

Today's Date:

Patient Name: Date of Birth:

Marital Status: Married Widowed Separated Divorced Single

Height: Weight:

Employment Status:

Do you have any health concerns presently?

Please indicate whether you have had any of the following:

YES	NO	Anemia or Sickle Cell Disease	HIV Infections/AIDS	YES	NO
YES	NO	Arthritis or Back problems	Heart Attack or Heart Failure	YES	NO
YES	NO	Asthma	Heart Murmur that requires antibiotics before dental work	YES	NO
YES	NO	Bleeding tendencies	Heart Rhythm Abnormalities/Pacemaker	YES	NO
YES	NO	Blood Transfusions	Hepatitis, Liver Disease, or Cirrhosis	YES	NO
YES	NO	Clotting Problems	High Blood Pressure	YES	NO
YES	NO	Bowel Problems	Kidney Disease	YES	NO
YES	NO	Bronchitis, Pneumonia, or TB	Seizures or Epilepsy	YES	NO
YES	NO	Emphysema/COPD	Stomach Ulcers	YES	NO
YES	NO	Cancer, Type	Stroke or Mini-stroke	YES	NO
YES	NO	Chest Pain	Thyroid Abnormalities	YES	NO
YES	NO	Depression	Fibromyalgia	YES	NO
YES	NO	Diabetes	Blood clots/DVT	YES	NO
YES	NO	Elevated Cholesterol		YES	NO

Please list any other medical problems other doctors have diagnosed:

Please list any other doctor or specialist that you are currently seeing:

32 Stiles Road • Salem, NH 03079
603.870.5452

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Lawrence General Hospital

Patient History

Name/address of the lab that you currently use for blood work:

Please list the medications you are currently taking:

Medication Name	Strength	Times per Day

Name/address of the pharmacy you use:

Please list any allergies you have to medications, food, etc.:

Allergen	Reaction/Side Effect

Have you ever had an adverse reaction to anesthesia?

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Patient History

Surgical History:

Procedure	Date	Hospital/Doctor

Do you have a Health Care Proxy? Yes No If so, who is it?

Please indicate family medical history:

Medical Condition	Relative	YES	NO
Alcohol/Drug Abuse			
Asthma			
Bleeding Problem			
Cancer, Type			
Depression/Psychiatric Illness			
Diabetes			
Allergies			
Heart Attack			
High Blood Pressure			
High Cholesterol			
Liver Disease			
Kidney Disease			
Anesthetic Problems			
Stroke			
Epilepsy (Seizures)			
Other			

Social History

How many children do you have?

What are their ages?

Who lives at home with you?

Do you use seatbelts consistently?

Do you use a bike helmet regularly?

Do you use sunscreen or protective clothing?

Do you use insect repellant?

Are you a cigarette smoker?

If so, how many packs do you smoke per day?

How many years have you been a smoker?

Are you interested in quitting?

Do you drink alcohol?

If so, how many drinks do you have per week?

Do you drink coffee, tea, and/or caffeinated soda?

If so, how many cups per day?

Do you currently use recreational or street drugs?

Do you exercise regularly?

If so, what exercise and how often?

Are you on a diet?

If so, please describe.

Are you concerned about your weight?

In the past month, have you often:

Felt little interest or pleasure in doing things?

Felt down, depressed, or hopeless?

Beth Israel Deaconess HealthCare®

Patient Financial Responsibility Guidelines

Beth Israel Deaconess Healthcare (BIDHC) is pleased you have chosen our practice for your medical care. Quality care is a first priority among our providers. To reduce confusion and keep costs of your care to a minimum, BIDHC requests that you please read the following guidelines to understand your financial responsibility and requirements.

Patients with Health Insurance

- Please bring your insurance card to each visit so that the office staff can verify your eligibility.
- Not all services may be covered by your insurance plan therefore the obligation to understand what services are covered remains with you. Please contact your insurance carrier regarding covered services.
- If your insurance requires a referral to see one of our MDs for specialty care, please contact your PCP's office. The referral will need to be in place prior to your visit.

Co-Payments

- Co-payments will be expected on each date of service when required by your insurance.
- Please understand co-payments may be required when problems are addressed during your annual physical visit.
- If you have questions regarding your co-pay amount, please call your health plan directly.

Worker's Compensation (WC) / Motor Vehicle Accident (MVA) Visits

- Please inform both the scheduling and check-in staff that your visit is due to either a work-related injury or a motor vehicle accident.
- WC and MVA insurance carriers require related forms to be filled out in order for reimbursement of your claims to occur. Please bring your employer, worker's compensation, auto insurance carrier and/or attorney information to your office visit.
- Patients will be billed directly if the above information requested is not provided to our offices.

Billing: (617) 754-0730 ♦ Mon-Fri 8:00am-4:00pm

Beth Israel Deaconess HealthCare®

Patient Financial Responsibility Guidelines

Establish PCP with your Health Insurance

- If your health insurance requires the selection of a Primary Care Physician (PCP), please make sure this is in place prior to your appointment.
- Patients may be responsible for the visit if the PCP has not been established with your health plan.

Self-Pay Patients

- A deposit for services provided in the physician office is expected at the time of your visit. Any remaining balance will be billed to you.

No Shows

- We require 24 hour cancellation notice if you are unable to keep your appointment.
- Please understand that you may be charged a No Show fee for missed appointments.

Billing Questions

We realize that special circumstances may arise and will assist you in every way we can to resolve your outstanding balances. Financial hardship discounts are available. To apply please contact our Billing department.

Please understand we reserve the right to transfer delinquent accounts to a collection agency after all efforts have been exhausted to obtain payment from you.

Statements sent to you from BIDHC are for the physician's portion of the visit. Hospital, laboratory and radiology services may be billed to you separately from those facilities. Please call them directly when bill questions arise.

Please feel free to contact our Billing department with any questions at **(617) 754-0730** between the hours of **8:00am-4:00pm, Mon – Fri** or email askapg@bidmc.harvard.edu at your convenience.

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