

Pueblo Radiology / Santa Barbara Women's Imaging Center Patient Information Sheet

Day / Time of Appt: _____

Patient:	<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>DOB</i>	<i>Age</i>	<i>Gender</i>
Address:	<i>Street / P.O. Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Phone:	<i>Home</i>	<i>Cell</i>	Preferred:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____		
Email:			Height:	Weight:		

Referring Physician: _____

Other physicians you would like to receive a report of your test findings:

What are your current symptoms / reason for exam? _____

Is your examination today related to an injury at work? No Yes

Do you have, or have you had, cancer? No Yes - type and when? _____

Have you had prior exams of area being imaged today? No Here Yes - where? _____

Please list the type and date of any other surgeries related to this appointment's imaging study:

Female Patients: Are you pregnant? No Yes Unsure (Initials: _____ *MD consulted: _____)
 Are you breast feeding? No Yes

Medicare Patients:
 Are you **temporarily** residing at a skilled nursing facility? No Yes - where? _____

Notice of Privacy Practices and Use of Contact Information

I am aware that I may ask for a copy of the Notice of Privacy Practices from Pueblo Radiology (PR) / Santa Barbara Women's Imaging Center (SBWIC) concerning how the use and disclosure of Protected Health Information is handled by this practice. I also acknowledge and consent that PR / SBWIC may use any phone number or email I provide to remind me of appointments and communicate with me concerning services provided and billing matters. **Initial:** _____

I have reviewed the information above and confirm that it is accurate.

Date: _____

Patient signature (or legal guardian)

Office use:

MR CT Mam US Vas Dexa XR-FI Creatinine: _____ (if applicable)

Registered by: _____ Time: _____

Order: Here Patient to Bring Correct MD cc MDs added Auth Verified

Exam: Left Right Exam Type : _____ Patient Name Middle Initial

Ins: Umbrella Non-Umbrella MC