

Family First
2112 - 2114 - 2116 E Rusk Street
Jacksonville, Texas 75766
Phone: 903-284-6105 F: 903-284-6140
www.familyfirstjville.com

Patient Name: _____ Sex: M F

Birthdate: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell # _____ Home# _____

Work# _____

Email address: _____ Social Security Number: _____

Please / Circle / One:

Race: Caucasian African American Asian Hispanic Other: Decline

Marial Status: Married Single Separated Divorced Widowed Minor

If Patient Representative, Name & Relationship: _____

FAMILY FIRST INFORMATION SHEET

Name: _____ DOB: _____ Date: _____

Allergies: _____

Social History:

Recreational Drug Use:	Current	Past	Never	
Smoking Currently:	Current	Past	Never	Packs/day: _____
Alcohol:	Current	Past	Never	Drinks/day: _____

List ALL MEDICATIONS you take, including over the counter (OTC) medications and vitamins. Include specific doses and when taken. If you don't know, please call your pharmacist to confirm.

Medication	OTC and Vitamins
_____	_____
_____	_____
_____	_____
_____	_____

What pharmacy do you use/prefer? _____

PERSONAL MEDICAL HISTORY: (please circle all that apply)

ADHD	Depression	Hepatitis	Sciatica
Alcoholism	Diabetes: 1 or 2	Irritable Bowel Syndrome	Seizure Disorder
Allergies, Seasonal	Diverticulitis	Kidney Stones	Sleep Apnea
Anemia	DVT (blood clot)	Kidney Disease	Stroke
Anxiety	Eczema	Lupus	Thyroid Disorder
Arrhythmia (irregular heartbeat)	Emphysema	Liver Disease	Ulcerative Colitis
Arthritis	Gallstones	Macular Degeneration	
Asthma	GERD 9 acid reflux)	Migraines	
Bipolar	Glaucoma	Nosebleeds	
Bladder problem/incontinence	Headaches	Neuropathy	
Bleeding problems	Heart Disease	Osteopenia/Osteoporosis	
Cancer: _____	Heart Attack (MI)	Parkinson's Disease	
Carpal Tunnel	Hiatal Hernia	Peptic Ulcer	
Crohn's Disease	High Blood Pressure	Peripheral Vascular Disease	
COPD	High Cholesterol	Psoriasis	
Dementia	HIV	Pulmonary Embolism (PE)	

Last Menstrual Period: yes / no Date: _____ Normal / Abnormal

Colonoscopy: yes / no Date: _____ Normal / Abnormal

Mammogram: yes / no Date: _____ Normal / Abnormal

DXA (Bone Density): yes / no Date: _____ Normal / Abnormal

Other medical problems not listed above: _____

Surgical History: Please list all prior surgeries and approximate dates performed.

FAMILY HISTORY:

FATHER: Living: Age _____ Deceased: Age: _____

Alcoholism	Blood Cancer	Migraines	Bipolar	Osteoporosis
COPD/Emphysema	Skin Cancer	Colon Cancer	High Cholesterol	
Stroke	Heart Disease	Lymph Cancer	Thyroid Disorder	
Anemia	Asthma	Breast Cancer	Dementia	
Blood Clot/DVT	Depression	Kidney Disease	Prostate Cancer	
Arthritis	High Blood Pressure	Diabetes 1 or 2	Thyroid Cancer	

Other: _____

MOTHER: Living: Age _____ Deceased: Age: _____

Alcoholism	Blood Cancer	Migraines	Bipolar	Osteoporosis
COPD/Emphysema	Skin Cancer	Colon Cancer	High Cholesterol	
Stroke	Heart Disease	Lymph Cancer	Thyroid Disorder	
Anemia	Asthma	Breast Cancer	Dementia	
Blood Clot/DVT	Depression	Kidney Disease	Prostate Cancer	
Arthritis	High Blood Pressure	Diabetes 1 or 2	Thyroid Cancer	

Other: _____

Siblings: _____

List other medical providers you see on a regular basis (i.e. Cardiologist, Mental Health Provider, Kidney Doctor, etc.)

Patient signature: _____ Date: _____



Kristin Ault, DO
Justin McInnis, MD
Craig Weaver, MD
Dr. Michael Galbraith, DO
Jeff Pilette, FNP
Ryan Earle, FNP
Maribel Arredondo, FNP
Jessica Childress, FNP
Holly Thompson, FNP

New Patient Questionnaire

Name: _____ Gender: M F

Date of Birth: _____ Social Security #: _____

Current Medical Problems

Current Medications

Physician you currently see: _____ Length of Care: _____

Is this a work-related injury / illness or a Motor Vehicle Accident (MVA): (Circle one) Yes No

Please circle preferred physician/family nurse practitioner:

Kristin Ault, DO

Justin McInnis, MD,

Craig Weaver, MD

Michael Galbraith, DO

Shelbi Bolton, DO

Jeff Pilette, FNP

Maribel Arredondo, FNP

Ryan Earle, FNP

Holly Thompson, FNP

Jessica Childress, FNP

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Purpose: Family First Jacksonville and its physicians, employees, and non-employees follow the privacy practices described in this Notice. Family First maintains your health information in records that are kept in a confidential manner, as required by law. The Family First must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations: Family First has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with radiologists or other consultants to make diagnosis. Family First may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment. In addition, Family First may use and disclose your health information to improve the quality of care.

How will Family First Use and Disclose My Health Information? Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclose:

Note: You will have the opportunity to refuse some of these communications about your health information, indicated by (*).

- Family members or close friends involved in your care or payment for treatment. (*)
- Disaster relief agency if you are involved in a disaster relief effort. (*)
- To inform you of treatment alternatives or benefits or services related to your health. (*)
- Appointment reminders
- Public Health activities, including disease prevention, injury, or disability; reporting births and deaths, reporting reactions to medication or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
- Lawsuits and disputes, in response to a court or administrative order, subpoena, discovery request or any other lawful request.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- Worker's Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

Your authorization is required for other disclosures. Except as described above, we will not use or disclose your medical information, unless you allow Family First in writing to do so. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

Alcohol and drug abuse information has special privacy protections. Family First will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse treatment unless the patient authorizes in writing; to carry out treatment, payment and operations; or as required by law.

You have rights regarding your health information. You have the following rights regarding your medical information, if requested on the form (s) provided by Family First:

- **Right to request restrictions:** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask

not to disclose you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.

- **Right to confidential communications:** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy:** You have the right to review and obtain a copy of your medical or health record. Psychotherapy notes may not be inspected or copied. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by Family First. Family First will comply with the outcome of the review.
- **Right to request amendment:** If you believe that the health information, we have about you is incorrect or incomplete, you may request an amendment on the form provided by Family First. Family First is not required to accept the amendment.
- **Right to accounting of disclosures:** You may request a list of the disclosures of your health information that have been made to persons or entities for disclosures unrelated to health care treatment, payment, or operations within the past six (6) years for paper health records, and for electronic health records you may request three (3) years, including disclosures for treatment, payment, or operations. After the first request, there may be a charge.
- **Right to copy of this Notice:** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.

Requirements regarding this Notice: Family First is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Family First may change this Notice, and these changes will be effective for the health information we have about you, as well as any information we receive in the future. Each time you register at Family First for health services, you may receive a copy of the Notice in effect at the time.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with:

Family First
2114 E Rusk Street
Jacksonville, Texas 75766
(903) 284-6105

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509, HHH Building
Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to Family First or to the Department of Health and Human Services.

Contact Family First Privacy Office at (903) 284-6105 if:

- You have any questions about this notice:
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or
- You wish to obtain a form to exercise your individual rights.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Your name and signature on this sheet indicate that you have been given the opportunity to review and request a copy of Family First Notice of Privacy Practices (Notice) on the date indicated. If you have any questions regarding the information on Family First Clinic Notice of Privacy Practices, please do not hesitate to contact a clinic representative.

Patient Name (Printed): _____

Signature: _____

Date Notice Received: _____

If Patient Representative, Name & Relationship _____

AUTHORIZATION FOR VERBAL RELEASE OF INFORMATION

Authorization for use or disclosure of information for Family First

I, _____, hereby authorize Family First to disclose my protected health information to:

1. _____ 2. _____

This protected health information is being used or disclosed for the following purposes: Information directly related to treatment, payment, and / or health care operations. The information may include, but not be limited to medical information, demographics, insurance, dates of service, type of service, charges and reasons for denial or patient responsibility, etc.

I understand that I have the right to revoke this authorization, in writing, at any time by sending Family First such written notification.

Signature of Patient / Representative

Date

CONTROLLED SUBSTANCE KNOWLEDGEMENT

It is the policy of Family First to not prescribe controlled substances for treatment of long-term conditions. We believe that there are better and safer therapies for treatment of chronic pain and anxiety. We have many other options to address these conditions including alternate medications, specialist referral and physical therapy. Family First is dedicated to providing the best treatments for chronic pain to our patients and believes this approach is to be not only safer but also more effective.

Signature of Patient / Representative

Date