

Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Social Security# \_\_\_\_\_

Email \* \_\_\_\_\_

\* \_\_\_\_\_ *(check here) I give the staff at Wisdom Health my permission to send/receive my confidential medical information through its encrypted email system.*

Phone (Home) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_



**WISDOM  
HEALTH**  
Caring for Seniors

**Welcome**  
to our  
**Practice**

**Insurance Information**

Medicare # \_\_\_\_\_

Supplemental Medicare Insurance \_\_\_\_\_

ID# \_\_\_\_\_

Medicare Advantage Plan \_\_\_\_\_

ID# \_\_\_\_\_

Prescription Insurance \_\_\_\_\_

ID# \_\_\_\_\_

**Which Pharmacy do you use?** \_\_\_\_\_

Do you pick up your prescriptions \_\_\_\_\_ or have them delivered \_\_\_\_\_

**Whom should we contact with appointment reminders?**

Call me Yes \_\_\_\_\_ No \_\_\_\_\_

Other Person To Call \_\_\_\_\_

Their Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Cell \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**Do you have a Medical Power of Attorney?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is your Agent? \_\_\_\_\_

Agent’s Phone (if not listed above) \_\_\_\_\_

**Do you have a Living Will or Five Wishes?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you signed an Order to Withhold CPR?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Privacy**

My signature below indicates that I have been provided with the Summary Notice of Privacy Practices and I am aware that I may obtain the most recent copy of the Notice of Privacy Practices in its entirety in the Wisdom Health office or on its website.

**Your Signature**

**Date**

**Race:**

- African/African America \_\_\_\_\_
- Asian/Asian American \_\_\_\_\_
- Caucasian/European American \_\_\_\_\_
- Native American/Native Alaskan \_\_\_\_\_
- Native Hawaiian/Pacific Islander \_\_\_\_\_
- Other/Decline to Say \_\_\_\_\_

**Smoking Staus:**

- Never a tobacco user \_\_\_\_\_
- 1-3 cigarettesper day \_\_\_\_\_
- Up to 1 pack per day \_\_\_\_\_
- More than 1 pack per day \_\_\_\_\_
- Used to but not now \_\_\_\_\_

**Ethnicity:**

- Non-Hispanic \_\_\_\_\_
- Hispanic \_\_\_\_\_
- Decline to Say \_\_\_\_\_

**Your Preferred Language** \_\_\_\_\_