

Carolina Kidney & Hypertension Center, LLC
Health Questionnaire

Family Medical History

Relation	Age	State of Health	Age at Death	Cause of Death	Check (√) if blood relatives have the following	Relationship
Father					Hypertension	
Mother					Kidney Disease	
Siblings					Heart Disease	
					Cancer	
					Arthritis	
					Gout	
					Diabetes	
					Asthma	

Hospitalizations (including pregnancies and Operations)

Year	Hospital	Reason for Hospitalization

Allergies
(Please list)

Habits (√) which substances you use and indicate how much

	Tobacco		Alcohol
	Caffeine (Coffee)		Other Drugs

Carolina Kidney & Hypertension Center, LLC
Patient Registration Form

Patient name	Social Security Number
Date of Birth	Address
Marital Status	Email address
Home phone	Work phone or Cell phone
Emergency contact (Name)	Emergency contact (Phone number)
Employer	
Insurance company name and policy number Primary	Insurance company name and policy number/ Secondary
If you are covered under the policy of a spouse, partner, parent, or legal guardian, please tell us about them:	
Name	Social Security Number
Date of Birth	Address
Home phone	Work phone
Mobile phone or pager	Email address

Consent to Treat:

I (or my legal guardian or parent) authorizes Carolina Kidney & Hypertension Center to provide medical care to me.

Assignment of Benefits:

I understand that I am financially responsible for all charges

I hereby authorize the release of information necessary to secure the payment of benefits, and assign any insurance or other third-party benefits for health care services received to Carolina Kidney & Hypertension Center. If these benefits are not assigned to Carolina Kidney & Hypertension Center, I agree to forward to Carolina Kidney & Hypertension Center all benefits immediately upon receipt.

I have read and understand the information outlined above

Signature of Patient/Legal Guardian: _____ **Date:** _____ Created on 8/26/2004 : Modified 10/7/04