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Hampstead, MD 21074  
Phone: 410-374-0808 Fax: 410-374-0045  
[office@hampsteadPCP.com](mailto:office@hampsteadPCP.com)

### **New Patient Information Packet**

*Please read this first, and keep this first sheet for your reference in the future*

Thank you for choosing Hampstead Primary Care to support your health and wellness. We are honored to be part of your healthcare journey and look forward to partnering with you to help you become the healthiest version of yourself.

Please complete the forms attached and return them to our office. You may return them by dropping them off during office hours, faxing them to our office at 410-374-0045, or emailing them to [office@hampsteadpcp.com](mailto:office@hampsteadpcp.com). Please note that our email is not encrypted. While it is generally safe to send forms this way, we cannot guarantee 100% security.

#### **About Our Practice**

Hampstead Primary Care is a small, independently owned, provider-led practice. We are not affiliated with any hospital systems, allowing us to spend more time with our patients and offer truly personalized care tailored to your needs.

We emphasize preventive care and require all patients to come in at least once a year for an annual wellness visit. These visits are essential to recommend age-appropriate screening tests such as colonoscopies and mammograms, offer vaccines based on CDC guidelines, and discuss your health concerns in depth and collaboratively set goals. While all medical decisions are yours to make, we ask that you attend your annual wellness visit so we can fully explore all aspects of your health and offer comprehensive care. Most insurance companies not only pay for this annual wellness visit, but also mandate that we perform this on you once per year. In addition to routine care, we offer same-day sick visits, telehealth appointments for certain conditions, extended office hours on Tuesdays and Thursdays, and medical aesthetic services

We participate in an accountable care organization called Aledade, which is a network of clinicians committed to improving patient care through shared resources and coordinated efforts. As part of this, you may be invited to participate in care management programs that support areas like medication management, hypertension and kidney health, and advanced care planning. These programs are designed to help you meet your health goals with extra support between visits.



### **Next Steps**

Once you return the completed forms, your information will be reviewed by one of our providers to ensure that we are the right fit for your care needs. In rare cases, if we feel that a larger practice may better serve you, we will let you know.

Typically, we schedule new patients within two months, though during busy times it may take up to four months. Please note that we do not schedule new patients during the months of November or December. We will schedule you with the provider of your choice within our group. We encourage you to continue seeing this provider for all your chronic medical needs. However, for sick visits, you may occasionally be seen by another provider based on availability. Rest assured, our team practices in a similar manner, and your primary provider will always be kept informed of any changes to your health.

Once your first appointment is scheduled, you'll be able to set up your Athena Patient Portal. As part of this process, you'll be asked to complete a self check-in before your visit. This check-in allows us to collect important health information and ensures all required forms are completed for billing purposes. It also gives you the opportunity to take an active role in your care. Please review all documents carefully to avoid any surprises regarding billing. Through the portal, you can update your medical information at any time and message our office with any health concerns. Please note that the self check-in must be completed prior to your appointment to avoid rescheduling and a potential \$65 late cancellation fee. If you have any trouble accessing the portal, feel free to call us at 410-374-0808 for assistance or alternative options.

Thank you again for trusting Hampstead Primary Care. We're excited to support you in reaching your health goals and are grateful for the opportunity to care for you.



### **Getting Started with Your Patient Portal**

1. Once your first appointment is scheduled, visit our website at [www.hampsteadpcp.com](http://www.hampsteadpcp.com). Click the "Access Patient Portal Here" link on the homepage, or simply use the link provided in the email from our staff.
2. Select "Create an Account" to begin the setup process.
3. Enter the requested information to complete your registration and gain access to your secure patient portal.
4. For added convenience, you can also download the athenaPatient app from the Apple App Store or Google Play Store to access all your information right from your smartphone.

If you run into any trouble while setting up your account, don't hesitate to contact our office — we're happy to help!



### **New Patient Information Form**

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex Assigned at Birth: ☐ Male ☐ Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address (***mandatory***): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_

☐ I consent to text messages from the office. ☐ I consent to phone calls from the office.

☐ I consent to emails from the office.

### **Insurance Information**

*Please note that we must verify that your insurance is active prior to your first appointment.  
To avoid delay, please send a copy of both sides of your insurance card with this form.*

Insurance Company: \_\_\_\_\_

Insurance Phone Number (usually on back of card): \_\_\_\_\_

Guarantor (if different from patient): \_\_\_\_\_

Guarantor Date of Birth: \_\_\_\_\_ Guarantor Phone Number: \_\_\_\_\_

Patient's Relationship to Guarantor: ☐ Self ☐ Spouse ☐ Child (Mother) ☐ Child (Father)

☐ Other: \_\_\_\_\_

Guarantor Street Address (if different from patient):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Preferred Provider**

*Dr. Stephen Laiken and Susan Harris, CRNP are not accepting new patients currently.*

☐ Jason Day, CRNP ☐ Amy Yankolonis, CRNP ☐ Amber Johnson, CRNP ☐ No Preference

*For office use only:*

| Date Submitted | Provider Reviewed | Insurance Verified | 1 <sup>st</sup> Appointment |
|----------------|-------------------|--------------------|-----------------------------|
|                |                   |                    |                             |

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_



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Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_



Last Primary Care Provider: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date of last annual wellness physical (if known): \_\_\_\_\_ ☐ Over a year

Please list any health concerns you currently have and would like to be sure to discuss at your first visit?

What medical conditions have you been diagnosed with and are currently seeing a medical provider for, taking medication for, and/or monitoring with testing?

Please list any specialists you have seen in the last 2 years as well as their phone numbers.

*Attach additional sheets of paper if necessary.*

[illegible]

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_



Page intentionally left blank. Feel free to add additional pertinent medical information here.

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_



### Medication List

*Include any prescriptions, supplements (include brand names), or over the counter medications you take on a regular basis. Attach additional sheets of paper if necessary.*

| Drug/Supplement Name | Dosage | How often do you take the medication? | What do you take the medication for? |
|----------------------|--------|---------------------------------------|--------------------------------------|
|                      |        |                                       |                                      |
|                      |        |                                       |                                      |
|                      |        |                                       |                                      |
|                      |        |                                       |                                      |
|                      |        |                                       |                                      |
|                      |        |                                       |                                      |
|                      |        |                                       |                                      |

Do you use Medical Marijuana? ☐ No ☐ Yes, Indication: \_\_\_\_\_

Do you use any recreational drugs? ☐ No ☐ Yes, List all: \_\_\_\_\_

*Please note that it is the policy of Hampstead Primary Care that we do not prescribe long-term opioid medications or benzodiazepines. We will ask you to see a pain management specialist and/or a psychiatrist if you require these medications.*

By signing this form, you acknowledge and agree to the following:

- All the information provided above is accurate and complete to the best of your knowledge.
- Hampstead Primary Care (HPC) staff are required to verify your insurance prior to your first appointment. If we are unable to verify your insurance coverage, your appointment may be rescheduled, or you may choose to pay the self-pay rate of \$200 prior to being seen.
- You authorize HPC staff to obtain prior medical records, including labs, imaging, and other medical tests, from your previous primary care provider (if listed) and any specialists you have seen or are currently seeing (if listed).
- You authorize HPC staff to access your health information through CRISP, a regional health information exchange, and any other medical system portals, for the purpose of reviewing relevant medical history prior to your visit.
- You agree to complete the self-check-in process via our medical records portal before your first appointment. Failure to do so may result in your appointment being rescheduled, and a missed appointment fee of \$65 may be charged.
- If you miss your first appointment without providing at least 24 hours' notice, you may be subject to a late cancellation fee of \$65.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_



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