

FAMILY MEDICINE WEST
CONTACTING YOU

Patient's Name _____ DOB _____

Date: _____

Contact Number:

Home: _____ Work: _____

Mobile: _____

There may be occasions in which our office needs to contact you concerning your appointment, diagnostic testing results, billing problems or any other situations relating to your visit at our office. Please read and answer the following questions.

I give permission to this office to call the **home number** I've listed above and leave test results, appointments, and other information pertaining to me to anyone answering the telephone or on an answering machine.

YES NO

I give permission to this office to call the **mobile number** I've listed above and leave test results, appointments and other information pertaining to me to anyone answering the telephone or on an answering machine.

YES NO

I give permission to this office to call the **work number** I've listed above and leave test results, appointments and other information pertaining to me to anyone answering the telephone or on an answering machine.

YES NO

If you believe someone other than yourself may be calling the facility regarding your care, we ask that you list both the name and the relationship of the caller so that we have written permission to speak with them on your behalf.

I do not want information released to anyone other than myself, including my spouse.

1. _____ 2. _____

3. _____ 4. _____

Check the information we may release to this person(s):

- Appointment Info**
- Account Information**
- Medical Records**

Family Medicine West-Initial Visit

Manisha Thakur M.D.

Robert Dowell F.N.P.

Katherine Schoeller F.N.P.

Katie Gresham F. N. P.

Patient: _____

Date of Birth: _____

Date: _____

Please help us update your medical records at our new Family Medicine West Office, by answering these few questions. We hope this will help enhance and expedite your care. We thank you for your confidence in FMW.

PHARMACY NAME: _____ PHONE# _____

Assigned Sex at Birth: Male Female

What gender do you identify with currently? Male Female

Do you have any DRUG ALLERGIES?

What medications do you take (name and dosage)?

What are your past medical problems (ie: High Blood Pressure, High Cholesterol, etc.)?

What are all of your previous surgeries?

Family History: Heart Attack Yes or No Blood Pressure Yes or No Cancer Yes or No

Diabetes Yes or No

Tobacco Use: Yes or No

Alcohol Use: Yes or No

Caffeine Use: Yes or No

Mental Health History: Yes or No

Communicable Diseases (ie: STD): Yes or No

Do you see any other Healthcare Providers (ie: Cardiologist, Orthopedist, etc. if so who?)

Reason for TODAY'S visit?

FAMILY MEDICINE WEST OF KNOXVILLE

220 Fort Sanders West Blvd. Bldg 2, Suite 200

Knoxville, TN 37922

(ph) 865-288-4232 (fax) 865-288-4231

Please fill out each section in its entirety. If you **do not** have the **full address** or **phone number and fax number**, please call back with the information.

Patients Name: _____

SSN: _____ - _____ - _____

DOB: _____

Purpose of Request (check as many as appropriate:

Complete health record(s), OR

ONLY

History & Physical Examinations

Consultation Reports

Imaging Reports-Type: X-ray, CT, MRI

Covering periods of health care:

From (date) _____ To (date) _____

Progress (Visit) Notes

Laboratory Tests

Billing/Financial

Physician to **Provide** Records:

Doctor's Name/Facility: _____

Address: _____

Phone: _____ Fax: _____

For the purpose(s) of: At the request of patient New PCP Transfer Care
and/or _____

Person/Facility to **Receive** Records:

Address: **Family Medicine West of Knoxville**
220 Fort Sanders West Blvd
Bldg. 2, Suite 200
Knoxville, TN 37922
Ph: 865-288-4232 Fax: 865-288-4231

If the person or entity receiving this information is not a healthcare provider or health plan covered by Federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations. Patient may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits. You may inspect or copy the protected health information to be used or disclosed under this authorization. For protected health information created as part of a clinical trial, your right to access is suspended until the trial is completed. Finally, you may revoke this authorization at any time. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive you request to revoke authorization. This release expires in 30 days.

Patient Name (print)

Person Authorized to sign

Patients Signature

Authorized Signature

Date: _____

Relationship: _____

Family Medicine West of Knoxville

220 Fort Sanders West Blvd.

Bldg 2 Suite 200

Knoxville, TN 37922

Phone: 865-288-4232 Fax: 865-288-4231

Please fill out the Name, Date of Birth, and the Date.

If you would like to opt-in to our Patient Portal System, Check Yes or No below.

If you check **Yes**, please (clearly) write your e-mail address below.

Name (Print Please): _____

Date of Birth: _____

Date: _____

Yes

No

Email: _____



Questions?

What Is a Patient Portal?

A patient portal is a secure online website that gives you convenient 24-hour access to your personal health information and medical records—called an Electronic Health Record or EHR—from anywhere with an Internet connection.

Why Is a Patient Portal Important?

Accessing your personal medical records through a patient portal can help you be more actively involved in your own health care. Accessing your family members' health information can help you take care of them more easily. Also, patient portals offer self-service options that can eliminate phone tag with your doctor and sometimes even save a trip to the doctor's office.

Can my family access my Portal?

You may choose to give family members, such as parents or healthcare proxies, access to your Portal.

Is my information safe?

Yes. Patient portals have privacy and security safeguards in place to protect your health information.

Always remember to protect your user name and password from others and make sure to only log on to the patient portal from a personal or secure computer.

Family Medicine West

<https://www.FamilyMedicineWest.com>
[mymedaccess.com](https://www.FamilyMedicineWest.com)

Phone: 865-288-4232

Fax: 865-288-4231

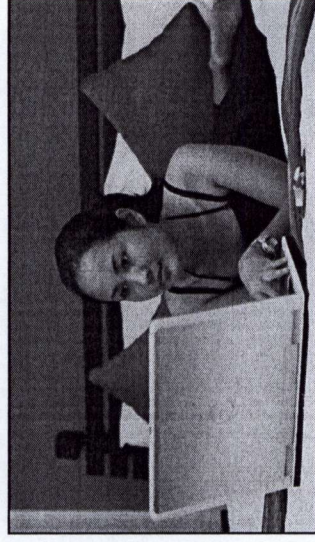
220 Fort Sanders West Blvd.

Building 2 Suite 200

Knoxville, TN 37922

Family Medicine West

**Invites you to join our
Patient Portal**



**Access to YOUR health
information...**

Anytime

Anywhere

e-MDs

Registration is Easy!

Provide us with your preferred e-mail address so we can give you access to the Patient Portal



A Portal Registration e-mail is automatically sent to you containing a registration link



Click on the registration link



Enter the requested personal information to verify your identity



Follow the instructions for creating a user name and password



Confirm your personal and insurance information on the next screen



EXPLORE!

Patient Portal Website:

<https://www.FamilyMedicineWest.mymedaccess.com>

Online Help!

There is an online help system that will explain how to use each feature in the Patient Portal.

Look for the question mark button in the upper right hand of the Patient Portal.



See all of your health information in one place!

Lab Results

Radiology Reports

Allergies & Medications

Vital Signs

Past Medical History

Upcoming & Past Appointments

What Do I Do If...

...I don't receive a registration email?

Be patient. The e-mails may take a few minutes to deliver. You may also check your junk mail or spam folders to see if the email was routed there by mistake. If necessary, you can call the office to re-send the registration e-mail.

Also, failure to register your portal account within thirty days will inactivate your registration. If this happens, please contact the office to send you a new registration.

...I forget my password?

After you attempt to login with a username and password, click on the link that says, "Forgot Password," and follow the additional instructions. If you still need help, contact the office to reset your account.

...I have an urgent issue or an emergency?

Do NOT use the Patient Portal. Call the office if you need to speak with a staff member immediately. If you are experiencing an emergency, call 911 or go to the nearest emergency room.