



Head to Toe Family Healthcare



735 North 5th Street Silsbee, TX 77656
Phone (409)385-6500 Fax (409)385-6505

RETURN TO CLINIC

TODAY'S DATE: _____

PATIENTS NAME: _____

DATE OF BIRTH: _____

Current Mailing Address: _____

Home Phone: () - _____

Cell Phone: () - _____

Work Phone: () - _____

Primary Ins: _____

Policy No: _____

Group No. _____

Secondary Ins: _____

Policy No: _____

Group No. _____

PLEASE LIST ALL OF YOUR CURRENT MEDICATIONS:

Name of Medication	Dosage

Preferred Pharmacy: _____
Name / City

Reason for Today's Visit: _____

Please list any hospitalization or testing that you have had since your last visit. _____

Notice of Privacy Practices Acknowledgement from HIPAA: "Personally identifiable health information" refers to health and demographic information collected about me by my physician (or other health care provider, public health authority, health plan, employer, life insurer, school or university, or health care clearinghouse) that relates to my past, present or future physical or mental health or condition or payment for provision of health care. I understand that privacy practices described in the Notice of Privacy Practices may change over time and that I have a right to obtain any revised Privacy Notice by contacting HTTFHC to request a revised copy by mail or by asking for one at my next visit. I acknowledge that I have received a copy of the HTTFHC Notice of Privacy Practices and have had an opportunity to review it. I have also been given an opportunity to request restriction on the use and disclosure of my protected health information, as well as to request confidential treatment of communications relating to my health information.

I AUTHORIZE THE FOLLOWING PERSON(S) TO HAVE ACCESS TO ANY MEDICAL INFORMATION PERTAINING TO MY MEDICAL TREATMENTS, APPOINTMENTS, DIAGNOSIS AND RECORDS.

1. _____
2. _____

By: _____
Patients Signature