



F. AMES SMITH JR. MD

P. 208-400-5131

F. 800-994-7357

WELCOME TO PHYSICIAN SPECIALISTS NORTHWEST

Date: _____

Request office visit Request telehealth visit

PATIENT NAME: _____ **DOB:** _____

Primary Phone: _____ Cell Phone: _____ Texting: Yes No

Employer Name: _____ Work # _____

Address (mailing): _____
Street (Apt #) City/State Zip Code

Email: _____

EMERGENCY CONTACT: please provide the name of the nearest relative or friend:

(Name): _____ Phone # _____

PRIMARY CARE PROVIDER: _____ **Phone #** _____

INSURANCE INFORMATION

Primary Insurance Co. _____ Phone # _____

Policyholder Name: _____ DOB: _____

Relationship To Patient: _____ ID # _____

Group # _____

INSURANCE INFORMATION

Secondary Insurance Co. _____ Phone # _____

Policyholder Name: _____ DOB: _____

Relationship To Patient: _____ ID # _____

Group # _____

Pharmacy: _____ Phone # _____

I authorize Physician Specialists Northwest doctors and staff to provide medical and/or surgical services within the doctor's scope of practice including tele-health services as indicated. Any surgical procedures offered will be within the context of appropriate informed consent, which will be documented separately.

I understand and agree that any photographs that are taken will be utilized strictly for patient care purposes, and will be stored within the patient's medical record in a HIPAA compliant format.

(Patient signature): _____ (Date): _____

Can we thank someone for referring you? Name: _____

How did you come to select us? _____