

Patient Information

Name: _____ Date of Birth: _____

Gender Identity: Female _____ Male _____ Other: _____ Decline to Answer _____

Who was your previous primary care provider? _____

Reason for today's visit: _____

Personal Medical History

Check all that apply.

Acid Reflux/GERD	Asthma	COPD/Emphysema	Headaches	HIV/AIDS	STI/STD
ADHD	Bleeding Disorders	Dementia	Hearing Loss	Kidney Disease	Stroke
Alcoholism	Bowel Problems	Depression	Heart Disease	Immune Disorders	Thyroid Disease
Anemia	Cancer	Diabetes	Hepatitis	Liver Disease	Tuberculosis
Anxiety	Chronic Cough	Eating Disorder	High Blood Pressure	Osteoporosis	Other:
Arthritis	Chronic Pain	Glaucoma/Cataracts	High Cholesterol	Seizure Disorder	Other:

Medications and Supplements

List everything you take regularly. Please include birth control, supplements, over-the-counter medications, and prescriptions.

Medication	Dose	Frequency	Date Started
<i>Ex. Lisinopril</i>	<i>Ex. 10 mg</i>	<i>Ex. Once daily</i>	<i>Ex. 2014</i>

Allergies

Allergen <i>(Ex. Penicillin, shellfish, ragweed, etc)</i>	Specific Reaction <i>(Ex. Rash, anaphylaxis, gastro issues, etc)</i>

Immunization History

Please include your best estimate of the month and year you received the following immunizations.

Pneumonia: _____ Unsure Never Shingles: _____ Unsure Never
 Influenza (Flu): _____ Unsure Never Tetanus: _____ Unsure Never
 COVID: _____ Unsure Never

Please select one of the following options:

_____ I received all of the usual childhood immunizations _____ I am unsure about my immunization history

_____ I refuse/have refused all immunizations.

I am interested in receiving/finding out more information about the _____ immunization.

Health Screening History

When was your....	Never, unsure or N/A	Date (mm/yyyy)	Results (if known)
Last Colonoscopy?			
Last Cholesterol Test?			
Last Prostate Blood Test?			
Last Bone Density Test?			
Last Mammogram?			
Last Pap Smear?			
Last A1C Test?			
Last Diabetes Screening?			
Last Dental Exam?			
Last Lung Cancer Screening?			

Have you ever had a Hepatitis C screening?

Have you ever had an HIV screening?

Hospitalization and Surgical History

Please list all operations, hospital stays, and major injuries or accidents. (Leave blank if none)

Date (mm/yyyy)	Description

Family Medical History

_____ I do not know my family history.

_____ I am adopted.

	Father	Mother	Siblings	Children	Other
Age at Death					
Cause of Death					
Heart Disease/Stroke					
Diabetes					
Cancer (Type)					
Epilepsy					
Asthma					
Alive and Well					
Other:					

Alcohol, Tobacco, Drug Use

Tobacco Use? <i>If no, have you ever?</i>		Cigarettes Cigars Chew	Per Day:
		Cigarettes Cigars Chew	Per Day:
Do you drink alcohol?		Beer Wine Liquor	Per Day:
Do you drink caffeine?		Coffee Tea Soda Energy Drink	Per Day:
Any present illicit drug use?		Marijuana Cocaine Heroin Rx Other:	
Any past illicit drug use?		Marijuana Cocaine Heroin Rx Other:	
Do you exercise?		Type?	Per Week:
Do you wear your seatbelt?		Percent of Time:	
Do you have Advanced Directives in place?		Living Will Durable Power of Attorney Health Care Proxy Advanced Directives	

Permission to Request Patient Health Information

Patient Info

Patient Name: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____

I authorize ConvenientMD Primary Care to request my health information from the following entities:

Office Name: _____ Provider Name: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Office Name: _____ Provider Name: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Office Name: _____ Provider Name: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Purpose of Disclosure:

- Medical Care
- Legal Transferring to a new provider
- Insurance
- Other _____

Select from the below list the health information that is to be shared:

- Abstract (cover page of any medical reports)
- Discharge summary
- Inpatient progress notes
- Outpatient visit (office) notes
- Emergency department reports
- Laboratory/pathology reports
- School physical forms
- Immunizations
- Operative reports
- X-ray reports
- X-ray films
- Other : _____
- Records from a specific provider: _____

Sensitive Health Information:

The following types of information will NOT be requested to be released from your current provider to ConvenientMD unless you place your initials in the space provided.

- Mental Health Treatment Records
- Genetic Testing
- Alcohol/ Drug abuse treatment records including addiction treatments
- Sexually Transmitted Disease Treatment Records
- HIV/AIDS test results

Duration & Revocation: This authorization will auto renew in one year from the date of the signature below unless specified otherwise here (date): ____/____/____. You or your personal representative may revoke this authorization at any time by providing written notice. However, your revocation will not apply to any previously released information.

Signature of Individual or Responsible Party

Date

Printed Name of Patient or Responsible Party

Date

For Doctor's Office Use Only:

Please send any patient forms to ConvenientMD via secure email - primarycare@convenientmd.com or fax 1 (603) 319-5898

PATIENT AUTHORIZATION FORM

Authorization to Release Information to Family Members

Many of our patients allow family members, such as spouses, parents, significant others, or children, to call and request the results of labs, procedures, tests, and appointments. Under the requirements for HIPAA, we are not allowed to give this information to anyone without our patient’s authorization. If you wish to have your medical information, any diagnostic test/results, and/or appointment information, and other related protected health information released to family members, you must complete this form. This authorization is voluntary and your treatment is not conditioned on your decision to grant us this authorization.

You have the right to revoke this authorization, in writing, except where we have already made disclosures in reliance on your prior authorization.

I hereby authorize ConvenientMD Primary Care to release my medical records and any information (including protected health information) requested to the following individuals.

_____	Relation to Patient: _____	Phone: _____
_____	Relation to Patient: _____	Phone: _____
_____	Relation to Patient: _____	Phone: _____
_____	Relation to Patient: _____	Phone: _____
_____	Relation to Patient: _____	Phone: _____

Authorization Regarding Messages (Please check all that apply)

_____ I authorize you to leave a detailed message on my home or cell phone number regarding appointments

_____ I authorize you to leave a detailed message on my home or cell phone number regarding medical treatment, care, test results or financial information

_____ I authorize you to leave a message with anyone who answers the phone

_____ Messages may only be left with _____

This authorization will expire November 30th, 2024 unless revoked by you prior to that date.

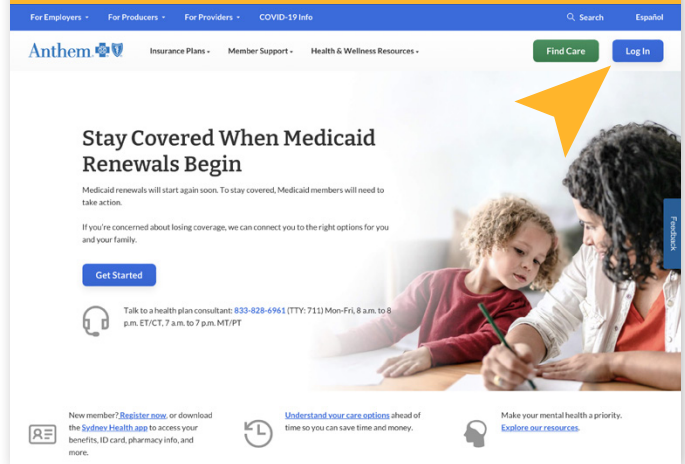
Patient Name (PLEASE PRINT)

Date

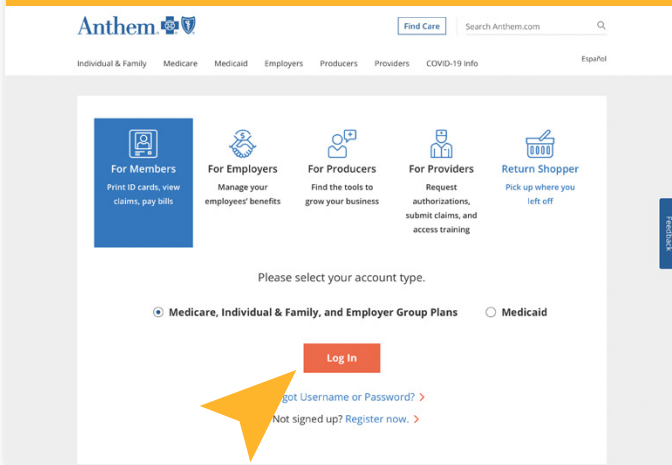
Patient Signature

How to update your PCP on Anthem.com

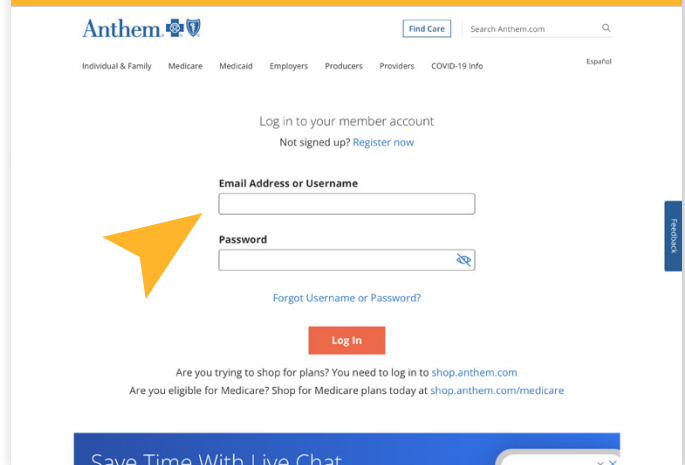
1. Navigate to Anthem.com & select Log In



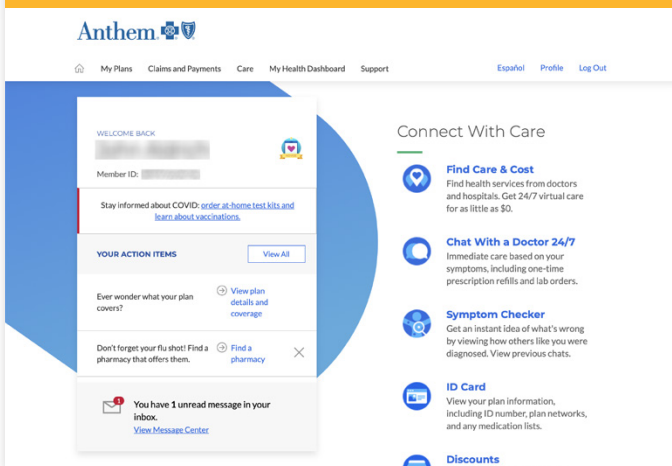
2. Select Log In again



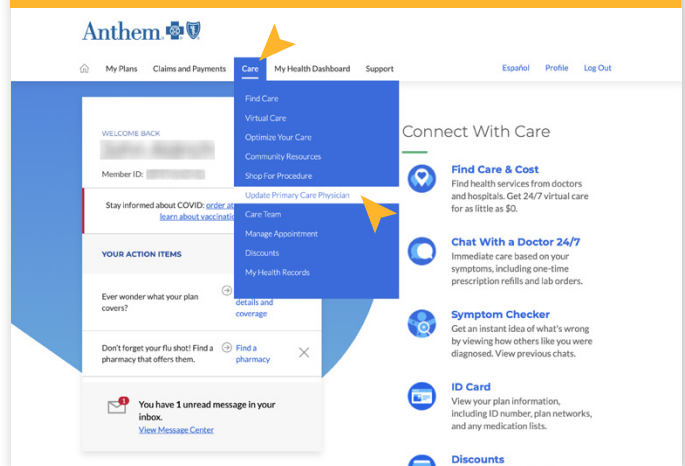
3. Enter your login info and click Log In button



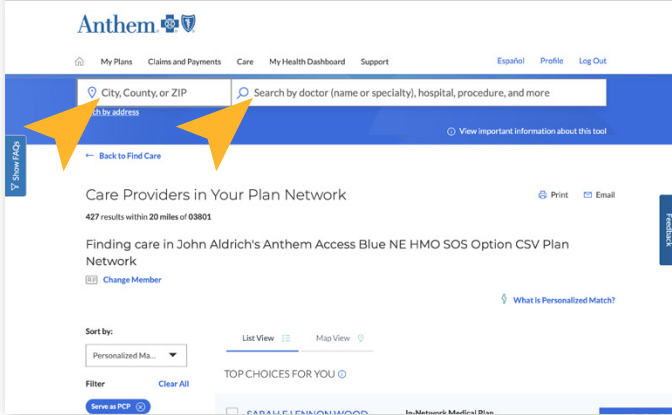
4. You will now see your member homepage



5. Click "Care" menu up top & select Update PCP

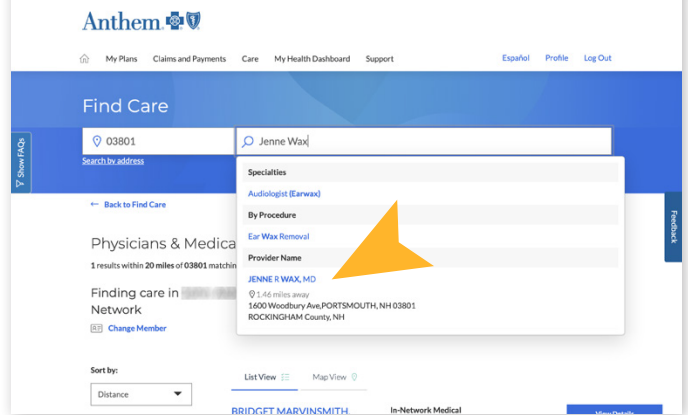


6. Put in the ZIP of the primary care location you visit and type your new PCP's name in the search box



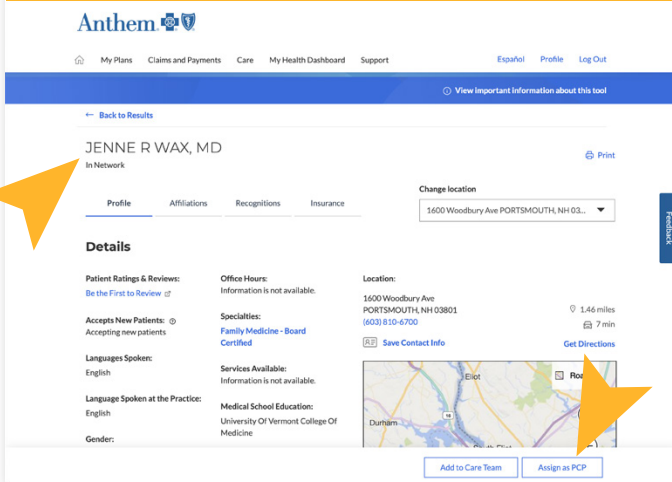
Note: Make sure the ZIP you enter is the location of the ConvenientMD primary care you go to, not your home ZIP. Also check the spelling of your PCP's name.

7. As you type you should see the providers name appear in the drop down menu. Click their name.

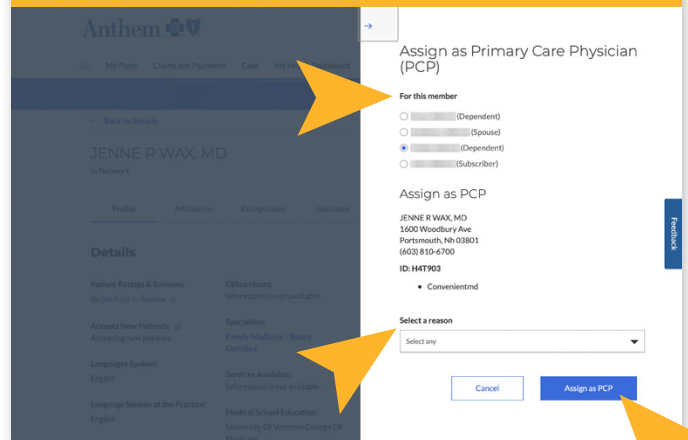


Note: If you're unable to find your PCP, please assign one of our medical directors listed below to ensure continued coverage and we will resolve the issue at a later date.
Portsmouth members - Bridget Marvinsmith
Portland members - Karin Doehne

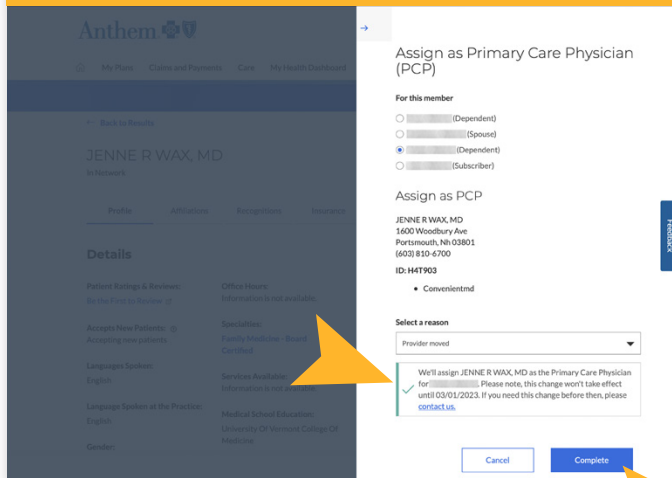
8. Once on the PCP profile page, click 'Assign as PCP'



9. Select the appropriate member, the reason for change, then click 'Assign as PCP'



10. You'll see a confirmation note. Then click 'Complete'



Now you're done!

If you have trouble with this process you can always call the number on your Anthem ID card (or the number below) and update your PCP over the phone.

(800) 331-1476