UCSD INTERNAL MEDICINE – VISTA
PATIENT REGISTRATION

Date ____________________ COMPLETED BY: ______________________

PATIENT NAME: ____ DOB: ________________ SEX: M F

ADDRESS: ____

CITY: ____________________________________ STATE: ______ ZIP ____

HOME PHONE: __________________________ CELL # __________________________ EMAIL ______________________

REFERRED BY: __________________________ MAY WE LEAVE A TEST RESULT OR MESSAGE ON YOUR HOME PHONE: Y N

SOCIAL SECURITY ________________________ MARITAL STATUS _________________ U S CITIZENSHIP Y N

RACE (circle one)

Asian	Chinese	Japanese	Native Amer/Eskimo	Pacific Islander
Asian Indian	Filipino	Korean	Samoan	Other SE Asian
Black	Guamanian	Laotian	Vietnamese	Unknown
Cambodian	Hawaiian	Middle Eastern	White	

ETHNICITY: (circle one) Hispanic Non-Hispanic Refused/unknown

RELIGION: ___________________ PERFERED LANGUAGE ________________ INTERPRETER NEEDED Y N

PLACE OF BIRTH: City & State ____ VETERAN Y N

EMPLOYMENT STATUS: (circle one) Full time Part-Time Student Retired Unemployed Disabled

EMPLOYER: ____ WK PHPONE: __________________________

WORK ADDRESS : ____ CITY ________________ ZIP ____________

EMERGENCY CONTACT: ________________________ PHONE ____________________ RELATIONSHIP _____________

Is Emergency Contact Hearing Impaired? Y N Is Emergency Contact Visually Impaired? Y N

FORM CONFIDENCE: (Understanding questions on form) VERY GOOD GOOD AVERAGE NOT GOOD

PRIMARY INSURANCE

PRIMARY INS: __________________________________

PLAN TYPE: HMO PPO _______________

POLICY ID# _____________________________________

GROUP # _______________________________________

SUBSCRIBER NAME: _____________________________

SUBSCRIBER DOB: _______________________________

SUBSCRIBER EMP: _______________________________

SUBSCRIBER SSN : _______________________________

RELATIONSHIP TO SUBSCRIBER : ___________________

SECOND INSURANCE

SECOND INS: ___________________________________

PLAN TYPE: HMO PPO __________________

POLICY ID# ____________________________________

GROUP # ______________________________________

SUBSCRIBER NAME: _____________________________

SUBSCRIBER DOB: _______________________________

SUBSCRIBER EMP: _______________________________

SUBSCRIBER SSN: ________________________________

RELATIONSHIP TO SUBSCRIBER: ___________________

UC San Diego
HEALTH SYSTEM

Mary Jaramillo, M.D. Neil Levine, M.D. Charles Hergesheimer, M.D.
Karen Cadman, M.D. Christine Nguyen, M.D. Ryan Stewart, M.D.

MAY WE LEAVE A TEST RESULT OR MESSAGE ON YOUR HOME PHONE?

Yes No

Please list individuals that are authorized by you to receive medical information either verbal or written.

NAME	PHONE	RELATIONSHIP

Signature of Patient ***Print Patient Name*** ***Date***

UC San Diego OUR OFFICE POLICIES

Welcome to U C San Diego Health System. We are pleased you have chosen us as your primary care physicians. The following is a brief description of our office policies. Please read to help insure all aspects of your medical care is handled effectively and without unnecessary delays.

OFFICE HOURS

The office is open 8:15 am to 5:00 pm Monday through Friday, except for major holidays.

LAB HOURS

Our Lab is open 8:30 am to 4:30 pm Monday through Thursday and Fridays 9:00 am to 4:30 pm. We are not open weekends.

PHONE CALLS DURING OFFICE HOURS

We can often meet your needs with advice over the phone. Each physician has their own Medical Assistant and voicemail system. To save time, travel and the cost of an office visit, you may call the office and leave a message on the voicemail for the Medical Assistant to your physician, your call will be returned in order of priority.

If you are ill and feel your condition may require an appointment, your call may be directed to our RN triage nurse. She will access your symptoms to determine if a visit with your physician is necessary. If your usual physician is not available to see you on a same day appointment, you will be offered an appointment with a physician who has available time in their schedule.

PLEASE DO NOT LEAVE AN EMERGENCY MESSAGE ON THE VOICE MAIL SYSTEM. If you feel you have an emergency please inform the receptionist.

SCHEDULING APPOINTMENTS

WE SEE PATIENTS BY APPOINTMENT ONLY. Please make your follow-up appointment with our receptionist before your leave the office. If you are scheduling a yearly physical exam, most insurances require a full 12 months from your previous physical. Because we allow extra time for this type of appointment, we limit the number we schedule daily. There may be a wait of several weeks in the schedule for a routine physical exam.

PRESCRIPTIONS AND REFILLS WE REQUIRRE A 48 HOURS FOR REFILLS.

If you need a new prescription called to a local pharmacy please leave your request on the medical assistant's voicemail. Be sure to include the pharmacy location and phone number, the medication name, strength or milligram, and how many times daily you take this medication. If you are requesting a written prescription to mail away, most mail order RX's are for 90 day supplies. Some types of medications require that you pick up the prescription at the front desk. Medications that require a prior authorization can take 1 to 2 weeks for approval to be obtained. If your request is for a medication that we have filled for you in the past, please have the pharmacy FAX us a request for a refill. This is the most direct and efficient way of obtaining a refill of a regular medication.

NARCOTICS OR SEDATIVES ARE NOT PRESCRIBED OR REFILLED AFTER OFFICE HOURS OR ON WEEKENDS.