CHESTATEE EMERGENT MEDICAL CARE

2395 Thompson Road, Dawsonville, GA 30534 Phone 706-265-6866, Fax 706-216-8448

Thank you for choosing Chestatee Emergent Medical Care LLC for your healthcare needs. Below we are asking you to provide personal information regarding your health. Laws called “HIPPA” laws are govern how we may use your medical information. We do from time to time have a need to share your healthcare information with other related practices and agencies.

If there is information you would NOT like shared between agencies please do not provide it here.

By signing this document you are authorizing the staff at Chestatee Emergent Medical Care, LLC to share your personal medical information with other entities and practitioners as may be necessary to treat your health conditions.

Name____ Social security number_________-______-___________
(Not required)

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Address____ City____

State __________________________ Zip code____________ E-mail address___________________________________

Date of Birth___________________ Age______ Sex M / F Marital status____________ Medicare or Medicaid?

Home Phone #______________________ Cell#________________________ Work #__________________________

Emergency contact name________________________________ Phone number________________________________

How did you hear about us? **Friend TV Radio Newspaper Employer Other**

Health History

** Are you allergic to any medications, foods, fish, shellfish or insect stings? If so please list all of them.

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Please list any medicine you take everyday or often for any medical condition.

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Please list any health condition that requires you to see a doctor on a regular basis?

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I authorize and give consent to the staff at Chestatee Emergent Medical Care LLC and the Physician on Duty to treat me today and at anytime in the future that I may seek care or advice at Chestatee Emergent Medical Care LLC, for any health related concern that I may present to them. I agree to comply with the directions and orders I receive from the physician and to take any prescribed medication only as directed. I agree to store any medications I receive in a secure place and to not dispense them in any way.

I understand the staff and physician on duty are limited in their ability to diagnose severe or life threatening conditions in this setting. I hold Chestatee Emergent Medical Care LLC Inc., the staff, and physician on duty harmless for any outcome whatsoever, presently or at any time in the future, that may occur as a result of care or advice received at Chestatee Emergent Medical Care LLC. I agree to binding arbitration for any dispute or claim which may arise and understand this waives my right to a jury trial regarding said issue.

I understand that my medical record will be kept on the Synamed Internet based medical record system. I understand that there is a possibility, however remote, that a total loss of information could occur. I hold harmless, Synamed and Chestatee Emergent Medical Care LLC for any such loss of any nature from any source.

I have read this agreement and understand the conditions set forth herein. I agree to all the terms included and desire treatment for my condition at Chestatee Emergent Medical Care, LLC.

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Patients Signature Date