SalemGastro
Digestive Health Specialists

875 Oak St SE
Building C Suite 3010
Salem OR 97301

Please complete this form and return it to our office in the self addressed envelope provided.

Patient Information

Please complete this form in its entirety to allow us to best server your health care needs. The information is strictly confidential and will not be released unless you authorized us to do so, or as required by law.

Name _____ Date of Birth_____

Social Security* _____ Sex (circle) M F Marital Status (circle) S M D W

Address _____ Home Phone _____

City _____State ____ Zip _____ Work Phone_____

Email Address_____ Cell Phone _____

Preferred method of contact (circle): Email Cell Home Work

Referring Physician _____ Phone_____

Primary Care Physician _____ Phone_____

Reason for Referral _____ Pharmacy _____

Emergency Contact _____ Relation_____ Phone_____

Name of Primary Insurance_____

Insurance Address (from card) _____

Subscriber Name _____ Subscriber Date of Birth _____

Subscriber Social Security #* _____ Relationship to You _____

ID# (from card) _____ Group # (from card)_____

Employer (of insured if it is not you)_____

Name of Secondary Insurance _____

Insurance Address (from card) _____

Subscriber Name _____ Subscriber Date of Birth _____

Subscriber Social Security #*_____ Relationship to You _____

ID# (from card) _____ Group # (from card)_____

Preferred Language_____ Race _____ Ethnicity_____

See back of this page for options for Race and Ethnicity.

As a Centers for Medicare/Medicaid Services and Electronic Health Records certified user, Salem Gastro & Salem Endoscopy are required to collect federal data on race and ethnicity, Statistical Policy Directive No. 15, as revised October 30,1997 (see "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity" available at http://www.whitehouse.gov/omb/fedreg_1997standards).

*The collection of social security number information is to assist with positive identification of patients and to assist with billing and billing to insurance.

Preferred Language

English
Spanish
Russian
Other – Please list

Race (relates to appearance)

American Indian
Hispanic
Asian
Black or African American
Caucasian
Native Hawaiian or Pacific Islander
White
Unknown
Decline

Ethnicity (relates to culture)

Hispanic or Latino
Non Hispanic or Latino
Unknown
Decline