HATBORO
MEDICAL ASSOCIATES

201 Gibraltar Road, Suite 100
Horsham, PA 19044
Phone 215-675-1516 Fax 215-675-9176

Full Name: _____ Date of Birth _____

Address: _____

Phone Number: Home# _____ Cell # _____

OK to Leave Message (circle): YES NO (answer machine must be identified)

Birth Sex (circle): Male Female Gender: Male (He/His) Female (She/Her) Non-Binary (They/Them)

Marital Status (circle): Single Married Divorced Widowed

Ethnicity (circle): Hispanic Non-Hispanic Decline to report

Race (circle): White Black/ African American American-Indian Asian Other Decline to report

Language: _____ Interpreter Services Needed: YES NO

*Email_____ Would you like us to activate your Patient Portal? YES NO

Do you have Advance Directive/Living Will? Yes NO

Pharmacy Information:

Pharmacy Name _____ Phone _____

Pharmacy Address _____

Primary Insurance

Name of Insurance _____ Member ID Number: _____

Policy Holder Name and Date of Birth _____ Relationship to Patient _____

Secondary (Supplemental) Insurance

Name of Insurance _____ Member ID Number: _____

Policy Holder Name and Date of Birth _____ Relationship to Patient _____

Emergency Contact Information & HIPAA Consent: I understand my rights and authorize Hatboro Medical Associates to disclose individual information from my medical records with the following:

HIPAA Consent

Name_____Relationship: _____Phone:_____ YES NO

Name: _____Relationship: _____ Phone: _____ YES NO

Name: _____ Relationship: _____ _Phone: _____ YES NO

(HMA Notice of Privacy Practices can be obtained at the Front Desk)

Signature: _____ Date: _____