

**Main Line Family Practice a division of  
Bryn Mawr Medical Specialists Association  
Patient Registration Form**

Patient Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender M/F (Circle One) Married/Single/Divorced/Widowed

(Race please circle) Asian African-American Caucasian Hispanic Other Race

Ethnicity \_\_\_\_\_ Occupation \_\_\_\_\_

Preferred Language \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone or Cell \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about our Practice? \_\_\_\_\_

Who to call in case of emergency: \_\_\_\_\_

Their Phone Number (     ) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

I authorize the release of any medical information necessary to process rendered services to my insurance company and request payment of benefits to BBMSA -Family Practice. I acknowledge that I am financially responsible for payment whether or not covered by my insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Main Line Family Practice, a division of BMMSA: Practice Guidelines Financial Policies.**

Please initial all:

1. \_\_\_\_\_ **Emergencies:** Our providers will make every effort to receive your call and respond in any emergency. If you do not receive an immediate response you will call 911, receive paramedic intervention, and seek the nearest emergency room.
2. \_\_\_\_\_ **Prescription refills:** It is our policy that you should be responsible to know when your medications must be refilled at least a week before you run out. Regular office visits are required for medication refills.
3. \_\_\_\_\_ **Telephone encounters and sick patients:** Our practitioners do not treat new patients or new illnesses over the telephone. The physician may elect to treat an existing patient seeking continuing care for an existing straight forward illness over the telephone. Such consultations are provided at a fee of \$75.00. For medications called in on a weekend a charge of \$75.00 will apply as well. Most insurance companies do not cover the costs for these encounters. Payments for these services is your responsibility.
4. \_\_\_\_\_ **Appointments:** We require a minimum of 24 hours (or the Friday before a Monday appointment) notice of cancellation as a courtesy to other patients seeking an appointment. A fee of \$75.00 will be charged for non-cancelled and missed appointments. A pattern of non-cancelled missed appointments may result in discharge from the practice.
5. \_\_\_\_\_ **Forms fee:** Our practice charges for additional paperwork outside of the completion of the medical record. Forms that need to be completed by the physician will have a charge based on the length of the forms.
6. \_\_\_\_\_ **Medical records:** The medical chart is the property of the practice. However, copies of your pertinent medical information are available upon request. Please contact BMMSA business office medical records department at 610-525-4151.
7. \_\_\_\_\_ **Patient discharge:** The practice reserves the rights to discharge a patient for any reason. Please note that discharges may occur for failure to meet your obligations under this document. In addition, because of care quality considerations, the practice may discharge you for failure to comply with treatment plans as outlined by your practitioner.

Name \_\_\_\_\_ Date \_\_\_\_\_

Please check if you are currently having any of the following:

Unexpected weight gain/loss		Night time urination		Joint pain	
Loss of appetite		Urinary tract infection		Joint stiffness	
Night sweats		Urinary frequency		Joint swelling	
Fatigue		Urinary urgency		Location:	
Fever/Chills		Difficulty voiding			
Insomnia		Blood in urine			
		STI (sexually transmitted illness)		Bruising	
Headaches		Urine leakage		Anemia	
Double vision		Painful urination		Swollen glands	
Changes in vision				Blood donations	
Hoarseness		Seizures		Blood transfusion	
Ringing in ears		Tremor			
Sinus problems		Difficulty speaking		WOMEN	
Nose bleeds		Unsteadiness/Falls		Irregular periods	
Sores: mouth/lip/tongue		Memory loss		Breast lump	
Vertigo/dizziness		Numbness		Breast discharge	
		Tingling		Breast pain	
Cough acute or chronic				Cessation of menses	
Difficulty breathing		Heart burn		Hot flashes	
Pneumonia		Difficulty swallowing		Abnormal Pap Smear	
Bronchitis		Nausea/vomiting		Vaginal discharge	
Wheezing		Constipation		Vaginal bleeding	
Snoring		Diarrhea		Change in sex drive	
		Blood in stool		Painful intercourse	
Chest pain/pressure		Black /tarry stool			
Palpitations		Hepatitis		MEN	
Fainting/lightheadedness		Abdominal pain		Difficulty with erection	
Leg cramps				Painful ejaculation	
Ankle swelling		Changes in moles		Bloody ejaculation	
		New mole		Retrograde ejaculation	
Increase in thirst		Rash		Change in sex drive	
Increased urination		Where?			
Change in skin /hair					
Increased hunger					

Any additional comments:

Have you felt depressed, hopeless or down in the last 2 weeks? Yes/ No

In the last 2 weeks, have you lost interest in doing things you usually enjoy doing? Yes / No