



WESTSIDE INTERNAL MEDICINE

13921 W. Grand Ave #502 Surprise, AZ 85374

13640 N. 99th Ave, #400 Sun City, AZ 85351

Phone (623) 214-2200

Fax (623) 214-2208

Ramit Kahlon, M.D.,

Rikesh Desai, M.D.,

Roy J. Watts, D.O.

Kaylan Burkett, N.P.

PATIENT REGISTRATION FORM

First Name: _____ Middle initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone#: _____ Cell Phone#: _____

Alternate Address: _____

SSN: _____ - _____ - _____ DOB: _____ Gender: _____ Marital Status: _____

Race: _____ Ethnicity: _____ Occupation: _____

Spouse Name: _____ Email Address for Patient Portal: _____

Referred by: _____ Reason for Visit: _____

To respect your privacy, please tell us which numbers we should call to communicate with you regarding labs, appointments etc. Only list numbers you would like us to call.

Home: _____ Work: _____ Cell: _____

In case of an emergency, who do we contact?

Name: _____ Relationship: _____ Phone #: _____

INSURANCE INFORMATION

Primary Insurance

Plan Name: _____

Primary Policy Holder: _____

Policy #: _____

Group #: _____

Primary DOB: _____

Secondary Insurance

Plan Name: _____

Primary Policy Holder: _____

Policy #: _____

Group #: _____

Primary DOB: _____

I acknowledge full financial responsibility for all charges incurred regardless of possible insurance coverage. As a courtesy, Westside will bill your insurance carrier. I hereby authorize this office to file claims with any designated insurance carrier. I hereby authorize payment of insurance benefits for services rendered directly to Westside Internal Medicine. Signature required:

Signature of patient or responsible party: _____ Date: _____



WESTSIDE INTERNAL MEDICINE

13921 W. Grand Ave #502 Surprise, AZ 85374

13640 N. 99th Ave, #400 Sun City, AZ 85351

Phone (623) 214-2200

Fax (623) 214-2208

Ramit Kahlon, M.D.,

Rikesh Desai, M.D.,

Roy J. Watts, D.O.

Kaylan Burkett, N.P.

PATIENT HISTORY QUESTIONNAIRE

Name: _____ Age: _____ DOB: _____ Date: _____

Main Complaint: _____ Date of onset: _____

Do you have a history of?:

Tuberculosis	No__ Yes__	Lung disease	No__ Yes__	Gout	No__ Yes__
Diabetes	No__ Yes__	Kidney disease	No__ Yes__	Stomach/ulcer problem	No__ Yes__
Heart disease	No__ Yes__	Hepatitis	No__ Yes__	Arterial insufficiency	No__ Yes__
High blood pressure	No__ Yes__	Blood transfusion	No__ Yes__	Venous stasis	No__ Yes__
Colon polyps	No__ Yes__	Chemical dependency	No__ Yes__	Stroke	No__ Yes__
Asthma	No__ Yes__	Bleeding tendency	No__ Yes__	Paralysis	No__ Yes__
Breast cancer	No__ Yes__	Colitis	No__ Yes__	Seizures	No__ Yes__
Colon cancer	No__ Yes__	Arthritis	No__ Yes__	Anesthesia problems	No__ Yes__
Other cancer - type: _____		Location of arthritis _____			

Past Operations: Operation: _____ Month/year: _____ State: _____
Operation: _____ Month/year: _____ State: _____
Operation: _____ Month/year: _____ State: _____

Social History:

Do you smoke? Yes __ How much? _____ No__ Date quit: _____
Do you drink alcohol? Yes __ How much? _____ No__ Date quit: _____
Previous steroid use? Yes __ How much? _____ No__ Date quit: _____

Family History:

Father: Age: _____ State of health: _____ Age of death: _____ Cause of death: _____
Mother: Age: _____ State of health: _____ Age of death: _____ Cause of death: _____

Has any blood relative ever had:

	<u>NO</u>	<u>YES</u>	<u>RELATIVE</u>		<u>NO</u>	<u>YES</u>	<u>RELATIVE</u>
Tuberculosis				Lung disease			
Diabetes				Stroke			
Heart disease				Arthritis			
High blood pressure				Atherosclerosis			
Bleeding tendency				Kidney disease			
Colon cancer				Anesthetic reaction			
Colitis				Congenital deformity			
Breast cancer							



WESTSIDE INTERNAL MEDICINE

13921 W. Grand Ave #502 Surprise, AZ 85374

13640 N. 99th Ave, #400 Sun City, AZ 85351

Phone (623) 214-2200

Fax (623) 214-2208

Ramit Kahlon, M.D.,

Rikesh Desai, M.D.,

Roy J. Watts, D.O.

Kaylan Burkett, N.P.

MEDICATION LIST / ALLERGIES

Prescription Medications:

Name of Medication	Strength and Frequency	Condition Medication Taken For

Drug allergies

Pharmacy



WESTSIDE INTERNAL MEDICINE

13921 W. Grand Ave #502 Surprise, AZ 85374

13640 N. 99th Ave, #400 Sun City, AZ 85351

Phone (623) 214-2200 Fax (623) 214-2208

Ramit Kahlon, M.D., Rikesh Desai, M.D.,

Roy J. Watts, D.O. Kaylan Burkett, N.P.

FINANCIAL AGREEMENT

Payment is due at the time of your medical services unless other arrangements have been made with the practice manager.

As a courtesy we will bill most medical insurance plans. However, as the patient, it is your responsibility to understand your benefit plan (i.e. maximums, coinsurance, deductible, benefit exclusion & limitations of your plan). Please be advised we will estimate your medical insurance benefit when possible.

You will be responsible for any amount not covered by your insurance. **Initials** _____

I understand that if my account is not paid in full within 90 days, additional appointments will NOT be made until the account is brought current. **Initials** _____

We reserve time for each patient. A **\$25** fee will be assessed for all missed appointments not canceled with at least 24-hour advance notice. **Initials** _____

There will be a **\$25** fee for each NSF (non sufficient funds) check that is returned by your bank. **Initials** _____

All patient portions are due upon services rendered. When we bill your insurance we may send you a statement for the remaining patient portion which is due upon receipt. **Initials** _____

Collection policy: if your account is placed with a collection agency, all future visits would require payment in full at the time of service. You will be held fully accountable for any collection agency fees and or attorney fee that are acquired in the recovery of this debt. These fees are over and above the original balance due.

If the insurance company makes a payment to you directly, please bring the check to us, so we may credit your account. **Initials** _____

Methods of payment available: Cash, check and debit/credit card.

Patient signature: _____

Date: _____