

Are there any illness/wellness conditions you would like to work on? _____

Preferred Pharmacy:

Smoking Status:

- | | |
|---|--|
| <input type="checkbox"/> Current every day smoker | <input type="checkbox"/> Current some day smoker |
| <input type="checkbox"/> Former smoker | <input type="checkbox"/> Never smoked |
| <input type="checkbox"/> Unknown if ever smoked | |

Medication List: (please list medication name, dose, frequency and reason for the medication)

Allergies:

Primary Care Provider and/or Specialist(s):

Past medical history, surgical history, family history:

HIPAA Data Use Agreement

Our Notice of Privacy Practices (“Notice”) provides information about: 1) the privacy rights of our patients; and 2) how we may use and disclose protected health information about our patients. Federal regulation requires that we give our patients or their authorized representatives our Notice before signing this acknowledgment. If you have any questions about your rights or our privacy practices, please contact us at Heckert Health Center, LLC, 109 N. 29th St, Suite 6, Norfolk, NE 68701. (402) 371-0263.

By signing this form, you are only acknowledging that you have been provided access to our Notice.

Signature of Patient or Authorized Representative

Date

Print Name of Patient

Print Name of Authorized Representative