

PORTLAND FAMILY PRACTICE

541 NE 20th Ave. Suite 210
Portland Oregon 97232

www.portlandfp.com

Phone: 503-233-6940

Fax: 503-236-2676

Patient Contact Information:

Date: _____

Patient: _____ DOB: _____

SS#: _____

Patient's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

E-Mail Address: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

Local Relative/Friend not living in the same household:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

By signing below, I agree I have reviewed and understand the information above and that I have received a copy of the Notice of Privacy Practices.

By: _____ **Date:** _____

(Patient)

(OR)

By: _____ **Date:** _____

(Patient representative)

Description of Representative's Authority: _____