Dr. Hidenao Kimura Registration Form

Patient Information

Last Name:		First:	Middle Initial:		
Street Address:			Apartment/Unit #:		
City:	State:	Zip:	DOB:		
Home Phone: ()		Cell Phone: ()			
Work Phone: ()	2	E-mail Address:			
Social Security No:	Driver's License:	Gender Identity: ☐ Male ☐ Female ☐ Other (please specify):			
Referred by: ☐ Family ☐ Close to home/work		Ethnicity: White Hispanic Asian African American Native American			
Emergency Contact:	ncy Contact: Relationship: Emergency Contact Phone: ()				
	Insurance	Information			
Primary Insurance Company:		Secondary Insurance: Company:			
Insured ID:		Insured ID:			
Insured Name (if other th	an patient):	Insured Name (if other than patient):			
Insured Gender: ☐Male ☐ Other (please specify		Insured Gender: Male Other (please specify			
Insured Date of Birth:	Insured Social Security No:	Insured Date of Birth:	Insured Social Security No:		
Person Fir	nancially Responsible Fo	or This Patient If Other T	han Patient		
Last Name:		First:	Middle Initial:		
Street Address:			Apartment/Unit #:		
City:	State:	Zip:	DOB:		
Home Phone: ()		Cell Phone: ()			
Work Phone: ()		E-mail Address:			
Social Security No:		Driver's License:			
Relationship to patient:	Parent Guardia				
	Signature of Patient O	r Legal Parent/Guardian			
Signature:		The state of the s	Date:		

Original Date:	And the completion of the state
Dates Revised:	(h. Shiring did furfiyondhafas pagad) (h. 2014).
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HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name (Last, First, M.I.):		OM OF DOB:
Marital status: 🛛 Sir	ngle ☐ Partnered ☐ Married ☐ Separated ☐ I	Divorced Widowed
Previous or referring	doctor:	Date of last physical exam:
	PERSONAL HEALTH	HISTORY
Childhood illness:	□ Measles □ Mumps □ Rubella □ Chickenpox I	☐ Rheumatic Fever ☐ Polio
immunizations and	☐ Tetanus	☐ Pneumonia
races:	☐ Hepatitis	☐ Chickenpox
والمعارض وا	□ Influenza	☐ MMR Measles, Mumps, Rubella
ist any medical probl	ems that other doctors have diagnosed	
Surgeries		
ear Reason		Hospital
er skallende former i skallen i skriver og skallende i blikkende former i skallende former i skallende former		
Other hospitalizations		
ear Reason		
COI REGION		Hospital
war and the same		
ave you ever had a bl	lood transfusion?	
ليستناه والمراكب والمتعالفة الأحمارات والمسترة والمتعاودة والمتعادية والمتعادية	the contract of the second sec	☐ Yes ☐ No

List your p	rescribed drugs and over-	the-counter drugs,	such as vitamins and inh	alers	er gelektronisk fan 190 oanter (er sjouwersprog		- 100	more was easily
Name the D		Strength	a Periodo a provincia de persoa en el cida de servicio de cidade en persoa de como en en en en en en en entre e En entre en en entre	Frequency Taken			in we w	and the same suppose
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ton open handalarin mit och pår hallarin der olde	er en eller hergering av 12 mandet gennegtet, grapt kapte mår ett en erkungstadet av det til kalle i det fill også ste kaptened		the desirence of the first of the second			graph with the section is the		e (serient) fer igenig
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The control of the second seco	ar ar maharing maga ingga kandiga bahasa ara manga mengang mangga kana menggan mengan mengan mengan mengan men	NEALIN HA	BITS AND PERSONAL S	SAFETY				
To the description and the service of the service o	ALL QUESTIONS CONTAIN	ED IN THIS OUESTIO	NNAIRE ARE OPTIONAL AND	Will or wear array	an de la companya de	or construction of the second	e elektronia	- Marie and the same
xercise	☐ Sedentary (No exerc	ise)	MININE AND OFFICINAL AND	WILL BE KEPI SIRICILY (CONFIDENT	TIAL.		on the second
	☐ Mild exercise (i.e., climb stairs, walk 3 blocks, golf) ☐ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)						يد روزون د د	hillion on the statements
							Particle page	and the same
			reation 4x/week for 30 minu		The Court of the Section of the Sect	Conservative benefit and a company	Alania di kana	September 1
Diet	Are you dieting?		readon 4x/Week for 30 minu	ites)		and a street of the sec	and the second	tan denker
	If yes, are you on a phy	sician prescribed med	ical data			□ Yes		l No
	# of meals you eat in ar	Call Contract Charles and Contract Cont	ical diet.			□ Yes	П	No
	Rank salt intake	□ Hi				(Alexandra (Alexandra)) (Alexandra)		entra de la constanta de la co
	Rank fat intake		☐ Med	☐ Low			- Consideration	
affeine	□ None	OHI	☐ Med	□ Low	TO THE PERSON NAMED OF THE PARTY OF THE PART			
w1164146	the contract of a state of the	☐ Coffee	ПТеа	☐ Cola				
icohol	# of cups/cans per day? Do you drink alcohol?						2011/0350	
	If yes, what kind?		and the second s		1	J Yes	D	No
							TWEETHOUSES	
	How many drinks per we	and the second of the second o						***************************************
	Are you concerned abou	ويالون والمرافق والمتحدد والمحادث أساواه مار والمجارة والمرافق المارات والمتحدد والمتحدد والمتحدد			E] Yes	П	No
	Have you considered sto				E] Yes		No
	Have you ever experience	Peri Thirting representation of the Control of the	and the second s	ti in time time time time time time time time	E] Yes	والمنافعة والمنافعة	No
	Are you prone to "binge"	and the second s				1 Yes	П	No
	The state of the s		- many description and continues of continues and continue				-	and the second
	Do you drive after drinkii	ng?	Provided and administrative of the property and administrative of the second	ong produced to great the research of the sale of the	continue consinuentation is	I Yes		No
obacco	Do you drive after drinking Do you use tobacco?				E	er i v manada agamental ga	- francisco	No No
obacco	Do you drive after drinkii		☐ Chew - #/day	☐ Pipe - #/day	C	l Yes	П	No
ti ti da sanga kanga	Do you drive after drinking Do you use tobacco? ☐ Cigarettes — pks./day ☐ # of years	□ Or year quit		☐ Pipe - #/day	C	er i v manada agamental ga	П	No
obacco rugs	Do you drive after drinking Do you use tobacco? Cligarettes – pks./day	☐ Or year quit reational or street drug	gs?	☐ Pipe - #/day		l Yes	П	No

Sex	Are you sexually active?					П	Yes	П	No
Commence of the Commence of th	If yes, are you trying for a pregnancy?					dirii.	Yes	О	No
	If not trying	g for a pregnancy list contraceptive	e or barrier method used:		and the control of the same of the part of	ed comp	April 1990 -		
مر ساور واستانت		ofort with intercourse?	en en de de de la companya de la co			П	Yes	П	No
Illness related to the Human Immunodeficiency Virus (HIV), such as AIDS, has become a major public hea problem. Risk factors for this illness include intravenous drug use and unprotected sexual intercourse. Wou like to speak with your provider about your risk of this illness?					major public health I intercourse. Would		to territoria di mangio		
Personal	ersonal Do you live alone?				ļ	Yes	بالمعاولات	No	
Safety							بتنكيمين ومد	0	n a removement
	Do you have vision or hearing loss? Do you have an Advance Directive or Living Will?								
							and the section of	0	
	Communication and the state of	like information on the preparation	Laboratoria de la Companya de la Com			ed vice shown size	Yes		No
	Physical and the form of	d/or mental abuse have also becor verbally threatening behavior or a rour provider?	ne major public boolth iccur	es in this country use. Would you l	y. This often takes ike to discuss this		Yes		No No
	AGE	and the state of the	ILY HEALTH HISTORY					Tip California megali me	
Father	AGL	SIGNIFICANT HEALTH PROI		AGE	SIGNIFICANT H	EAL	TH PRO	DBLE	MS
ratner	the state of the s	terior de la companya del companya de la companya del companya de la companya del la companya de	Children	D F	may 5 (Trops)				
Mother				□ M □ F		All-Colonia	energy and and	higher serving	in production of the
Sibling	DM	g tang pangangan dan menganjungkan pangangan pangan pangan pangan pangan pangan pangan pangan pangan pangan pa	Carried Control of the Control of th	O M		od solaj.	- principal and a	Participant of the Control of the Co	
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	ΠF			0 M , 0 F	Programme Communication Commun				
	O M		Grandmother Maternal			el verezión de la	en Minimum aprintino	Personal Services	a de la compe
	O M O F		Grandfather			- Heritago	(washinkay to proper year)	· · · · · · · · · · · · · · · · · · ·	Participant of the Control of the Co
	ОМ		Maternal Grandmother			e de la composición	terensky stransport	(magazarana)	on material year, so
	□ F □ M		Paternal			EG			
	Ŭ F		Grandfather Paternal				THE PROPERTY OF THE PARTY OF TH	interest (management)	katan ya masaman kan sisang a
			MENTAL HEALTH				Appendix of the second		
Is stress a maj	or problem for y	ou?			en e				
Do you feel de	pressed?						Yes	. The same of the	No
Do you panic when stressed?						الودوة بط سعد	Yes	0	
Do you have p	oblems with eat	ing or your appetite?		ne hande e vez e e e e e e e e e e e e e e e e			Yes	ore produces	No
Do you cry fred	and the second s	en and the second second section of the contract of the second section of the second section is a second section of the section of the second section of the section o		oranie po propositio propositio propositio propositio propositio propositio propositio propositio propositio p	nder de de particular de la companya de la company	mark in the	Yes		No
entra de la companya	attempted suicid	le?					Yes		No
which the remarks when the contract of the	er en proposition de la proposition de la constantina de la constantina de la constantina de la constantina de	t about hurting yourself?	and an angle of the state of th	and the filter of the control of the			Yes		No
Commission of the expension of the property of the	ouble sleeping?					niji kalendari	Yes		No
Have you ever	Alle it a combination and a second and a second and a second	alora	and the state of the second state of the second	and the same of th			Yes	П	No

	WOMEN ONLY					
Age at onset of menstruation:			on the second second second	THE STREET STREET		Anna Maria
Date of last menstruation:			mar etter deler i sepången.	obolisio di mandigani .	مند بناونجيد	بارستانات دار
Period every days		- nor no se si il la compania de la	(interpretation	eriotes discuss	and a section of	and the second second
Heavy periods, irregularity, spott	ing, pain, or discharge?		Ti-	Yes	T	
Number of pregnancies N	Control of the Contro			162	_ L1	No
Are you pregnant or breastfeeding	ig?		n	Yes		
Have you had a D&C, hysterector	my, or Cesarean?		0	· · · · · · · · · · · · · · · · · · ·	0	
And the second s	ney infections within the last year?			Yes		(Promote Local
Any blood in your urine?		and the second control of the second control		Complete and Control Congression		No No
Any problems with control of urin	nation?		0	er reministration in	ļ	THE PERSON NAMED IN
Any hot flashes or sweating at nig	Company of the Compan		0	edinario de la compa		No
Do you have menstrual tension, p	oain, bloating, irritability, or other symptoms at or ar	ound time of period?	0	Yes		No
	nderness, lumps, or nipple discharge?				П	
Date of last pap and rectal exam?	adapting the property of the contract of the c		–	165		No
		erana anta de anta de la casa de Onderes esperanas de la casa de l		and the second		
	MEN ONLY				enteres en	
Do you usually get up to urinate o	during the night?			Yes	D	No
If yes, # of times				***************************************	Annia mente	MCHA-NAMA
Do you feel pain or burning with ι	urination?		П	Yes	D	No
Any blood in your urine?			П	Yes	П	No
Do you feel burning discharge from	Company of the Control of the Contro		О	Yes	П	No
Has the force of your urination de			П	Yes	П	No
and the state of t	r, or prostate infections within the last 12 months?		П	Yes	O	No
Do you have any problems empty	The state of the s		П	Yes	П	No
Any difficulty with erection or ejac	culation?			Yes	П	No
Any testicle pain or swelling?			П	Yes	П	No
Date of last prostate and rectal ex	am?		П	Yes	П	No
	OTHER PROBLEMS			ha jeringulasida ingida 10 sengtempana palawa	teringua _n / _{se}	
Personal area i de la composição de productivo de proprio de la composição de productivo de la composição de l Composição de la composição	VIIILATRODEEN		er en	and the second second		e gresien
Check if you have, or have had, ar	ny symptoms in the following areas to a significant d	legree and briefly explain.	matalog military	a policina de marco	Same of the same of the	de refreguesia
J Skin	☐ Chest/Heart	☐ Recent changes in:			erano aprelio di	
□ Head/Neck	□ Back	☐ Weight	and the second s			ingka-saw-
J Ears	☐ Intestinal	☐ Energy level		Tittoromigiona	THE PERSON NAMED IN	DY-measures
I Nose	☐ Bladder	☐ Ability to sleep	en kontralisation (n. 1921)	and except the	الردارات الدخد	
J Throat	□ Bowel	☐ Other pain/discomfo		emperature ex	-	en en en
I Lungs	☐ Circulation	- Outer parryus@fill(лL.			

DR. HIDENAO KIMURA, M.D. REGISTRATION FORM

(Please Print)

As a service to our patients, we would like to outline our policy regarding the payment for service.

 Twenty-four (24) hour notice of cancellation of appointment is required. There will be a charge of \$100 (not covered by insurance) for a no-show physical exam or new patient consult. There will be a charge of \$40.00 (not covered by insurance) no-show for other office visits.

 Payment for the first office visit may be expected for all new patients. Payment on established account is due every 30 days by Health insurance or the responsible party (patient, parent, or legal guardian.) All insurance companies are billed as a courtesy to you, you are responsible for your account.

3. If the issue for you which you are seeing the doctor involves litigation, such as may result from an automobile accident, be advised that we do not wait for payment until litigation is settled.

4. Your signature authorizes us to contact references listed below if it becomes necessary to locate you.

All credit balances may be held as credits against future services rendered unless credit refunds are specifically requested.

6. We encourage you to contact our billing department if you have any questions regarding your account.

 Patients are responsible for checking coverage for office visits through their insurance plan, before coming in.

I HEREBY AUTHORIZE THE ABOVE DOCTOR TO FURNISH THE INSURED'S INSURANCE COMPANY ALL INFORMATION WHICH SAID INSURANCE COMPANY MAY REQUEST CONCERNING MY PRESENT CLAIM, I HEREBY ASSIGN TO THE DOCTOR ALL MONEY TO WHICH I AM ENTITLED FOR EXPENSE RELATED TO THE SERVICE PERFORMED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO SAID DOCTOR FOR CHARGES NOT COVERED BY THE ASSIGNMENT.

		Work phone no.:
ne above information is true to the rectly to the physician. I understand denao Kimura, M.D. or insurance of Patient/Guardian signature	I I I I I I I I I I I I I I I I I I I	

AT DR. KIMURA'S OFFICE, THE PATIENT HAS THE FOLLOWING RIGHTS

- To be treated with courtesy and respect with appreciation of their individual dignity, and with protection of their need for privacy
- To prompt, reasonable response to care needs, questions, and requests
 - Business hours: M, T, Th, F 7:30 am-4:30 pm, Wednesdays 7 am-12:30 pm
 - After hours advice: 503-612-1181
- To know who is providing healthcare services and who is responsible for their care
- To an interpreter if they do not speak English
- To be given, by the healthcare provider, information regarding diagnosis, planned course of treatment, alternatives,
 risks, and prognosis
- To refuse any treatment, except as otherwise provided by law
- To receive, upon request, prior to treatment, a reasonable estimate of charges for healthcare
- To receive a copy of a reasonably clear and understandable itemized bill, and upon request, to have the charges explained
- To impartial access to healthcare treatment or accommodations regardless of race, national origin, religion, physical handicap, or source of payment
- To express grievances regarding any violation of their rights through Dr. Kimura's grievance procedure and to the appropriate state licensing agency
 - Clinic contact for grievances: Hidenao Kimura, MD, 503-612-1181
 - Oregon contact for grievances: Health Care Licensure and Certification Division, 971-673-0540

THE PATIENT HAS THE FOLLOWING RESPONSIBILITIES

- To provide Dr. Kimura's office, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to their health
- To report to the clinic provider unexpected changes in their condition
- To report to the clinic provider whether they understand recommended treatment and what is expected of them
- To follow the treatment plan recommended by the clinic provider
- To keep appointments, and when they are unable to do so for any reason, to notify the clinic
- A patient is responsible for their actions if they refuse treatment or do not follow the clinic provider's instructions
- To assure that the financial obligations of their healthcare are fulfilled as promptly as possible
- To follow the clinic rules affecting patient care and conduct

PATIENT SIGNATURE:	DOB:	DATE:

HIDENAO KIMURA

19365 SW 65th Ave. Suite 111 TUALATIN, OR 97062 PHONE: (503) 612-1181 FAX: (503) 612-1182

DR. HIDENAO KIMURA 19365 SW 65TH AVE. SUITE 111 TUALATIN. OR 97062 PHONE: 503-612-1181

FAX: 503-482-4504

PATIENT AUTHORIZATION TO RELEASE MEDICAL RECORDS

ĩ, (Name)	DOB:	
Patient Address:		
Authorize:	- to the training of the train	
(Name of Physician)	(Phone)	(FAX)
To provide Dr. Hidenao Kimura. MD		
The information (two years worth) to	o be released:	
Purpose or need for information reque	ested:	
Continue Care Insurance	LegalTransfe	r Personal
I understand this consent is voluntary extent that action based on this conser communication. This consent will rem this consent. I also understand that my drug/alcohol information and/or HIV	and that I may revoke this aunt has already been taken) by nain in effect no more than niver medical records may include	athorization at any time (except to the witten, dated, and signed
When my information is used or disch re-disclosure by the recipient and may	osed pursuant to this authorize no longer be protected by the	ation, it may be subject to e federal HIPAA Privacy Rule.
I understand I may refuse to sign this a disclosed. Whether I sign or refuse to	authorization. If I refuse, the sign, my treatment will not be	identified records will not be affected.
Signature	Relationship	_ Date
A copy of this authorization has been _ A photocopy of this authorization will		
Office use only:		