



Hickory Adult
Medicine and Kidney
Specialists P.A.

Name: _____ Birth Date: _____

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

Phone #: _____ Social Security #: _____ Male / Female

Email: _____

Family Doctor: _____ Referring Doctor: _____

Pharmacy Name: _____ Location: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone #: _____

INSURANCE

Primary Insurance: _____ Policy #: _____ Group #: _____

Policy Holder Name: _____ Birth Date: _____

Primary Insurance: _____ Policy #: _____ Group #: _____

Policy Holder Name: _____ Birth Date: _____

- I consent to medical treatment from Hickory Adult Medicine and Kidney Specialist and understand co-pays are due at time of service.
- I consent to patient referrals when needed.
- I consent to the access of my medication list directly from my pharmacy.
- I consent to the release of my medical record to the referring and/or primary care provider.
- I understand it is my responsibility to provide correct insurance information and am responsible for any co-pays, deductibles, and charges not covered by insurance.
- I understand Hickory Adult Medicine will follow HIPPA regulations and a copy of the notice of Privacy Policy is available upon request and a copy is locate in the lobby.
- I authorize Hickory Adult Medicine to release information to my insurance company and to receive claim payment directly.

Patient Signature: _____ Date: _____

Patient Name: _____

FAMILY HISTORY OF PATIENT

Please put an "X" in the appropriate box to identify any family illness/conditions

ILLNESS/CONDITION	MOTHER	FATHER	BROTHER	SISTER
Alcohol abuse				
Asthma				
Bleeding disorder				
Cancer				
Type of cancer				
COPD				
Depression				
Diabetes				
Gout				
High blood pressure				
High cholesterol				
Kidney disease				
Kidney stones				
Liver disease				
Obesity				
Polycystic kidney disease				
Seizures				
Thyroid disorder				
Other				

Please put an "X" in the appropriate boxes to indicate your responses.

PATIENT HABITS and HISTORY

SMOKING	YES	NO	HOW MUCH	HOW OFTEN
Cigarettes				
Cigars				
Pipes				
Chewing tobacco				
Have you quit smoking			Date you quit?	

DRINKING	YES	NO	HOW MUCH	HOW OFTEN
Coffee				
Soda				
Other caffeine				
Beer				
Wine				
Liquor				

Have you traveled outside the United States? YES NO

If yes list what countries? _____

Do you have diabetes? YES NO How many times a day do you check your bloodsugar? 1 2 3 4

Do you have a living will? YES NO Do you have a power of attorney? YES NO

Do you use a seat belt when traveling in a vehicle? YES NO

How many living children do you have? _____

How many pregnancies have you had? _____

List any surgeries and the date of the surgery below.

Please list any medication allergy and type of reaction.

Please put a check in the appropriate box indicating any tests or immunizations that apply to you.

PROCEDURE	YES	If yes when and where	NO
Eye exam			
Colonoscopy			
EGD			
Mammogram			
Prostate or PSA			
Pneumonia vaccine			
Flu vaccine			
Shingles vaccine			
MRI (list body part)			
CT or Cat scan (list body part)			
Ultrasound (list body part)			
Xray (list body part)			



Hickory Adult
Medicine and Kidney
Specialists P.A.

1344 North Center Street, Suite A | Hickory, NC 28601
828.326.8888 (phone) | 828.326.8871 (fax)

RELEASE OF INFORMATION CONSENT FORM

Name: _____

Relationship: _____ Phone #: _____

List Information We May Release: _____

Name: _____

Relationship: _____ Phone #: _____

List Information We May Release: _____

Name: _____

Relationship: _____ Phone #: _____

List Information We May Release: _____

I request Hickory Adult Medicine and Kidney Specialists release medical information to the individuals listed on this form. I understand that I may revoke this consent at any time by providing a written request to Hickory Adult Medicine and Kidney Specialists.

Signed: _____ Date: _____

Patient Name: _____



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REQUEST FOR RELEASE OF MEDICAL RECORDS

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ SS#: _____

DOCTOR / HOSPITAL SEEN BEFORE:

Provider / Facility Name: _____

Address: _____

Phone: _____ Fax: _____

INFORMATION TO BE RELEASED:

All Records (labs, office notes, x-rays, test results, hospital reports, etc.)

Other: _____

Please include the protected material I have initialed below:

Mental Health _____ Drugs/Alcohol _____ HIV/AIDS _____

I request that my records be released and that this authorization may be revoked at any time provided it is done in writing. This form will expire 12 months from the date of signing.

X _____
SIGNATURE DATE

Please fax records to: 828.326.8871

Hickory Adult Medicine & Kidney Specialists P.A.
1344 North Center Street, Suite A
Hickory, NC 28601
828.326.8888 (phone)



Directions to 1344 North Center Street
(1-mile past Frye hospital toward Viewmont)

From 1-40 (Morganton)

Follow 1-40 to Exit 125 (Lenoir Rhyne Blvd).
Turn left off exit and head toward Hickory on Lenoir Rhyne Blvd to Tate Blvd.
Turn left onto Tate Blvd then move into the right lane.
At the first traffic light turn right onto Hwy 127.
Bring Hwy 127 to 13th Ave NE and turn left (Checker's is on your right).
Turn right onto North Center Street which is the first intersection.
Our office is the second building on the right.

From HWY 321 (Lenoir)

Follow HWY 321 south toward Hickory.
Cross Catawba River bridge and go past Sunrise Camping Center and Arby's.
Turn left at the next light between CVS and the gas station.
Bring this road to HWY 127 and turn left.
Bring Hwy 127 to 13th Ave NE and turn left (Checker's is on your right).
Turn right onto North Center Street which is the first intersection.
Our office is the second building on the right.

From HWY 127 (Taylorsville)

Follow HWY 127 south toward Hickory Viewmont area.
Look for Wells Fargo Bank and Wyke's Cleaners on the right.
Turn right onto 14th Ave NE between Wyke's and Peoples Bank.
Turn left onto North Center Street which is the first intersection.
Our office is the second building on the right.
Our office is the first driveway on the left.

From HWY 70 (Connelly Springs/Valdese Area)

Follow HWY 70 toward Hickory. Look for Paramount Kia and McDonald's.
Turn left at McDonald's onto South Center Street.
Turn right at the first traffic light onto HWY 127.
Bring Hwy 127 to 13th Ave NE and turn left (Checker's is on your right).
Turn right onto North Center Street which is the first intersection.
Our office is the second building on the right.

From HWY 321 (Lincolnton).

Follow HWY 321 north toward Hickory.
Turn right onto HWY 127 (Exit 42).
Bring Hwy 127 to 13th Ave NE and turn left (Checker's is on your right).
Turn right onto North Center Street which is the first intersection.
Our office is the second building oil the right.