

NEW PATIENT PAPERWORK PACKAGE "CHEAT SHEET"

Page 1: **"AMBULATORY CARE SUMMARY LIST"**

This is to be completed by the patient or patient's guardian. This provides your doctor with medical history & clinical information that becomes part of your medical record (4 separate & distinct categories)

Allergies/Medical Conditions/Past Procedures/Medications

In any section where there is no applicable information for you to enter, please write "N/A" to indicate that this is not applicable.

Remember that it's important to provide any & all information within each category that is known to you.

Page 2: **Related Historical Information Sheet**

PLEASE write your name on top

These are a series of Yes & No questions – please answer ALL

Page 3: **"Adult Patient Needs Assessment"**

It is critical that this be completed in its entirety to ensure that we plan proper accommodations if needed. **IF** the patient is a **child**, the following sections apply to his/her guardian:

- Communication
- Culture
- Learning Preference
- Domestic Concerns

Falls Risk & Nutrition Screen applies to the child/patient

Page 4: **"Patient Registration Form"**

- Please complete entirely.
- Don't forget to answer the permission to discuss your medical condition (HIPAA) question at the bottom.
- Do NOT forget to sign at the bottom!

Page 5: **"Ambulatory Care Consent Form"**

This form is requesting your consent to receive care in our outpatient facility!

- Please write in your name and date of birth.
- Sign on the 1st signature line IF you are the patient or patient representative.
- Indicate your relationship IF you are NOT the patient who has signed and write in the date.

F.Y.I.

IF this is your first time to Stony Brook Medicine, we will provide an ambulatory care patient guide for you to keep!