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501 C3 Non-Profit Rural Health Center

FORM INSTRUCTIONS

Thank you for choosing Orcas Family Health Center to be your health care provider. Here are a few notes to ensure we collect the information we need to provide the best care possible to you! We are happy to answer any questions you may have.

- **Patient Demographics Form:** Please complete each section to the best of your knowledge.
 - We will also need your insurance card and valid identification.
 - If you are establishing a primary care relationship with us – ask us about help switching your insurance to reflect the change!
- **New Patient Health Questionnaire:** Please complete this with as much detail as you can. This will ensure that our providers have the information they need to provide appropriate care.
- **Acknowledgement of Receipt: Notice of Privacy Practices:** Please review our Notice of Privacy Practices (included in this folder) carefully before signing that you have received them.
- **Authorization to Release Health Care Information – I:** This form is to be filled out if there is any other provider, family member, friend, etc that you would like us to share your information with. Please review and fill out as it applies to you.
- **Authorization to Release Health Care Information – II:** This form allows you to give permission for us to collect medical records and pertinent information from other providers you have seen. Please review and fill out as it applies to you.
- **Orcas Family Health Center Survey (Optional):** Fill out as you see fit. Anonymous surveys can be dropped in our drop box in the main waiting area.