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Paducah, KY 42003
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Western Kentucky Kidney Specialists

It is a pleasure to welcome you to our office. Please complete this form to aid us in preparing and updating your clinical records. All information provided to us will be strictly confidential.

Today's Date: _____ First: _____ M: _____ Last: _____

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

Birth Date: ___/___/_____ Marital Status: _____ Social Security: _____ - _____ - _____

Birth Sex: Male / Female Gender Identity: _____

Phone #'s – Home: _____ Work: _____ Cell: _____

Employment: Full Time Part Time Retired Disabled Student

Race: Asian African American Caucasian Hispanic or Latino Two or more races

Pacific Islander Other: _____ Ethnicity: Not Hispanic/Latino Hispanic/Latino

Preferred Language: English Spanish Other: _____ Interpreter Services: Yes / No

Advanced Directive(s): Yes (please provide copy) No Do Not Wish to Disclose

Primary Insurance: _____ Secondary Insurance: _____

Spouse's Name: _____ Spouse's DOB: ___/___/_____

Emergency Contact: _____

Phone#: _____ Phone#: _____ Relationship: _____

Pharmacy: _____ Address: _____ Phone#: _____

- ✓ Communication option method is used in our office to convey medical information to you: HEALOW Patient Portal is an electronic way to store and maintain health and fitness information. Our secure patient portal is a great way for you to receive timely health information, manage your healthcare, receive education materials and stay in touch with our practice. Please provide your e-mail address below. We will send you an invitation to join your patient portal.

E-Mail Address: _____

I understand I am responsible for all charges that result from services rendered to me by the physician of Western Kentucky Kidney Specialists. I hereby authorize payment to be made directly to me or in the case of assignment to the Western Kentucky Kidney Specialists physician rendering services. I also authorize release of pertinent medical information to the insurance carrier.

Guarantor's Signature: _____ Date: _____

Please have your photo ID and insurance card(s) available at your appointment.
Also, bring your current medication list or you may bring your medications with you.