



## ELECTRONIC PATIENT REGISTRATION FORM PROCESS

Utilize the following instructions to complete your registration forms prior to your visit

### **NON-SPINE RELATED PATIENTS**

Please complete all steps except STEP 9. At the end of the process, you will have completed 8 forms.

### **SPINE RELATED PATIENTS**

Please complete all steps including STEP 9. At the end of the process, you will have completed 9 forms.

#### **STEP 1: Click 1-Reason for Visit**

**STEP 2:** Complete the entire Reason for Visit form. When finished, click Submit at the bottom of the form. When you click the Submit button, the form will be sent to our offices.

#### **STEP 3: Click 2- Patient History**

**STEP 4:** A new browser window will open on your screen. Complete the entire form and click Submit at the bottom of the screen. When you click Submit, the form will be sent to your physician. When finished, close the browser window to return to the forms web page.

#### **STEP 5: Click 3-Patient Demographics**

**STEP 6:** Complete the entire Patient Demographics form. When finished, click Submit at the bottom of the form. When you click Submit button, the form will be sent to our offices.

#### **STEP 7: Click 4-Review of Systems**

**STEP 8:** A new browser window will open on your screen. Complete the entire form and click Submit button at the bottom of the screen. When you click Submit, the form will be sent to our offices. After you click Submit, close the browser window to return to our forms web page.

### **STEP 9: FOR PATIENTS BEING SEEN FOR NECK, BACK, SCOLIOSIS, ETC. ONLY**

#### **Click 5-SPINE Review of Systems**

A new browser window will open on your screen. Complete the entire form and click Submit button at the bottom of the screen. When you click Submit, the form will be sent to our offices. After you click Submit, close the browser window to return to our forms web page.

#### **STEP 10: Click 6- Communication Directive**

**STEP 11:** Complete the entire Communication Directive form. When finished, click Submit at the bottom of the screen. When you click Submit button, the form will be sent to our offices.

#### **STEP 12: Click 7- HIPAA Notice of Privacy Practices**

The document will open on your screen. Please read this entire document and click to close the browser window when finished.

#### **STEP 13: Click 8-Financial Policy**

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**STEP 14:** A new browser window will open on your screen. Read and review the entire form. Please check the box that requests you to acknowledge that you have read the form and enter your name. Click the box to say that you are not a robot and click Submit at the bottom of the screen. When you click Submit, the form will be sent to your physician. When finished, close the browser window to return to the forms web page.

You have now completed all of your patient registration forms!

**Thank you for completing your registration forms. The registration forms will be sent to our office. If you have any questions, please contact Linda at 702.258.3708.**