



**PREFERRED
PET IMAGING
OF KANSAS**

825 N Emporia
Wichita, KS 67214

Phone (316) 269-1738
Fax (316) 269-1759

- New Patient
- Update Only

Date of Appointment: _____

PATIENT REGISTRATION FORM
(FILL OUT FRONT AND BACK OF FORM COMPLETELY)

I hereby acknowledge that I have received a copy of Preferred PET Imaging of Kansas Notice of Privacy Practices.

Signature: _____ **Date:** _____

Ordering Physician: _____ **Family Physician:** _____

PATIENT INFORMATION

Legal Name: _____ SSN: _____ Date of Birth: _____
(Last) (First) (Middle)

Male Female Address: _____
Street Address City State Zip Code

Marital Status: _____ Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____

Cell Phone: (____) _____ E-Mail: _____

Employer: _____ Employment Status: FT PT Not Employed
 Retired Date of Retirement: _____

Address: _____

Are you currently in a skilled nursing facility? Yes No
Do you have Advanced Directives? Yes No

SPOUSE OR EMERGENCY CONTACT INFO

Legal Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____
Employer: _____ Cell #: _____
Employment Status: FT PT Not Employed
 Disability Retirement Date of Retirement: _____

EMERGENCY CONTACT INFORMATION

Legal Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____
Relation to patient: _____ Cell#: _____
Legal Guardian? YES NO
Power of Attorney? YES NO

PRIMARY INSURANCE

Insurance Company: _____
Policy Number: _____
Group Number: _____
Policy Holder Name: _____
DOB: _____ Male Female
Employer: _____
Address: _____
 FT PT Not Employed Disability Retirement

SECONDARY INSURANCE (If applicable)

Insurance Company: _____
Policy Number: _____
Group Number: _____
Policy Holder Name: _____
DOB: _____ Male Female
Employer: _____
Address: _____
 FT PT Not Employed Disability Retirement

Height: _____ Weight: _____ Claustrophobic?: _____ Pregnant?: _____

Diabetic?: NO YES If "yes" what is your average reading? _____

List your surgical history and any recent incision sites: _____

Testing done in the past year:

Biopsies	NO YES	If yes: Facility _____	Date _____
Chemotherapy	NO YES	If yes: Facility _____	Date _____
Radiation Therapy	NO YES	If yes: Facility _____	Date _____
PET Scan	NO YES	If yes: Facility _____	Date _____
CT Scan	NO YES	If yes: Facility _____	Date _____
MRI	NO YES	If yes: Facility _____	Date _____
Bone Scan	NO YES	If yes: Facility _____	Date _____

Do you have any of the following?

Catheter (CVC or porta-cath) NO YES Ostomy? NO YES type: _____ Pacemaker NO YES

Have you had any of the following?

Recent Dental Work	NO YES	If yes: Type _____	Date _____
Inflammation	NO YES	If yes: Where _____	Date _____
Recent Injury	NO YES	If yes: Where _____	Date _____
Infection (sinus, bladder, throat, etc.)	NO YES	If yes: Type _____	Date _____
Tuberculosis	NO YES		
Rheumatoid Arthritis	NO YES		

Do you have any young children at home? NO YES (If yes, please call our office before your appt)

FOR FEMALES ONLY

- 1) Have you passed menopause? NO YES
If no, when was your last menstrual period? _____
- 2) Are you pregnant or do you have any reason to believe you might be pregnant? NO YES
- 3) Are you nursing a baby? NO YES If yes, please call our office before your appt date.
- 4) Have you had surgery on your breasts? (Implants, reconstruction, etc.) NO YES

I consent to the diagnostic testing by Preferred PET Imaging of Kansas personnel. I agree that all records concerning my care remain property of Preferred PET Imaging of Kansas. Preferred PET Imaging of Kansas may release confidential information to health insurance providers liable for test charges. I authorize the release of any medical or other information necessary to process this claim for payment or other business operations. I authorize insurance, Medicare, or Medicaid benefits to be paid directly to Preferred PET Imaging of Kansas. I understand that I am responsible for co-insurance payments, deductibles, and/or remaining balance as specified by my health plan. This signature may be photocopied to process all insurance claims.

Patient's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____