Sima Kahn, MD
1425 Broadway Ave #402
Seattle, WA 98122-3854
(206) 954-8805
drkahn@HealthCareAdvocacyPartners.com

Patient Information Form

Today's Date:
mm/dd/yy

Patient Information *(person for whom help is being sought)*

Name:		
Birthdate:	Age:	Sex: Male ○ Female ○
Street Address:		
City:	State:	Zip:
Profession:		

Communication	Preferred
Home Phone:	☐
Cell Phone:	☐
Work Phone:	☐
Email:	☐
Fax:	☐

Your Information *(if different from patient information)*

Name:		
Birthdate:	Age:	Sex: Male ○ Female ○
Street Address:		
City:	State:	Zip:
Profession:		

Communication	Preferred
Home Phone:	☐
Cell Phone:	☐
Work Phone:	☐
Email:	☐
Fax:	☐

Emergency Contact

Name:	Phone:	Relationship:

Insurance Plan

Provider:

Legal Documents You Have in Place	Yes
Power of Attorney for Health Care	☐
Power of Attorney for Financial Matters	☐
Healthcare (Advance) Directive	☐

(All answers are confidential)

HEALTHCARE ADVOCACY PARTNERS

Sima Kahn, MD
1425 Broadway Ave #402
Seattle, WA 98122-3854
(206) 954-8805
drkahn@HealthCareAdvocacyPartners.com

Background Information		
How long has this problem been going on?	Years:	Months:
In total, how many physicians have been seen for this problem?		

Please list their name and specialties, and approximately when they were first seen.
(They will not be contacted without your permission).

Name	Specialty	First Visit mm/dd/yy	Still Involved	Primary on this Case
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

How satisfied are you with the communication between you and the physician(s) primarily in charge of your issue?

Excellent Communication 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ *Very Poor Communication*

Do you have a primary care physician (GP/Family Physician) — *if yes, what is their name/location?*

Name:	Location:		
Is he/she still involved in the care of this issue?		Yes ☐	No ☐
Have your physicians consulted with other physician/specialists about this issue?	Yes ☐	No ☐	Don't Know ☐

(All answers are confidential)

HEALTHCARE ADVOCACY PARTNERS

Sima Kahn, MD
1425 Broadway Ave #402
Seattle, WA 98122-3854
(206) 954-8805
drkahn@HealthCareAdvocacyPartners.com

What is the nature of the medical problem for which you are seeking help? Please give a brief summary of the medical history of this problem. *(be as specific as possible)* **Please list essential medical test results with dates.**

HEALTHCARE ADVOCACY PARTNERS

Sima Kahn, MD
1425 Broadway Ave #402
Seattle, WA 98122-3854
(206) 954-8805
drkahn@HealthCareAdvocacyPartners.com

What elements of this issue would you like help resolving?

HEALTHCARE ADVOCACY PARTNERS

Sima Kahn, MD
1425 Broadway Ave #402
Seattle, WA 98122-3854
(206) 954-8805
drkahn@HealthCareAdvocacyPartners.com

Please describe what research, reading, and work you've done on your own to try to solve this problem:

Sima Kahn, MD
1425 Broadway Ave #402
Seattle, WA 98122-3854
(206) 954-8805
drkahn@HealthCareAdvocacyPartners.com

Please check the self-care approaches, groups, alternative/complementary therapies that you may be using or, have tried in the past.

Therapies	Using Now	Tried in the Past	Has Helped
Exercise	☐	☐	☐
Diet changes	☐	☐	☐
Meditation	☐	☐	☐
Massage	☐	☐	☐
Acupuncture	☐	☐	☐
Chiropractic care	☐	☐	☐
Naturopathy	☐	☐	☐
Herbal treatment	☐	☐	☐
Homeopathy	☐	☐	☐
Support group counseling	☐	☐	☐
Other (Please describe in the box below)	☐	☐	☐

(All answers are confidential)