

## Islamic Society of Baltimore Community Health Center

<b>Patient Name:</b>
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<b>Birth Date:</b>	<b>Gender: Male</b> ____ <b>Female</b> ____  _____
<b>Address:</b>	<b>Home Number:</b> <b>Cell Number:</b> <b>E-mail Address:</b>
<b>Emergency Contact Information:</b> <b>Name:</b> _____ <b>Contact Number:</b> _____ <b>E-mail Address:</b> _____ <b>Relation to Patient:</b> _____	<b>Social History:</b> <b>Are you a smoker?</b> Y N <b>Drugs/Substances?</b> Y N <b>Your drinking habits?</b> _____
<b>Relationship Status: Married Single Divorce Widow</b>	
<b>Race (Circle One):</b> <b>American Indian or Alaskan Native</b> <b>Asian</b> <b>African American</b> <b>Native Hawaiian or Pacific Islander</b> <b>White</b> <b>Other</b> <b>Unknown</b>	<b>Household Information:</b> <b>Home Apt</b>  <b>Other</b> _____ <b>Number of Adults</b> ____ <b>Number of children</b> ____

\*Patient's information will be collected and/or released in accordance to HIPPA compliance & ISB Clinic's policies and procedures.

## Islamic Society of Baltimore Community Health Center

Previous History (Check if applies)		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Anemia
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Back Problems	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotional Problems
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Gallbladder	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Hormonal Problems	<input type="checkbox"/> Lung Problems	<input type="checkbox"/> Menopause
<input type="checkbox"/> Menstrual Problems	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> STD	<input type="checkbox"/> Stomach Problems	<input type="checkbox"/> Thyroid Problems
<input type="checkbox"/> Tuberculosis		

Previous Surgery/Operations	
Surgery/Injury	Date

Family History		
Disease/Condition	Relation	Comment

**Islamic Society of Baltimore  
Community Health Center**

<b>Allergies</b>		
Allergy	First Noted	Comments

<b>Medications</b>		
Medications	Dosage	Schedule

<b>Immunizations</b>	
Immunizations	Date

# Islamic Society of Baltimore Community Health Center

Islamic Society of Baltimore Community Health Center is a non-profit organization that provides primary, non-emergent and basic healthcare to the uninsured or low-income socioeconomic strata, which rely on free clinics for their well-being. The clinic accepts no reimbursement from any third-party payer (including reimbursement from any insurance policy, health plan, or federal or state health benefits program). The center treats patients without regard to age, race, color, religion, sex, national origin, handicap, or sexual preference. The members of the medical staff practicing at the center hereby organize themselves in conformity with the byways, rules, and regulations created by the Board of Directors of the Center. The physicians volunteer at the center, and are required to abide by the ethical standards contained in the canon of ethics of the American Medical Association, or where applicable of those professional societies nationally recognized by a majority of practitioners in the same profession as those members of the medical staff who are non-physicians, and the ethical standards adopted by the Joint Commission on the Accreditation of Healthcare Organizations and/or the Accreditation Association for Primary Care Health Care.

By signing this from, I (**first name and last name**) \_\_\_\_\_ as a patient/legal guardian/health care proxy will release and forever discharge and hold harmless, all the doctors of the Center from any medical or legal claims, and any all liability, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the medical services provided to me. I understand and acknowledge that this release discharges center and the doctors from a liability or claim that you may have against the center or medical staff volunteer with respect to bodily injury, personal injury, illness, death, or property damage that may result from the medical services provided to you.

You reserve the right to read and understand the Byways, Rules, and Regulations of the Center before signing the Release and Waiver of Liability Form. You are given the opportunity to ask any questions regarding this waiver before signing it.

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**Patient Name**

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**Signature**

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**Date**

## **Islamic Society of Baltimore Community Health Center**

I, \_\_\_\_\_ am informing the ISB Community Health Center that I do not hold ANY insurance coverage. I acknowledge that I am uninsured, and I understand that this notice describes if I carry any type of insurance or medical coverage, then I will not be examined or treated at the ISB Community Health Center

\_\_\_\_\_

Printed Name of Patient/Personal Representative

\_\_\_\_\_

Signature of Patient/Personal Representative

\_\_\_\_\_

If Personal Representative, please indicate relationship to Patient

\_\_\_\_\_

Date

## **Islamic Society of Baltimore Community Health Center**

I \_\_\_\_\_ (Patient Name) agree to have any prescriptions refills faxed or called in to my choice of pharmacy as needed:

Pharmacy Name \_\_\_\_\_

Pharmacy Telephone \_\_\_\_\_

Pharmacy Fax Number \_\_\_\_\_