Salinas Valley Medical Clinic
PRIMECARE

5 Lower Ragsdale Drive, Ste 100
Monterey, CA 93940
(831) 624-7070 PH
(831) 751-7050 FAX

Welcome to PrimeCare Medical Group, your primary care facility following the Patient-Centered Medical Home model of care, which transforms the way primary care services are conveyed, focusing on prevention and wellness. This model follows a team-based approach with a fabulous care team that is committed to keeping you healthy, with you being the center of your care team! Your healthcare team includes your primary care provider of choice and takes on the responsibility for coordinating care across multiple settings in the broad health care system.

Being part of a Patient-Centered Medical Home comes with many wonderful additions which include comprehensive and coordinated care, patient-centered with you being a responsible contributor, accessible services, as well as safety and quality improvement. As your medical home, we request you provide your current medication list, regular updates to your medical history, update us with any changes in your health status, inform us of recent test results, share your self-care information, and update us on any recent hospitalizations, specialty care, or emergency department visits.

Receiving comprehensive and continuous coordinated care is one of our goals of PrimeCare, focusing on physical and mental health care needs. This includes, but is not limited to preventive care, acute care, chronic care, wellness care, behavioral and mental healthcare or end-of-life care. Our team-based care might contain physicians, physician assistants, nurses, educators, nutritionists, pharmacists, care coordinators and social workers within the practice as well as throughout the community. The primary care medical home coordinates care across multiple settings in the healthcare system including hospitals, specialty care, home health care, and community resources.

PrimeCare recognizes that you as the patient and your family are the center of your care team. As your medical home, we support all of our patients by educating them on organizing and managing their own individual care. Your care team provides you and your family access to self-management support and evidence-based care tools to assist with your health. Your medical home is about you, completely patient-centered!

As a medical home, providing accessible services is very important to us. Our practice follows open scheduling by reserving time for same day appointments. When calling for a same day appointment after 3pm, we may not be able to accommodate you but can schedule an appointment the following day or refer you to one of our urgent care clinics. We make every effort to accommodate requests for routine visits within fourteen days.

At PrimeCare, you have access to a member of the care team around the clock along with access to urgent care providers. At any time, during or after business hours, you may contact our office and receive clinical advice. When calling after business hours, your call will be answered by a live person at our answering service who will put you in touch with the provider on-call. In addition, PrimeCare has developed a relationship with Doctors on Duty to provide hands on care for our patients after normal business hours.

PrimeCare is committed to demonstrate safety and quality improvements. Patient-Centered Medical Homes are to allow whole-person care, at the same time as, improving quality measures. Quality improvements allow patients to rest assured that their healthcare is at the highest level of standards. Continuous quality improvement involves setting goals based on each patient's unique level of care. Safety is an extremely important part of PrimeCare's daily duties. As your primary care home, we strive to achieve improved performances as a whole.

PrimeCare encourages you to use the tools that the Patient-Centered Medical Home program provides. The Patient-Centered Medical Home model places you, as the patient, at the center of a team-based, physician-led approach to deliver healthcare. PrimeCare Medical Group is also working to achieve Level 3, National Committee for Quality Assurance (NCQA) certification for its Patient-Centered Medical Home program. We welcome this initiative and encourage you to engage in this journey with us.

Sincerely,
Your Monterey PrimeCare Team

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Patient Information:

Last Name:	First Name:	Middle Initial:	
Gender:	Social Security#: - -	Marital Status: ☐ Single ☐ ☐ Married ☐ ☐ Divorced ☐ ☐ Widowed ☐ ☐ Other:	
Birthdate: / /	Race:	Ethnicity:	Primary Language:
Mailing Address:	Zip:	City:	State:
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )	
Email Address:	Name of your Primary Care Physician:		
Preferred Pharmacy:	City:	Street:	

If Patient Is A Minor Please Complete:

Name of Parent/Guardian:	Guarantor Date of Birth:		
Mailing Address:	Zip:	City:	State:
Social Security#:	Relationship to Patient:	Phone:	

Primary Insurance Name:

Name of Insured:	Date of Birth:	Social Security #:
Relationship to Insured:		

Secondary Insurance Name:

Name of Insured:	Date of Birth:	Social Security #:
Relationship to Insured:		

Person to Notify in Case of Emergency:

Name (Not in Same Household):		
Street Address:	Zip:	City:
Home Phone:	Relation to Patient:	

Please describe your illness/injury/symptoms and date of onset: _____

_____ **Work Related:** Yes ____ No ____

Release of Information and Financial Responsibility

We request payment at the time of service. We are contracted with some insurance carriers and may be able to bill directly for you. Please provide us with a copy of your insurance card. If a co-payment/deductible is part of your plan, we require that your portion is paid at the time of service. We will make every effort to provide you with the accurate amount due at the end of your visit today. However, your medical and billing records will be reviewed within 1-2 business days of your visit. If there are any discrepancies in the coding and billing, you will receive an additional bill or a refund if overcharged.

PrimeCare Medical Group and affiliates, in compliance with the California Business and Professions Code, hereby notify you of your right to either have your prescription filled by our medical provider or of obtaining a written prescription for filling at a pharmacy of your choice. Please advise the prescribing provider if you elect NOT to have your prescription filled and a written prescription will be provided to you.

I hereby authorize the release of any medical information to insurance carriers needed to process a claim and request payment be sent to PrimeCare Medical Group for medical services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance, and that I will be expected to pay if insurance has not paid within 60 days. I agree to a $25.00 service charge on any check I present which is returned unpaid. I hereby consent to treatment at PrimeCare Medical Group.

Patient email Address

By providing my email address, I give PrimeCare Medical Group permission to email me directly or through a third party to survey me regarding my visits for the purpose of patient satisfaction and quality assessment. PrimeCare Medical Group will not share my email address or medical records with others.

Lab Service Disclosure

Please be advised that Laboratory Services are provided by Salinas Valley PrimeCare Lab, Salinas Valley Memorial Hospital Laboratory, Quest, and/or another outside laboratory. If you wish to select a laboratory other than the ones mentioned, please inform the medical staff. The lab that receives your specimen(s) will bill you separately for its services.

Signature: _____ **Relationship:** _____ **Date:** _____

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History and Physical

Name _____ Date _____

Birth Date _____ Occupation _____

Chief Complaint _____

DRUG ALLERGIES

_____

_____

_____

_____

CURRENT MEDICATIONS

Medication	Dose	How Taken

FAMILY HISTORY

(Check all that apply)

	Father	Mother	Father's Parents	Mother's Parents	Sibling	Children
Heart Disease	☐	☐	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐
Epilepsy/Convulsions	☐	☐	☐	☐	☐	☐
Bleeding disorder	☐	☐	☐	☐	☐	☐
Kidney disease	☐	☐	☐	☐	☐	☐
Thyroid disease	☐	☐	☐	☐	☐	☐
Mental illness	☐	☐	☐	☐	☐	☐
_____ (Other)	☐	☐	☐	☐	☐	☐

MAJOR ILLNESS, HOSPITALIZATION AND SURGERIES

Date	Reason	Date	Reason

Women Only: Last Menstrual Period ☐ Age Onset ☐ reg___ irreg___ Days of Flow ☐ Length of Cycle ☐
Birth Control Method ☐ No. of Pregnancies ☐ No. of Births ☐ Menopause ☐

PAST MEDICAL HISTORY (Check all that apply)

☐	Headache	☐	Gall bladder disease	☐	Chronic rashes	☐	Shortness of breath
☐	Prostate disease	☐	Rheumatic fever	☐	Heart palpitations	☐	Bowel irregularity
☐	Heart murmur	☐	Chest pain	☐	Venereal disease	☐	Dizziness/Fainting
☐	Frequent infections	☐	Hepatitis	☐	Allergies / Hay Fever	☐	Anemia
☐	Asthma	☐	Arthritis	☐	Bronchitis	☐	Nervousness
☐	Pneumonia	☐	Depression	☐	Gout	☐	GI disorder
☐	Ulcer	☐	Peripheral vascular disease	☐	Sexual/Menstrual dysfunction	☐	Kidney diseases / infections: _____

IMMUNIZATIONS

☐	Mumps	___/___/___	☐	Measles	___/___/___
☐	Rubella	___/___/___	☐	Polio	___/___/___
☐	Diphtheria	___/___/___	☐	Tetanus	___/___/___
☐	Flu	___/___/___	☐	Hib	___/___/___
☐	Other: _____	___/___/___	☐	Other: _____	___/___/___

HABITS

Smoke: Packs Daily:_____ How Long: _____ When Stopped: _____
Exercise routine: _____ Coffee: Cups Daily: _____ Other caffeine's: _____
Alcohol: Type/Amount: _____ Sleep Pattern: _____ Diet: Salt Intake: _____
Fat Intake: _____ Contact w/blood or body fluid at work: _____