MaineHealth

SHARED ELECTRONIC HEALTH RECORD REGISTRATION

For Downtime Use Only

See MaineHealth Shared EHR Downtime Policy and Appendix A for Procedures

A. Patient Information								
Is this visit Pregnancy Related?	Expected Due Dat		OB/GYN Provider					
Legal First Name	Legal Last Name		*******					
Please list below all names or aliases used by the patient in any	y healthcare facility	Preferred Name						
Date of Birth		Social Security Number	er					
Legal Sex:		Gender Identity: ☐ Fe	emale M				ransgender Male hoose Not to Disclose	
Mailing Address:	City		State	State				
Physical Address (if different):	City		State :			Zip		
Home Phone	Cell Phone				Work	Phone		
Language Interpreter Needed? Yes No	Preferred language	to discuss healthcare infor	rmation	Writ	tten Language			
Sign Language Interpreter Needed? ☐ Yes ☐ No	Is Patient Hard of H	earing? Is Patient Dea	f? Does	patient no	eed an Assisted No	Listening D	evice at the time of services?	
Marital Status Single Married Divorced Widowed Significant Other Legally Separated Domestic Partner Declined Unknown	☐ Asian ☐ Nativ☐ Multi-Racial ☐	Falsala					ithnic Background	
Does patient have an advanced directive or will? Yes - Received Yes – Not Received No Inactive Unknown	Religious Preference		Place of W	orship	Primary Care P	hysician		
B. EMERGENCY CONTACT		GENERAL PROPERTY.						
Last Name	First Name					Relationsh	ip	
Legal Guardian	Share Health Inform	No, Do NOT Share		contact i	f admitted to Ho		- West and	
Street Address	City		State			Zip	Sales	
Home Phone	Cell Phone		Work Phor	ne				

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Last Name	under 18	years of aa	e) please no	uida tor	THE PARTY OF THE P			
cast Name	ient Information if patient is a minor (under 18 years of age) please provide information for both parents or guardians Guardian/Parent #1							
			raient #1				judi didiis	
Date of Birth			First Name					
					Relations	ship		
Street Address (if different than patient)			Social Secur	ity Numb				
(If different than patient)			- Soldi Secul	ity Number	Sex			
		City			☐ Male	☐ Fem	nale 🗆 X 🗆 Univ	
Home Phone		City			State		nale 🗆 X 🗖 Unk	
	Call Di				The same of the	1	,μ	
Fmplayer	Cell Phone		Maria .					
Employment Status					Work Phon	e	BEDELTH TO	
Student Self-Employed Active Militant Duty			Tr .					
☐ FT ☐ PT ☐ Self-Employed ☐ Active Military Duty ☐ Student-FT ☐ Student-PT ☐ Unknown Employer's Address	Retired Not Emp	loyed	Employer or R	etired From	500	Employ	yer's Phone Number	
employer's Address						Limpio	yer s Phone Number	
		111111111111111111111111111111111111111	City					
			City		State		Zip	
Last Name	16	Guardian / n					1-5	
		Guardian/ P	arent #2					
Date of Birth		First Nam	e	Relationshi	ip			
S. OILUI				1,35				
		To the second	Social Security	Number				
Street Address (if different than patient)			Jedinty	Hamber	Sex			
and patient)		City			☐ Male ☐) Female	☐ X ☐ Unknow	
Home Dh		""			State	Zi	- omalow	
Home Phone								
		Cell Phone			144-4-1			
Employment Status					Work Phone		to the same	
FT PT Self-Employed D.		1.	A STATE OF					
□ FT □ PT □ Self-Employed □ Active Military Duty □ R □ Student-FT □ Student-PT □ Unknown	etired Not Employ	ved	mployer or Reti	red From	Fr	plover's pu	none Number	
		9/6				, -, -, -,	one Number	
Employer's Address		30						
		City	March 18	le.	tate			
D. Visit Related Information				St	ate	Zip		
Assident Policy Land								
Accident Related (if yes, complete the following fields in this section)	Accident Type							
	Todaciic Type			TA I I	Date of Injury		Diago of Ind	
□ Voc □ □	Insurance Do				Place of Injury			
☐ Yes ☐ No ☐ Automobile ☐ No-Fault Insurance ☐ Other/No L☐ Recreational Vehicle ☐ Third Party Liability								
	Alliger 1101 F				Auto Accident S	tate	Body Part Injured	
	☐ TPL-Patient (Declined 🗆 1	Norker's Comp	ensation			-, are injured	
njury Description	Section 1	100						
			Marie .		No. of the last of			
Vorkers Comp Employer								
			Ment of		Workers C-	o Micco		
Markors Comp Ch. L.					Workers Comp	Insurance		
Vorkers Comp Claim No.			Bert.		A. Al			
					Authorization N	umber		
oes the patient request the encounter be private	Hospital	/Inpatient Vi	sits ONLY			48 (32)		
					If yes, do they ha	ve a code	word?	
☐ Yes ☐ No								
☐ Yes ☐ No								
Oes the patient request their PCP be notified of this visit		No.			344			
oes the patient request their PCP be notified of this visit Yes No								
oes the patient request their PCP be notified of this visit Yes No	tate of ME, Emergency	y or Urgent C	are Departmer	its Only				

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ther Health Insurance (Including)	Workers C	omp or Other Liab	ility): If a	different	from Patie	nt					
y Insurance											
nsurance card include one of these logos:	☐ First He	ealth 🗆 Cigna 🚨 Aetna	☐ Med	net 🗆 l	Multiplan						
s Address	Cit	cy		ate	Zip			Phone Number			
nt Relation to Subscriber	In	Insurance ID Effective Date						Subscriber ID			
it heldton to substitue!	"	surance ib			Lincolive						
p Number	G	Group Name Auti					uth Phone Number				
		Subscriber (Policy				lo.	elationship				
Name			F	irst Name		l ne	elationship				
e of Birth	1	Sex OM OF OX	ex 🗆 M 🗆 F 🔾 X 🔾 Unknown Social Security Number								
eet Address			le:				Chata		Zip		
eet Address			City			State			2.19		
me Phone		Cell Phone		V	Vork Phone						
	-					A STATE OF					
nployment Status FT PT Self-Employed Active Milita		nployer or Retired From	1	Employer	's Phone						
Retired \(\sigma\) Not Employed \(\sigma\) Student-FT	ity buty										
Student-PT Unknown								Fright I			
mployer Address		City			State Zip			р			
econdary Insurance											
Ooes insurance card include one of these logo	s: 🗆 Fir	st Health 🗆 Cigna 🗅 Ae	etna 🗆 N	Mednet (☐ Multiplan	1					
Claims Address	10	City			State Zip			p Phone Number			
									6		
Patient Relation to Subscriber		Insurance ID	Effectiv	ve Date			Subscriber ID				
Group Number		Group Name		Auth Pho	one Number						
		ubscriber (Policy Holder) D	omograph	ice /if diff	arent than I	Patient's					
T N	31	ubscriber (Policy Holder) L	remograph	First Na			Relationsh	ip			
Last Name											
Date of Birth		Sex DM DF	0 x 0	Unknow	n	Social Se	curity Num	ber			
Street Address			City			State			Zip		
Street Address											
Home Phone		Cell Phone			Work Phor	ne					
Employment Status		Employer or Retired Fron	n			Employ	yer's Phone				
☐ FT ☐ PT ☐ Self-Employed ☐ Active N	Military Duty										
☐ Retired ☐ Not Employed ☐ Student-F	Т										
☐ Student-PT ☐ Unknown											
Employer's Address		City		Sta	te			Zip			

Signature of Person Completing Form: __

___ Date Completed: _____

144130 11/2022

All information is subject to verification