

**ARTHRITIS & OSTEOPOROSIS CENTER OF KY
789 EASTERN BY - PASS, SUITE #17
RICHMOND, KY 40475**

Patient Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

For reminder calls please select which you would like to be contacted as primary or secondary below:

Cell: (____) ____ - ____ **Primary or secondary?** Okay to leave detailed messages Y N

Home: (____) ____ - ____ **Primary or secondary?** Okay to leave detailed messages Y N

Spouse Information:

Name: _____ Date Of Birth: _____

Telephone: (____) ____ - ____

Whom may we discuss your health information with? Please enter (even spouse) who we can speak with about your account below. We will not discuss information with anyone unless we have the information below filled out:

Name: _____ (relationship) _____ Phone# (____) ____ - ____

Name: _____ (relationship) _____ Phone# (____) ____ - ____

Favorite Pharmacy for Medications:

Name: _____ Tel: (____) ____ - ____ City: _____

**ACCESS YOUR INFORMATION ONLINE WITH
PATIENT PORTAL**

YOU CAN VIEW YOUR INFORMATION, MAKE CHANGES AND BE ABLE TO COMMUNICATE WITH THE STAFF BY SENDING SAFE AND SECURE MESSAGES.

YOU WILL RECEIVE AN EMAIL WITH LINK TO THE SITE. ONCE YOU CLICK ON THE LINK YOU WILL BE PROMPTED TO ENTER LOG IN AND PASSWORD. YOUR LOG IN IS ALWAYS YOUR EMAIL ADDRESS. WE WILL PROVIDE YOU WITH A TEMPORARY PASSWORD. YOUR USERNAME AND PASSWORD WILL ALL BE **LOWERCASE**. YOU WILL BE ABLE TO COMMUNICATE WITH THE STAFF EVEN WHEN WE ARE AT OUR OFFSITE CLINICS ON **TUESDAYS** AND **THURSDAYS**.

IF YOU WISH TO USE THE PATIENT PORTAL PLEASE PROVIDE US WITH YOUR EMAIL ADDRESS BELOW:

PASSWORD: (**STAFF WILL PROVIDE YOU WITH ONE**)

YOU WILL BE ABLE TO:

VIEW YOUR INFORMATION ONLINE, LAB RESULTS, REQUEST REFILLS, SEE YOUR APPT DATE AND TIME, EMAIL US WITH CHANGES OR SIMPLY COMMUNICATE WITH OFFICE STAFF. IT WILL DECREASE YOUR WAIT TIME FOR A RESPONSE.