Daniel Humiston, MD, FACC
Scott H. West, MD, FACC
Eric R. Littlefield, PA-C
Karri L. Hoyt, PA-C

Stephanie L. Olsen, MD, FACC
Christopher Y. Kim, MD
Bhava Reddy, MD
Evan R. Law, PA-C

Patient Information

Name (Last, First Middle)	SS#	Date of Birth	Sex ☐Male ☐Female
Address		City, State, Zip	
Telephone	Cell Phone	Preferred Reminders Contact ☐Email ☐Phone ☐Mail ☐No Reminders	
Race	Ethnicity ☐Hispanic/Latino ☐Not Hispanic/Latino ☐Unknown		Preferred Language
Marital Status	Student ☐Full ☐Part-time	Smoker ☐Yes ☐No	Veteran ☐Yes ☐No
Primary Care Physician		Referring Physician	
Emergency Contact Name	Relationship		Telephone

To get access to our secure online Patient Portal with the ability to email your doctor, request medication refills, view summary of your office visits and more, please provide your email address below:

Email: ____

Race

Alaskan Native – American Indian or Alaskan Native – American Indian/Alaskan Native – Asian – Black or African American Black/African American – Greek – Hawaiian – Hispanic – Hispanic or Latino (All Races) – Indian – Multiracial – Native American Indian – Native Hawaiian or Pacific Islander – Pacific Islander (non-Hawaiian) – Other – Unknown/Not Reported White – White (Not Hispanic or Latino)

______________________________________ ______________________
Signature of Patient/Guardian Date