West Florida Medical Associates PA
LRI Medical LLC

Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN

PATIENT NAME: _____ BIRTH DATE: _____

ADDRESS:_____ CITY: _____ST: _____ ZIP: _____

HOME PHONE: _____ WORK:_____ CELL:_____

SOCIAL SECURITY #:_____ EMAIL: _____

SEX:_____

Race	Ethnicity	Language
White:	Non-Hispanic:	English:
African American:	Hispanic:	Spanish:
Asian:	Unknown:	
Native American / Eskimo	Pacific islander / Native Hawaii:	Other:

Have you executed an advanced directive? Yes ____ No ____

If YES, is this directive in the form of:

____ A Living Will

____ A Durable Power of Attorney

____ A Health Care Surrogate – Name: _____

Have you provided this office with a copy of Advanced Directive? Yes ____ No ____

Emergency Contact: _____ Phone: _____

Relationship:_____

5423 Commercial Way
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843

West Florida Medical Associates PA
LRI Medical LLC
Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN

PLEASE PRESENT INSURANCE CARDS TO BE COPIED

PRIMARY Insurance Company Name: _____

MEMBER ID: _____

CLAIMS ADDRESS at back of the card: _____

_____

SECONDARY Insurance Company Name: _____

MEMBER ID: _____

ASSIGNMENT OF MEDICAL BENEFITS TO DOCTOR AND RELEASE OF INFORMATION TO INSURANCE COMPANY:

I authorize the assignment of medical benefits to LRI Medical and allow any or all medical records to be forwarded to my insurance company to ensure payment. I understand that I am liable for payment of services rendered. I am also liable for deductibles, co-insurance and copayments my insurance plan requires.

I authorize the release of any medical or other information to other physicians or medical facilities to expedite the transfer of records. This authorization remains in effect for as long as I am under the care of LRI Medical LLC.

PATIENT
SIGNATURE:_____DATE:_____

5423 Commercial Way,
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843

West Florida Medical Associates PA
LRI Medical LLC
Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN

MEDICATION LIST

Please bring your medication with you. Keep them in their original containers. A record of your current medications is important to provide safe and effective care.

Name of Medication	Dose and strength	Directions	Prescribed by:

What Pharmacy do you use? _____

Please include the location. For example- CVS- corner of US19/ Hwy50

5423 Commercial Way,
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843

West Florida Medical Associates PA
LRI Medical LLC
Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN

Past Medical History: _____

_____

_____

Surgical History:

Month/Year:	Type of Surgery:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Hospitalization History not related to above surgeries:

Month/Year:	Type of Surgery:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have Allergies to Medication? NO YES If yes, list allergies:

---------- ---------- ----------

---------- ---------- ----------

5423 Commercial Way,
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843

West Florida Medical Associates PA
LRI Medical LLC
Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN

Family History

	Living	Deceased	Age	Cause of Death
Father				
Mother				
Brothers				
Sisters				
Sons				
Daughters				

How many Brothers? _____ How many Sisters?_____

Do you have children? _____ How many Sons? _____ How many Daughters? _____

Social History

Currently Smoking? Yes__ No __ If yes: Thinking About Quitting? Yes __ No __

Have you ever smoked? Yes ____ No ____ Year you quit? _____

If Yes, What: Cigarettes ___ Cigars ____ Other _____ How many per day? _____ Do you Drink? Yes__ No __ If Yes, What do you drink? Beer __ Wine __Other_____ How many drinks? _____ How often? Daily____ Weekly _____Monthly ____Yearly _____ Are you sexually active? _____ Do you use protection? _____ Have you had STD? _____

Sexual partner(s) is/are/have been/may be in future: □ male □ female

Immunizations

Covid Vaccine: Yes_____ No _____ Booster?_____

Tetanus: Yes ____ No ____ If yes, when? _____

Flu Shot: Yes ____ No ____ If yes, when? _____

Pneumonia: Yes ____ No ____ If yes, when? _____

Shingles Vaccine: Yes ____ No ____ If yes, when? _____

5423 Commercial Way,
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843

West Florida Medical Associates PA
LRI Medical LLC
Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN
Screenings: please specify month and year

Women	Men
Mammogram:	Prostate Cancer Screening:
Bone Density:	Colonoscopy:
Pap:	Bone Density:
Colonoscopy:	Last Eye Exam:
Last Eye Exam**:**	Stool Card:
Stool Card:	

Check what applies to you:

Eye Glasses: Yes ____ No ____

Contacts: Yes ____ No ____

Hearing Aids: Yes ____ No ____

Dentures: Yes ____ No ____

Artificial Limbs: Yes ____ No ____ If yes, what: _____

Pace Maker: Yes ____ No ____

5423 Commercial Way,
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843

West Florida Medical Associates PA
LRI Medical LLC
Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN

RX HISTORY CONSENT FORM

I, _____, give my permission for LRI Medical LLC to e-scribe or fax my prescriptions to my pharmacy; and to ask my pharmacy for my prescription history.

Patient Signature: _____ Date: _____

Please list the other doctors/specialists you have seen in in the past

Name	Specialty

5423 Commercial Way,
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843

West Florida Medical Associates PA
LRI Medical LLC
Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name: _____ DOB: _____

Address: _____City/St/Zip: _____

Patient authorizes the following provider/facility to disclose information described below, for the purpose of continued medical care:

Provider/Facility: _____ Fax: _____

Address:_____ City/St/Zip: _____

( ) Office Notes ( ) Diagnostic Reports ( ) Consults

( ) Lab Results ( ) Other :_____

This information may be disclosed to and used by: West Florida Medical Associates PA
LRI Medical LLC

Authorization shall expire (1) year from the date of signature unless otherwise noted here:

_____.I

MPORTANT: By signing below, patient understands that this Authorization for Release of Medical Records shall include records dated prior to and including the date of this Authorization. Patient understands that this Authorization is voluntary and patient may refuse to sign. If patient refuses to sign, the refusal will not affect patient's ability to obtain treatment from the Practice. Patient understands that this Authorization may be revoked at any time by notifying the Practice's Privacy Officer. However, revocation shall not be valid to the extent the Practice has taken action in reliance on this Authorization, or to the extent this Authorization is executed as a condition for obtaining insurance coverage. Patient understands that the Practice shall not condition treatment, payment and enrollment in a health plan or eligibility for benefits (if applicable) on whether patient provides Authorization for the requested use or disclosure.

_____ _____

Patient/Authorized Representative Signature Date

5423 Commercial Way,
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843

West Florida Medical Associates PA
LRI Medical LLC
Catherine Sembrano Navarro, MD
Yelandra Daniels, MD
Carrie Staton, APRN

HIPAA RELEASE FORM

Name: _____ DOB: _____

( ) I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This may be released to:

( ) Spouse: _____
( ) Significant Other: _____
( ) Children: _____
( ) Other: _____

( ) Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

5423 Commercial Way,
Spring Hill, FL 34606
Phone:(352) 600-3434
Fax: (352) 600-3403

756 N Suncoast Blvd
Crystal River, FL 34429
Phone: (352) 228-4984
Fax: (352) 794-3843