**Pre-registration welcome letter**

*This welcome letter will help patients recall dates and other information that the new patient coordinator will need to register them. Send this letter to patients before they speak with the new patient coordinator in person or by phone. Have a couple copies printed for walk-in patients to read. Adapt the letter as needed.*

Dear [*insert patient’s name*],

We’re happy that you’ve chosen [*insert practice name*] as your new healthcare provider. To help you prepare for your [*visit/phone call*] on[*insert date*] with the new patient coordinator, [*insert patient coordinator’s first name*], we’ve put together a list of information that we need that can sometimes be difficult to recall.

1. **Insurance information**. Have your current insurance card with you. It contains all of the information we will need.
2. **Preferred pharmacy.** If you need prescriptions, where would you like us to send them? We will need to know the pharmacy name, address and phone number.
3. **Medical history** (circle any that apply)
	1. Illnesses (i.e. high blood pressure, heart disease, stroke, migraines, diabetes, thyroid disorders, asthma, emphysema, breast disease, ulcers, hepatitis, kidney disease, venereal disease, arthritis, depression, or other illnesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Surgeries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Medications (please also bring bottles with you to appointment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Allergies (and reaction) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_
1. **Family medical history** (circle any that apply) ­­­­­high blood pressure, heart disease, diabetes, anemia, thyroid disorders, breast cancer, colon cancers, other cancer? Other illnesses?\_\_

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1. The reason for your upcoming visit. Were you recently in the hospital? When were you discharged? Is something bothering you that you’d like the doctor to check out? \_\_\_\_\_\_\_\_

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1. Do you smoke? \_\_\_\_\_\_\_\_How many alcoholic drinks per week? \_\_\_\_\_\_\_\_

If you have any records that you think will help us take better care of you, please bring them to your appointment. We look forward to meeting you!

Sincerely,

The team at [*insert practice name*]

*Source: AMA. Practice transformation series: advanced pre-registration. 2016.*