

Cuando programe una cita con Aspire, recibirá un correo electrónico solicitándole que complete su documentación de registro en línea para ahorrar tiempo.



Cuando haga clic en el enlace, se le pedirá que inicie sesión con la primera inicial de su apellido y su fecha de nacimiento.



English | Español

Primera letra del apellido **Necesario**

Fecha de Nacimiento **Necesario**

Mes

Día

Año

10

22

2024

Enviar

Puede completar los formularios en su computadora o en su dispositivo móvil.



The image shows a multi-page digital form for patient registration and medical history. The top page is the 'Patient Registration' form, which includes fields for name, date of birth, gender, race, and contact information. The second page is the 'Health History Form', which includes a table for 'Past Medical History' and a table for 'Past Surgical History'. The 'Past Medical History' table lists various conditions such as Anxiety Disorder, Cancer, Depression, Diabetes, High Cholesterol, and High Blood Pressure. The 'Past Surgical History' table lists procedures like Appendectomy and Hernia Repair. The form is designed to be completed online or on a mobile device, with a progress indicator at the top showing steps like Patient Registration, Additional Demographics, Treatment Consent, Release of Information, Treatment Plan Review/Authorization, and Health History.

#	History	Location	Specialty	Notes
1	ANXIETY	Anxiety Disorder	Anxiety Disorder	
2	Cancer	Cancer	Cancer	
3	DEPRESSION	Depression	General/Behavioral	
4	DIABETES	Diabetes	Diabetes	
5	High Cholesterol	High Cholesterol	High Cholesterol	
6	High Blood Pressure	High Blood Pressure	High Blood Pressure	
7	ADHD	ADHD	ADHD	
8	Depression	Depression	Depression	
9	Schizophrenia	Schizophrenia	Schizophrenia	
10	Schizophrenia	Schizophrenia	Schizophrenia	
11	Substance Use	Substance Abuse	Substance Abuse	
12	Typhoid	Typhoid	Typhoid	

Procedure	Date	Notes
Appendectomy		
Hernia Repair		

This is a 'Patient Acknowledgment and Confirmation' form from Aspire. It contains several sections of text and checkboxes for patient consent. The sections include:

- Patient Consent for Treatment and Payment Responsibility:** A detailed paragraph explaining the patient's responsibility for their care and payment.
- Patient Acknowledgment and Confirmation:** A section with checkboxes for the patient to confirm their understanding of the services and payment terms.
- Signature:** A field for the patient to sign their name.
- Date:** A field for the patient to enter the date of signing.

The form also includes a 'Consent Registration' button at the bottom.

Cuando haya completado su paquete de documentación solicitada, verá una página de finalización:



Gracias,

Sus formularios son completo. Por favor, devuelva la tableta al frente. escritorio y un miembro de nuestro personal estará con usted en breve.

