



Dear Patient,

Thank you for placing your trust in Laurie Otte, MSN, FNP-PC, for your healthcare. It is our pleasure to welcome you to our office.

I began my nursing career in 2003 at the Oregon Health & Science University. In 2005 I graduated with my Bachelor of Science in Nursing. As a new graduate I started my career at Three Rivers Community Hospital as a Medical Surgical Nurse. After one year I left Three Rivers to pursue Home Health Nursing at Signature Home Health. In home health I became very interested in wound healing. In 2009 I completed the WOCN program through Emory University in Atlanta and continued to see home health patients until 2011. I then left home health and returned to Three Rivers Community Hospital as a WOCN in the Wound Ostomy Clinic. In October of 2011 I received the DAISY Award, which is an award given to extraordinary nurses who demonstrate compassionate care, exemplary service and a commitment to excellence. At the time I was in graduate school to become a Family Nurse Practitioner. In January of 2015 I started running the Wound Ostomy Clinic as a FNP which is where I remained until December 5th of 2018.

Enclosed is a patient registration and history form. Please complete and return to our office. Once received you will be contacted about your appointment. Please note that failure to attend your first appointment is grounds for dismissal from our practice.

Please bring the following information to your visit:

- Insurance card(s)
- Driver's license or other photo identification
- All medications

We appreciate your selecting Laurie Otte, MSN, FNP-PC, for your medical care. We will work hard to serve your needs.

Sincerely,

Laurie Otte, MSN, FNP-PC

### **What is a nurse practitioner?**

A nurse practitioner is an experienced registered nurse who holds a master's degree and has advanced training in the diagnosis and management of common, as well as complex health problems of people of all age.

### **Are nurse practitioners new?**

Nurse practitioners have been providing quality, primary care in the United States since 1965. There are over 150,000 nurse practitioners nationwide.

### **How do you become a nurse practitioner?**

An experienced registered nurse holding a bachelor's degree completes a two to three year graduate-level program leading to a master's degree. The training in the program includes many hours of classroom and clinical training. The program must meet the curriculum requirements and program standards developed by two government agencies. Upon graduation, the nurse practitioner must qualify for state licenser from the Oregon State Board of nursing and also pass a national certification exam.

### **What can a nurse practitioner do?**

The scope of practice of nurse practitioners varies from state to state. Fortunately, nurse practitioners in Oregon have a very broad, independent practice where physician supervision or involvement is not required. Because nurse practitioners are recognized as primary care providers in Oregon, there are no restrictions against having hospital privileges. A recent study evaluating regulation, requirement for entry into practice and professional autonomy of practice gave Oregon a score of 92 out of 100, ranking it 7th in the nation for nurse practitioners.

Nurse practitioners are trained and have legal authority to provide primary and acute care to people of all ages. Nurse practitioners take patient histories, provide complete physical exams, diagnose and treat acute and chronic health conditions, order and interpret laboratory and other diagnostic testing, prescribe therapies and medications including controlled drugs, and refer to specialists.

### **Can a nurse practitioner bill my insurance?**

Yes. Nurse practitioners are entitled by law to reimbursement by third-party payers. They are also designated as Primary Care Providers or Preferred Providers on most major managed care plans. With few exceptions, the reimbursement for nurse practitioners is equal to that of the physician.

### **Is nurse practitioner care effective and safe?**

There have been many government and private studies over the years assessing nurse practitioner care. In these studies, nurse practitioner care was equal to physician care. Other studies have looked at incidences of malpractice suits. The studies showed incidences for nurse practitioners were 1 in 200 while physicians were 1 in 4.



## Patient Registration Form

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Telephone Number)

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SS#: \_\_\_\_\_ Marital Status:  Single  Married  Other: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Employment Status:

Employed  Not Employed  Full Time Student  Part Time Student  Retired

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

May we leave a message on your answering machine to confirm your appointment? \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Responsible Party:

Please fill out the information below (check one):

Parent  Spouse  Other Responsible Party

\_\_\_\_\_  
(Last) (First) (Middle) (Telephone Number)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Relationship to Patient: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

### AUTHORIZATION FOR TREATMENT AND FINANCIAL AGREEMENT

I authorize treatment of the person named above and accept financial responsibility for all treatment provided. I authorize Laurie Otte, MSN, FNP-PC to provide my insurance companies with all information necessary to process insurance claims and assign payments to Laurie Otte, MSN, FNP-PC all of the insurance benefits due to me to the full extent of my financial obligation. A photocopy of this authorization shall be considered as valid as the original. If it becomes necessary to effect collections for any amount owed, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees.

Patient or Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Patient History Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Reason for visit:**

**Current health problems:**

**Other medical providers** (please list provider and condition under treatment):

**Past medical history** (diagnoses, major illnesses, hospitalizations):

**Past surgical history** (procedures and dates):

**Family history:**

Mother:                      Living?   Y   N      Age or age at death: \_\_\_\_\_ Illnesses: \_\_\_\_\_

Maternal grandmother:   Living?   Y   N      Age or age at death: \_\_\_\_\_ Illnesses: \_\_\_\_\_

Maternal grandfather:   Living?   Y   N      Age or age at death: \_\_\_\_\_ Illnesses: \_\_\_\_\_

Father:                      Living?   Y   N      Age or age at death: \_\_\_\_\_ Illnesses: \_\_\_\_\_

Paternal grandmother:   Living?   Y   N      Age or age at death: \_\_\_\_\_ Illnesses: \_\_\_\_\_

Paternal grandfather:   Living?   Y   N      Age or age at death: \_\_\_\_\_ Illnesses: \_\_\_\_\_

**Siblings** (please indicate ages or ages at death and illnesses of brothers and sisters):

**Children** (please indicate ages or ages at death and illnesses):

**Grandchildren** (please indicate ages or age at death and illnesses):



Laurie Otte, MSN, FNP-PC  
Family Nurse Practitioner

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## Patient Social History Form

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Pets: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Marital Status: M D S W Health of partner: \_\_\_\_\_

Tobacco use: Current: Y N If former, date quite: \_\_\_\_\_

If current, number of packs or cans per day for how many years: \_\_\_\_\_

Alcohol use: Current: Y N If former, date quite: \_\_\_\_\_

If current, number of drinks per day: \_\_\_\_\_

Caffeine use: Number of caffeinated drinks per day: \_\_\_\_\_

Recreational drug use: Current: Y N What drugs: \_\_\_\_\_

How often: \_\_\_\_\_

If former, date quit: \_\_\_\_\_

Do you exercise: Y N

If so, what type: \_\_\_\_\_ How long: \_\_\_\_\_ How many days per week: \_\_\_\_\_

Are you on a special diet: \_\_\_\_\_ If so, what type of diet: \_\_\_\_\_

Who lives in your home with you: \_\_\_\_\_

Type of heat in home: \_\_\_\_\_

Type of water in home (circle one): well city

### Health Maintenance:

Last physical exam: \_\_\_\_\_ By whom and where: \_\_\_\_\_

Last labs: \_\_\_\_\_ Results: \_\_\_\_\_

Last colonoscopy: \_\_\_\_\_ Results: \_\_\_\_\_

Last DEXA (bone density): \_\_\_\_\_ Results: \_\_\_\_\_

### Women:

Age of 1<sup>st</sup> menses: \_\_\_\_\_ Last menses: \_\_\_\_\_ Birth control: \_\_\_\_\_

Number of pregnancies: \_\_\_\_\_ Number of live births: \_\_\_\_\_

Last PAP: \_\_\_\_\_ Results: \_\_\_\_\_

Last Mammogram: \_\_\_\_\_ Results: \_\_\_\_\_

### Men:

Last PSA: \_\_\_\_\_ Results: \_\_\_\_\_

