



# How To Print Your Patient Forms

**A step-by-step tutorial on how to print your patient forms off of scenicbluffs.org, using PDFfiller.**



Welcome

You're here to fill and submit this document. It's a simple, step-by-step process, and we'll walk you through it!

**GET STARTED >**

# Step 1:

Click on the form you would like to print.

## Scenic Bluffs Health Forms

Access, complete and submit your patient forms online! Save time by completing your forms prior to your appointment. You can review our [Notice of Privacy Practices](#) here.

If you would prefer to fill out your forms by hand, click "Done" in the upper right hand corner of the selected form. From there, you will have the option to download and print.

### Forms in English

#### New Patient Forms

Patient Registration Packet



#### Annually Updated Forms

Verbal Communication Form

Annual Patient Information Update

### Formas en Espanol

#### Las Nuevas Formas de Registro de Pacientes

Las Nuevas Formas de Registro de Pacientes

#### Annually Updated Forms

Formulario de Comunicacion Verb

Actualizacion de informacion del Paciente

# Step 2:

You will be redirected to the PDFfiller forms page. Click the orange box that says, "Get Started".



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GET STARTED >



Scenic Bluffs  
COMMUNITY HEALTH CENTERS

PATIENT REGISTRATION FORM - PLEASE PRINT

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Has patient ever used a different last name?  Yes  No "If yes, what name? \_\_\_\_\_  
Street Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Primary Phone:  Home  Work  Cell # \_\_\_\_\_  
Secondary Phone:  Home  Work  Cell # \_\_\_\_\_  
Who is your Primary Medical Care Provider?  
 Scenic Bluffs Provider \_\_\_\_\_  
 Other \_\_\_\_\_  
Name of Medical Clinic \_\_\_\_\_  
Who is your Primary Dental Care Provider?  
 Scenic Bluffs Provider \_\_\_\_\_  
 Other \_\_\_\_\_  
Name of Dental Clinic \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender Identity:  Male  Female  Transgender Male  Transgender Female  Other  Choose not to disclose  
Patient is:  Married  Single  Divorced  Legally Separated  Widowed  Partner  Unknown  
Social Security# \_\_\_\_\_ none  
Is patient employed?  Yes  No  
Employer's Business Name: \_\_\_\_\_  
Employer's Address, City, State, Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Is patient a student?  YES  NO  
If yes:  Full-time  Part-time  
**BILLING INFORMATION:** Who is financially responsible for paying patient's bill?  Patient  Other  
If person responsible for bill(s) is different than patient: *fill in below*  
Relation to patient:  Spouse  Mother  Father  Step Mother  Step Father  Guardian  Foster Parent  POA  
First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
CONTINUE < REVERSE SIDE >

# Step 3:

The form you would like to print will now be brought onto the screen. Select the orange “Done” button in the upper right hand corner.

The screenshot shows the PDFfiller interface with a patient registration form for Scenic Bluffs Community Health Centers. The form includes fields for First Name, MI, Last Name, and a question: "Has patient ever used this service?". Below this are fields for Street Address, City, State, Zip Code, and County. There are also sections for Primary and Secondary Phone numbers with radio buttons for Home, Work, and Cell. The final section asks "Who is your Primary Medical Care Provider?" with radio buttons for Scenic Bluffs Provider and Other. In the top right corner, the PDFfiller toolbar is visible, with the orange "DONE" button highlighted by a black arrow. A blue tooltip box is also present, providing instructions on how to use the "done" button.

# Step 4:

A box will appear and ask you “Are You Sure?”. Click on the orange box that says, “Yes, It’s Good to Go!”.

The screenshot shows a confirmation dialog box with a green checkmark icon. The text inside the box reads: "Are You Sure? You're about to submit your document. Are you ready to do this?". At the bottom of the dialog, there are two buttons: a grey button labeled "No, I Want to Keep Editing" and an orange button labeled "Yes, It's Good to Go!". A black arrow points to the orange button.

# Step 5:

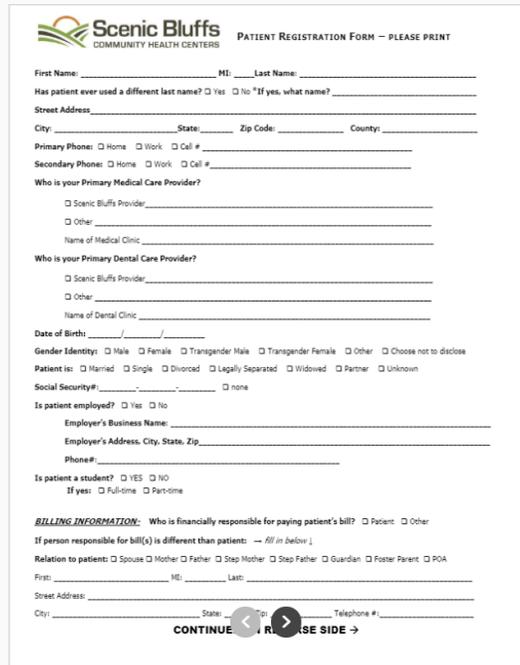
You will be redirected to the receipt page (referenced below). Here, you have the option to send the form to your email, or download it on your computer. With each option, you will be able to download and print the form to fill out by hand.



The screenshot shows the PDFfiller interface. At the top is the PDFfiller logo. Below it is a document icon with a green checkmark. The text reads: "Thank you! Thanks for using PDFfiller! You can access this document at any time using the original link. Envelope - New Patient Registration Packet Fillable updat...". There is a checkbox labeled "Please send me a copy" which is checked. Below the checkbox is a text input field labeled "Enter your email address". To the right of the input field are two orange buttons: "SEND" and "DOWNLOAD". Two black arrows point from the text below to the "SEND" and "DOWNLOAD" buttons.

To send the form to your email, enter your email address above and select the orange "Send" button. Once you have received it in your email as a PDF, you will be able to print the form. .

Here you can download the form to your computer as a PDF. From there, you will have the option to print the form.



The screenshot shows the Scenic Bluffs Patient Registration Form. The header includes the Scenic Bluffs logo and the text "COMMUNITY HEALTH CENTERS PATIENT REGISTRATION FORM - PLEASE PRINT". The form contains various fields for patient information, including: First Name, MI, Last Name; Has patient ever used a different last name?; Street Address; City, State, Zip Code, Country; Primary Phone, Secondary Phone; Who is your Primary Medical Care Provider?; Who is your Primary Dental Care Provider?; Date of Birth; Gender Identity; Patient is; Social Security#; Is patient employed?; Employer's Business Name, Address, City, State, Zip, Phone#; Is patient a student?; BILLING INFORMATION: Who is financially responsible for paying patient's bill?; If person responsible for bill(s) is different than patient:; Relation to patient; First, MI, Last; Street Address; City, State, Telephone #. At the bottom, there are navigation buttons: "CONTINUE" and "PLEASE SIDE ->".

If you have any additional questions, or experience issues in printing your form, please contact Scenic Bluffs at (6080) 654-5100.