Anna Rosinska M.D.
3316 Andrews Hwy
Midland, TX 79703
(432) 688-1900
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Patient Information and Medical History

NAME_____
(LAST) (FIRST) (MIDDLE)

ADDRESS_____
(STREET) (CITY) (STATE, ZIP)

PHONE # WITH AREA CODE_____
(HOME) (WORK) (CELL)

EMPLOYER _____ **OCCUPATION** _____

DATE OF BIRTH_____**AGE**_____ **SEX: F M SS #** _____ -- _____--_____

DRIVER'S LICENCE # _____**STATE** _____ **EXP** _____

EMERGENCY CONTACT _____**RELATIONSHIP**_____

ADDRESS _____
(STREET) (CITY) (STATE)

PHONE # WITH AREA CODE_____
(HOME) (WORK) (CELL)

WOULD YOU LIKE TO RECEIVE OUR MONTHLY EMAIL? □ YES □ NO

EMAIL _____

HOW DID YOU FIND OUT ABOUT US? _____

****

Allergies of any kind (food, meds)_____

Current/recent medications:_____

Height: _____**ft** _____**in Weight:** _____ **Desired Weight:** _____

Please mark if you have any of the medical conditions:

Diabetes High Blood Pressure Heart Problems Mitral Valve Prolapse Palpitations

Bleeding Problems (low platelets count, hemophilia, blood dyscrasia)

Taking anti-inflammatory meds (Aspirin, Motrin, Aleve, Naprosyn, Mobic) or Blood Thinners?

History of recurrent Cold Sores / Fever Blisters / Herpes

Pregnant or planning to get pregnant in the nearest future? Yes No

Any other medical conditions? If yes, please explain _____

I ATTEST THE ABOVE INFORMATION TO BE TRUE, KNOWING MY PROVIDER RELIES ON THIS INFORMATION TO PROVIDE SAFE AND EFFECTIVE TREATMENT.

_____ _____
SIGNATURE **DATE**

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BodyFocus
Laser & Longevity Center

Scheduling Policy

Due to the popularity of our services, we have found it necessary to implement the following policy regarding the scheduling of appointments. Once scheduled all appointments require a minimum of 24 hour notice for cancellation.

Failure to follow this policy will result in the following:

Missing 1 appointment without notice: **$ 25.00 Charge.**
Missing 2 appointments without notice: **$ 50.00 Charge.**
Missing 3 appointments without notice: **$ 75.00 Charge.**
No future appointments will be honored until the above fees are paid.

For Complimentary and Gift Certificate Appointments:

Missing ANY complimentary appointment without a 24-hour notice will result in Complete Forfeiture of the appointment.
Gift Certificates are subject to the same charges as regular appointments.

I have read and fully understand this policy and agree to follow the terms within.

Signature _____Date _____

A copy of this agreement will be provided to you upon request.

HIPAA POLICIES AND PROCEDURES

We are permitted to disclosure protected health information (PHI) to those involved in the treatment of your medical conditions (ER physicians, hospitals, ect). We also may disclose PHI without your written authorization.

We are not allowed to release PHI to anyone without written consent. If the patient is a minor (under 18 years of age) we can only release PHI to parent or legal guardian, If the patient is an adult but incapacitated or unable to sign for his/her medical records we are allowed to disclose PHI to the person that has power of attorney after submitting a copy of the legal documentation.

We are not permitted to disclose PHI received from another physician to a patient. Information has to be obtained directly from this physician.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____