

ADVANCED SURGEONS

Please answer the following questions completely:

Full Name: _____
Pharmacy Name: _____ Phone Number: _____
Primary Care Doctor: _____ Phone Number: _____
Occupation: _____ Referral: _____

CURRENT MEDICATION LIST AND DOSAGES: please provide a copy of your medication list and/or list below

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

CURRENT ALLERGIES:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

CURRENT MEDICAL CONDITIONS:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

FAMILY HISTORY: Parents, Grandparents, Siblings, Aunts/Uncles. Please Circle One

- | | | |
|---|-----------|------------|
| 1. <u>Obesity</u> | YES or NO | Who? _____ |
| 2. <u>Heart Disease/High Blood Pressure</u> | YES or NO | Who? _____ |
| 3. <u>High Cholesterol</u> | YES or NO | Who? _____ |
| 4. <u>Diabetes</u> | YES or NO | Who? _____ |
| 5. <u>Cancer</u> | YES or NO | Who? _____ |

LIST ALL PAST SURGICAL PROCEDURES:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

SOCIAL HISTORY: Please circle one

1. Do you smoke currently? YES or NO
 - a. Have you smoked in the past? YES or NO
 - i. If yes- please provide date you stopped _____
2. Illicit Drug Use? YES or NO
3. Alcohol? YES or NO

General Surgery - Post Op Medication

Please answer the following questions completely:

Full Name: _____

Date of Birth: _____

Are you allergic to Hydrocodone or Vicodin? YES NO

a. If you answered NO to the question above we will send in Norco for post op pain
1. Norco (Vicodin) 5mg/325- 1 tab every 6 hours as needed for pain x 3 days

b. If you answered YES to the question above, what do you usually take for pain?

YOUR COORDINATOR WILL BE IN CONTACT WITH YOU CONFIRMING YOUR SURGERY TIME THE DAY BEFORE YOUR PROCEDURE. PLEASE PICK UP YOUR POST OP PAIN MEDICATION AT THIS TIME.

THE PHARMACY YOU PROVIDE BELOW IS WHERE YOUR MEDICATION WILL BE FILLED!!

Pharmacy Name: _____

Pharmacy Phone: _____

Pharmacy Address: _____

- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibility

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind
- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have comprised the privacy or security of your information.
- We must follow the duties and privacy practices described in the notice and give you a copy of it.
- We will never share any substance abuse treatment records without your written permission.

Changes to the Terms of the Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our new website.

WE are required by law to maintain the privacy of, and provided individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Please sign the accompanying "Acknowledgement" form. Please note that by signing the Acknowledgement form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

Acknowledgement of Receipt of the Notice of Privacy Practices

Name of patient or representative

Date

Advanced Surgeons