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Thank you for choosing our office for your dermatology services. Enclosed you will find paperwork to be completed before your visit to our office. You may bring this with you at the time of your appointment. In addition to this paperwork, you must also bring your insurance card if you wish us to submit a claim for you. Co-pays may be paid in cash, check or credit card (Visa/MC/Discover), at the time of service.

Please be aware that if your insurance or primary care physician has changed since your referral was issued, the original referral is *invalid*, and you will need to contact your primary care physician for a new referral prior to your visit.

Sincerely,

The Doctors and Staff of Dermatology Consultants

PATIENT INFORMATION

MR MRS MISS MS

NAME _____
Last First MI

ADDRESS _____
Street City State Zip

HOME # (_____) _____ - _____ CELL # (_____) _____ - _____ SSN # _____ - _____ - _____

OK TO LEAVE VOICEMAIL AT HOME YES NO OK TO LEAVE VOICEMAIL ON CELL YES NO

BIRTH DATE ____/____/____ AGE ____ GENDER ____ DRIVERS LICENSE # _____

EMAIL ADDRESS _____ PREFERRED PHARMACY _____

SPOUSE NAME _____

EMERGENCY CONTACT _____ PHONE # _____

PATIENT'S EMPLOYER _____ OCCUPATION _____

PHONE # _____ ADDRESS _____

Primary Care Physician _____

IF PATIENT IS A MINOR – COMPLETE THIS SECTION

MOTHER'S NAME _____ FATHER'S NAME _____

Social Security # _____ - _____ - _____ Social Security # _____ - _____ - _____

Employer _____ Employer _____

Employer Phone # _____ Employer Phone # _____

PATIENT'S MEDICAL HISTORY

Are you being treated by your Primary Care Physician and/or other Specialist for medical condition? No Yes

If yes, please explain _____

Has any other family member been seen by our physicians? No Yes If yes, who _____

Reason for today's visit _____

SIGNATURE _____ DATE ____/____/____

Medical History

Name _____ Birth Date _____

Please circle the appropriate answer

Have you been treated for any of the following?

<u>Arthritis</u>	<u>YES</u>	<u>NO</u>
<u>Asthma</u>	<u>YES</u>	<u>NO</u>
<u>Autoimmune disease (e.g. lupus)</u>	<u>YES</u>	<u>NO</u>
<u>Bleeding disorder</u>	<u>YES</u>	<u>NO</u>
<u>Cancer</u>	<u>YES</u>	<u>NO</u>
<u>Diabetes</u>	<u>YES</u>	<u>NO</u>
<u>Hay fever</u>	<u>YES</u>	<u>NO</u>
<u>Heart disease</u>	<u>YES</u>	<u>NO</u>
<u>Hepatitis B or C</u>	<u>YES</u>	<u>NO</u>
<u>High Blood Pressure</u>	<u>YES</u>	<u>NO</u>
<u>HIV Positive</u>	<u>YES</u>	<u>NO</u>
<u>Hives</u>	<u>YES</u>	<u>NO</u>
<u>Keloid or thick scar formation</u>	<u>YES</u>	<u>NO</u>
<u>Kidney disease</u>	<u>YES</u>	<u>NO</u>
<u>Liver disease</u>	<u>YES</u>	<u>NO</u>
<u>Thyroid disease</u>	<u>YES</u>	<u>NO</u>
<u>Tuberculosis</u>	<u>YES</u>	<u>NO</u>
<u>Melanoma</u>	<u>YES</u>	<u>NO</u>
<u>Other Skin Cancers</u>	<u>YES</u>	<u>NO</u>
<u>Family History of Melanoma</u>	<u>YES</u>	<u>NO</u>

Do you have?

<u>Pacemaker</u>	<u>YES</u>	<u>NO</u>
<u>Artificial Joints</u>	<u>YES</u>	<u>NO</u>
<u>Artificial Heart Valves</u>	<u>YES</u>	<u>NO</u>
<u>Anesthesia allergies or other sensitivities</u>	<u>YES</u>	<u>NO</u>

Have you been hospitalized or had surgery in the last 5 years? YES NO

If YES, please list: _____

Any other medical conditions that the physician should know about?

What medicines do you take regularly? (Please include over the counter medications, vitamins, herbal products and birth control pills. If you have a list, we will be happy to copy it.)

Any allergies to medicine? YES NO

If YES, please list: _____

Completed by: _____ Date: _____



**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

With my consent, Dermatology Consultants of Sacramento may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dermatology Consultants' Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Dermatology Consultants reserves the right to revise the Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to: Privacy Officer, Dermatology Consultants of Sacramento, 5340 Elvas Ave, #600, Sacramento, CA 95819.

With my consent, Dermatology Consultants may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results, among others.

With my consent, Dermatology Consultants may mail to my home or other designated location any items that assist carrying out TPO, such as appointment reminders and patient statements. I have the right to request that Dermatology Consultants restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Dermatology Consultants of Sacramento's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Dermatology Consultant of Sacramento may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Patient's Name

Date

Print Name of Legal Guardian (if applicable)

Protected Health Information Release

Dermatology Consultants of Sacramento's policy is to maintain the confidentiality of your medical records, also referred to as Protected Health Information (PHI). Our office will not disclose personal or medical information about you unless authorized by you or mandated by law.

As a patient, you have the right to determine who may receive medical information about you from our office. Some patients elect no one other than themselves to receive information, while others elect specific family members or friends who may receive their information. In order to assure your PHI continues to be secure, please take a moment to answer the question below.

Please list the first and last name of any individual allowed to receive your Protected Health Information. Please limit to three (3) people. If no one other than you is allowed, please list "self only".

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

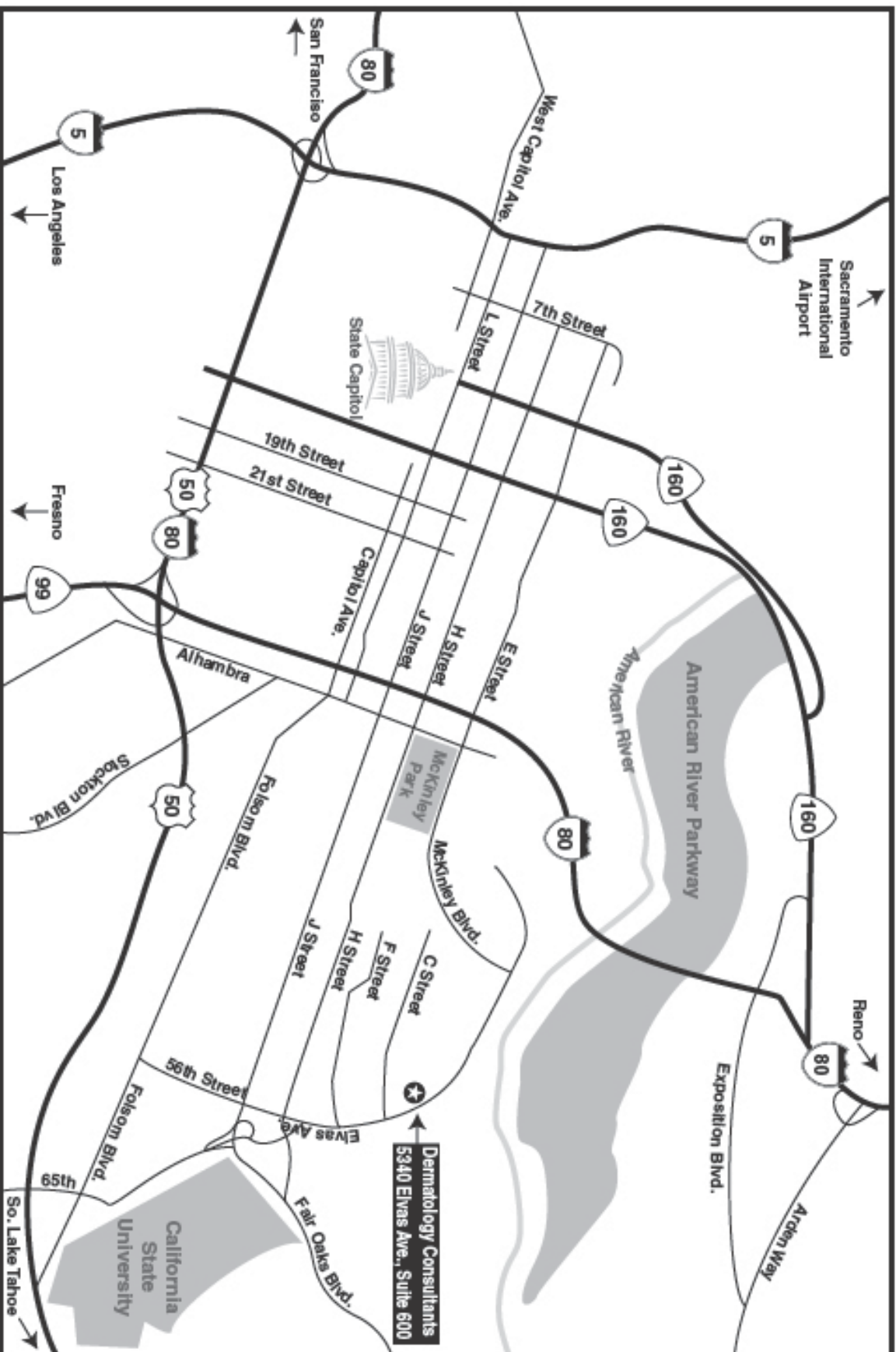
Patient's printed name: _____

Patient's signature: _____ Date: _____

If, at any time, you wish to make a change, please ask us for another form. Thank you for your cooperation.

DERMATOLOGY CONSULTANTS OF SACRAMENTO

Area Map – Written Directions on Reverse





(916) 739-1505

Directions

From Davis, San Francisco, and West:

Take I-80 to Bus-80/Hwy 50 to Placerville. Exit at 65th Street. Turn left on 65th Street. Turn left onto Folsom Boulevard. Turn right at 56th Street. Stay on 56th Street, it become Elvas Avenue after it crosses H Street.

Our office is a tan building with a red tile roof. 5340 Elvas Avenue, Suite 600

From Stockton, Los Angeles and South:

Take Hwy 99 to Bus-80 Reno. Stay on Bus-80. Exit at H Street. Turn right onto H Street. Turn left at 56th Street. 56th Street becomes Elvas Avenue.

Our office is a tan building with a red tile roof. 5340 Elvas Avenue, Suite 600

From Roseville, Rocklin, Reno and Northeast:

Take I-80 to Bus-80 to Sacramento. Exit at E Street. Turn left on E Street, go under the freeway. E Street becomes McKinley Boulevard. Stay on McKinley until it ends at Elvas Avenue. Turn right onto Elvas Avenue.

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From Rancho Cordova, Folsom, Placerville and East:

Take Hwy 50 towards Sacramento. Exit at 65th Street. Turn right onto 65th Street. Turn left onto Folsom Boulevard. Turn right at 56th Street. Stay on 56th Street, it become Elvas Avenue after it crosses H Street.

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From Sacramento International Airport and Northwest:

Take I-5 South to Bus-80/Hwy 50 interchange. Take Hwy 50 to Placerville. Exit at 65th Street. Turn left on 65th Street. Turn left onto Folsom Boulevard. Turn right at 56th Street. Stay on 56th Street, it become Elvas Avenue after it crosses H Street.

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