



Pediatric and Internal Medicine Specialists Inc. • Sick N Well • Outreach and Specialty Clinic

## ADULT PATIENT INFORMATION

Name: \_\_\_\_\_  
Last First M.I.

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

\_\_\_\_\_ City State Zip

DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M/F SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Optional: Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Single  Married  Divorced  Widowed  Separated  Life Partner

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

### Emergency Contact

Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_



### ADULT HEALTH HISTORY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

**Hospitalizations:** State year followed by illness or operation (Most recent first)

Year	Name of facility and reason

**Surgeries:** State year followed by illness or operation (Most recent first)

Year	Name of facility and surgery/procedure

**Allergies:**

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**Past Medical and Familial History** (Please check if you or any BLOOD relative has these conditions)

<u>CONDITION</u>	<u>YOU</u>	<u>RELATIVE</u>	<u>CONDITION</u>	<u>YOU</u>	<u>RELATIVE</u>
Recent Weight Loss			Kidney/Bladder Problem		
Migraine Headaches			Neurological		
Epilepsy/Convulsions			Arthritis		
Eye Disease			Osteoporosis		
Heart Disease			Stroke/TIA		
COPD/Emphysema			High Cholesterol		
Asthma			Coronary Artery Disease		
Seizure Disorder			Hypertension		
Cancer Type:			Benign Prostatic Hyperplasia (BPH)		
Sleep Apnea			Hiatal Hernia		
Parkinson's Disease			Pulmonary Embolism		
Fibromyalgia			Gastro Esophageal Reflux		
Gout			Restless Leg Syndrome		
Thyroid Disease			Anemia		
Insomnia			Head Trauma		
Diabetes Mellitus			Liver Disease		
Lupus			Hepatitis		
Chronic Pain			Respiratory Failure		
Depression			Psoriasis/Eczema		
Bowel Issues			Memory Loss		

Please list any other illness that you have been diagnosed with:

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**Pharmacy (name and location):**

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**ALLERGY QUESTIONNAIRE**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Do you have any of these symptoms? (Please check)

- Cough                       Runny Nose                       Nasal Polyps                       Eczema
- Wheezing                       Nasal Congestion                       Poor Sense of Smell                       Hives/Swelling
- Shortness of Breath                       Itchy Nose                       Ear Infections                       Headaches
- Chest tightness                       Itchy/Watery Eyes                       Sinus Infections                       Snoring
- Sneezing                       Postnasal Drip                       Blocked Ears                       Fatigue
- Phlegm/Sputum (color) \_\_\_\_\_                       Other

Check any of the following which seem to trigger (or cause) symptoms or bother you:

- Grass                       Cats                       Cosmetics                       Drafts                       Nervousness
- Hay                       Dogs                       Aerosol sprays                       House dust                       Cold Air
- Mold and Mildew                       Horses                       Perfumes                       Smoke                       Humidity
- Basements                       Other animals                       Insecticides                       Pollution                       Weather changes
- Leaves                       Alcoholic Beverages                       Odors                       Exercise                       Latex (rubber) Other

When are your symptoms worse?     Year Round     Seasonal  
Are symptoms better away from home?  Yes                       No                      If Yes, When? \_\_\_\_\_

Occupation (current or former) \_\_\_\_\_

Any harmful exposure at work or school? \_\_\_\_\_

**ENVIRONMENTAL SURVEY:**

Do you have pets (number) – Indoor or Outdoor

- None     Cats \_\_\_\_\_     Dogs \_\_\_\_\_     Birds \_\_\_\_\_     Other \_\_\_\_\_

Are there any tobacco smokers in your home?     Yes                       No

Do you have allergy proof encasing for pillow or mattress?  Yes                       No

What type of pillows do you have? \_\_\_\_\_

What type of comforter do you have? \_\_\_\_\_

What type of floor covering do you have in your bedroom?  Wall to wall     Area Rug     Animal skin     Bare floor

How old is your mattress? \_\_\_\_\_ What is in your mattress? (i.e. cotton/horse hair) \_\_\_\_\_

Do you have air conditioning?     Yes     No    If yes,     Window Unit     Central

Do you have problems with roaches or mice?     Yes                       No

Do you have water leaks, mold contamination?  Yes                       No

Is your home/apartment excessively humid?     Yes                       No

**YOUR PAST MEDICAL HISTORY:**

Check all that apply:

- Eczema                       Upper Respiratory Infection                       Asthma                       Sinus Problems
- Emphysema

If yes to any of the above, please explain: \_\_\_\_\_

Do you smoke?                       Yes                       No                      how much? \_\_\_\_\_

Have you smoked in the past?     Yes                       No                      When stopped? \_\_\_\_\_

If yes, how many years have you smoked? \_\_\_\_\_



**AUTHORIZATION TO RELEASE MY MEDICAL CARE**

I \_\_\_\_\_ give Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) permission to discuss my medical care and account information with the following person(s):

Name of authorized person	Relation	Phone
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Name of authorized person	Relation	Phone
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Name of authorized person	Relation	Phone
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Name of authorized person	Relation	Phone
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Name of authorized person	Relation	Phone
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Signature of Patient	Date
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\_\_\_\_\_  
Printed Name of Patient



**PRIVACY POLICY, FINANCIAL CONSENT AND CONSENT FOR TREATMENT OF A MINOR**

I, \_\_\_\_\_, hereby authorize Pediatric and Internal Medicine Specialists Inc.  
(Printed Patient Name)

DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine), its affiliated physicians and other medical personnel in charge of my care to administer examinations, immunizations, treatments and view my prescription history from an external source as may be deemed medically necessary in the exercise of their professional judgment. Additionally, by signing this form I acknowledge that I have received a copy of the Privacy Policies for the office of Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine).

\_\_\_\_\_  
(Printed Patient Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Patients Chart Number



## Patient Financial Responsibility

All patients or guardians are responsible for 100% of the charges incurred for treatment at Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine). The patient or guardian who signs the financial policy statement is the responsible party.

- Established patients who have health insurance benefits that have been verified will be expected to pay that portion of the charges not covered under their policy as well as any applicable co-payments under the terms of their policy.
- Patients who have health insurance benefits that have been verified will be responsible for all charges, paid in full on the day of service, until their policy out of pocket has been met.
- Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) are not responsible for incorrect information given by your insurance company.
- Patients who have health insurance benefits that have not been verified will be responsible for any portion of the charge that are not covered, as well as any applicable co-payments under the terms of their policy.
- Patients who do not have health insurance will be responsible for all charges incurred payable on the day of service.
- Having an active health insurance policy in no way negates a patient's responsibility for payment of their medical charges, if these charges are denied or not covered by the patient's insurance carrier.
- Patients may pay their bills by cash, check, or credit.
- There will be a \$20.00 charge applied to your account for patients who do not keep their appointments, including no-shows.
- Patients who fail to pay their outstanding balance within 90 days of the service being provided may be turned over to a collection agency. The patient will still be responsible for the charges as well as all collection agency costs and fees, including reasonable attorney fees.

Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) utilize Transaction Central, Patient Payment Assurance to securely maintain your payment information in compliance with federal and state laws.

Your payment information filed with Transaction central will be saved for future processing of patient responsible portions not paid by insurance; miscellaneous healthcare fees such as but not limited to late, cancelled or missed appointments.

We have developed these financial policies in an effort to keep your medical costs down. Printing and mailing statements is an extremely time consuming and expensive undertaking. We ask that you adhere to these policies as part of your financial responsibility. Our staff will assist you in any way that we can. If you have any questions regarding our fees or your insurance coverage and filing of your insurance claims please ask to speak with one of the members of our billing and insurance department. Billing Department: (352) 563-0931.

I authorize Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) to process financial transactions to pay my account balance. I agree to be financially responsible for any and all related charges, if they are not covered by my insurance policy.

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Printed, Patient Name

Date

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Patient or Parent/Guardian Signature

Relationship to Patient



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) are dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) are required by law to abide by the terms of this Notice.

### **HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:**

The following describes how Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) may use your protected health information for treatment, payment or health care operations.

#### **Treatment:**

Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) may use health information about you to provide you with health care treatment or services. Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) may disclose health information about you to doctors, nurses, or other essential personnel who are involved in your care.

#### **Payment:**

Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) may use and disclose health information about you to receive payment for services provided to you. Under Florida law we must obtain your written consent in order to submit claims for services provided to you. Failure to sign may force us to decline you as a new patient or discontinue you as an active patient.

#### **Health Care Operations:**

Pediatric and Internal Medicine Specialists Inc. DBA PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well (telemedicine) may use and disclose health information about you for operational purposes related to our office. We may also and/or disclose your information in accordance with federal and state laws for the following purposes:

**Appointments Reminders  
Treatment Information  
Disclosure to Department of Health and Human Services  
Family and Friends  
Notification  
Disaster Relief  
Health Oversight Activities  
Abuse or Neglect  
Judicial and Administrative Proceedings**

**Law Enforcement  
Specialized government Functions  
Coroners, Medical Examiner's and Funerals Directors  
Organ Donation  
Research  
Public Health Activities  
Public Safety  
Worker's compensation  
Business Associates**

### **MINIMUM NECESSARY INCIDENTAL DISCLOSURES AND SUPER CONFIDENTIAL INFORMATION:**



Our staff will not use or disclose your medical information unless it is necessary to perform their jobs. We will follow both state and federal laws related to the use and disclosure of super-confidential information such as HIV/AIDS, alcohol/substance abuse and mental health records.

**AUTHORIZATIONS and CONSENTS:**

We will not use or disclose your medical information for any other purpose other than treatment, payment or health care operations without your written authorization. Once given, you may revoke your authorization in writing at any time. This consent is required under Florida law in order for our office to submit claims and other information needed to receive for services rendered to you or your family.

**PATIENT RIGHTS REGARDING THEIR MEDICAL INFORMATION:**

- You may ask us to restrict certain uses and disclosures for your medical information. We are not required to agree to your request, but if we do we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by Pediatric and Internal Medicine Specialists Inc. DBA PedIMM Healthcare and/or PedIMM Healthcare powered by Sick N Well (telemedicine) during the last 6 years. Except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, please require at the Registration desk (you will be directed to our Privacy Officer).
- To file a complaint with the U.S. Department of Health and Human Services you must submit your complaint in writing, within 180 of the alleged violation to:

Region I.V, Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W  
Atlanta, GA 30303-8909  
Voice phone 404-562-7886  
Fax 404-562-7881

**\*For the full version of Pediatric and Internal Medicine Specialists Inc. DBA PedIMM Healthcare and/or PedIMM Healthcare powered by Sick N Well's (telemedicine) privacy policy, view our website at [www.pedimhealthcare](http://www.pedimhealthcare)**