



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: _____



Name: _____ Date of Birth: _____

Occupation: _____ Highest Level of Education: _____

Reason For Visit: _____

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

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:



Allergies:

Pharmacy:

Trouble Falling Asleep Yes No

Trouble returning to sleep Yes No

Trouble Staying Asleep Yes No

Do you snore? Yes No

Men Only:

Prostate Exam ____/____/____

Women Only:

Date of last Period ____/____/____

Regular: Y N

Spotting: Y N

Birth Control Yes No Name/Type: _____

Number of Pregnancies _____

Number of Abortions _____

Number of Births _____

Number of Miscarriages _____

Most Recent:

Pap: _____ Normal Abnormal

Mammogram: _____ Normal Abnormal

Breast Exam: _____ Normal Abnormal

Bone Density: _____ Normal Abnormal

Additional Comments:



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

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

_____	_____	_____
Name of authorized person	Relation	Phone

_____	_____	_____
Name of authorized person	Relation	Phone

_____	_____	_____
Name of authorized person	Relation	Phone

_____	_____	_____
Name of authorized person	Relation	Phone

_____	_____
Signature of Patient	Date

 Printed Name of Patient



PRIVACY POLICY AND CONSENT FOR TREATMENT

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.



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 PedIM Healthcare and/or PedIM 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 PedIM Healthcare and/or PedIM Healthcare powered by Sick N Well's (telemedicine) privacy policy, view our website at www.pedimhealthcare**