

New Patient Registration WELCOME TO OUR PRACTICE! 8311 Bandford Way, Suite 103 Raleigh, NC 27615

Office Phone: 919-845-0333

Today's Date:				
Patients' First Name:	_Middle:		Last:	
Preferred Name: Birthdate:				
Home Address				
City:	State:	Zip:		
Email:				
Preferred Phone: ()	S	econdary Phone:		
Primary Care Provider:		Provider Phor	ne:()	
Emergency Contact Name:		Phone:()	
Pharmacy Name:	P	harmacy Phone:	()	
How did you hear about us / Referred	d by?			

Office Policy: Payment is expected at the appreciate your cooperation in settling your regarding any address change or name chowed.	our account at ea	it for any cosmetic ch office visit. You	must keep the office	e updated
Please note that a \$50 "No Show" fee wi happen within 48 hours prior to any visi				
A 25%-of-balance amount will be added to patient's account will be sent to Collection		lance beginning 90	O days after date of se	ervice, and the
Patient/Guardian Signat	ure_ <mark>X</mark>		Date:	

For continuing visits by initialing and dating below I am verifying that all information on this form has been reviewed and is current.

HIPAA

Health Insurance Portability and Accountability Act of 1996 is United States legislation that provides data privacy and security provisions for safeguarding medical information.

"NOTICE OF PRIVACY PRACTICES" PATIENT ACKNOWLEDGEMENT OF RECEIPT

All About Aesthetics, PC and the office of Deborah Kessler Hudak, MD, MHA Responsible Person	has provided me or my Other
Print Patient Name	
http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf	
with the government website link listed above and has offered to allow me to the Privacy Practices" which I understand is my responsibility to read and understand PC agrees to abide by and has provided all necessary information as required by	nd and that All About Aesthetics,
the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules UTechnology for Economic and Clinical Health Act and the Genetic Information Modifications to the HIPAA Rules; Final Rule from the National Archives FEI Friday January 25, 2013/Rules and Regulations Part II: Department of Health a Secretary 45 CFR Parts 160 and 164, pages 5566-5702 (136 pp)	Nondiscrimination Act; Other DERAL REGISTER Vol. 78 No. 17
Signature of Patient or Responsible Person X	Date
Photo Release optional I authorize All About Aesthetics PC to use my photos for external use, social region body I do consent to the use of my photos: OR I do not consent to the use of my photos: X *********************************	nedia or otherwise, including: —
For Office Use Only:	
We have made a good faith effort in attempting to obtain written acknowledgement of receipt of Acknowledgement could not be obtained for the following reason(s):	of the Notice of Privacy Practices.
O Patient/Individual refused to sign (Date of refusal) Communications barriers prohibited obtaining an acknowledgement An emergency situation prevented us from obtaining an acknowledgement Other:	

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Attempt was made by:_____

PATIENT MEDICAL HISTORY

Thyroid Disease Flu Vaccine? Cornea Disease Pneumonia Vaccine? Glaucoma Herpes/Shingles Vaccine? Macular Degeneration Up to Date on Tetanus? Skin Cancer Covid-19 Vaccine?	Name:				_ Birth D	Oate:	Гoday:			
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Identification of the state of	Rheumatoid Arthritis			+		To Women:	ine!		+	-

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Excess Body/Facial Hair?

Any falls since last here??

Pregnant or Lactating?

Diabetes

Other

Asthma/Allergies

Heart Disease/Hypertension/Stroke

Other				NEXT PAGE TO FINISH, PLEASE		
ALLERGIES:	Yes	No	Describe	SOCIAL HISTORY:	Yes	No
Penicillin				Married?		
Sulfa				Smoker?		
Erythromycin				Alcohol Consumption?		
Iodine/Shellfish				Illicit Drug Use?		
Latex				AIDS Treatments?		
Fluoroquinolone				Hepatitis Treatments?		
Other						
Other						

IEDICATION NAME	DOSE	FREOUENCY	USED TO TREAT?
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