



all about aesthetics, pc
Deborah Kessler Hudak, MD MHA

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: ____/____/____ Age: ____ Sex: M F O

Home Address _____

City: _____ State: _____ Zip: _____

Email: _____

Preferred Phone: (____)-____-____ Secondary Phone: (____)-____-____

Primary Care Provider: _____ Provider Phone:(____)-____-____

Emergency Contact Name: _____ Phone:(____)-____-____

Pharmacy Name: _____ Pharmacy Phone: (____)-____-____

How did you hear about us / Referred by? _____

Payment Information

Office Policy: Payment is expected at the time of your visit for any cosmetic procedure or skin care products. We appreciate your cooperation in settling your account at each office visit. You must keep the office updated regarding any address change or name change with each and every visit and regarding any outstanding balance owed.

Please note that a \$50 "No Show" fee will apply for each missed appointment or when rescheduling does not happen within 48 hours prior to any visit. A single "freebie" will be allowed in case of illness or emergency.

A 25%-of-balance amount will be added to any unpaid balance beginning 90 days after date of service, and the patient's account will be sent to Collections.

Patient/Guardian Signature **X** _____ **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. has provided me or my Other Responsible Person

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 view a printed copy of “Notice of Privacy Practices” which I understand is my responsibility to read and understand and that All About Aesthetics, PC agrees to abide by and has provided all necessary information as required by the act which is

...the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules; Final Rule from the National Archives FEDERAL REGISTER Vol. 78 No. 17 Friday January 25, 2013/Rules and Regulations Part II: Department of Health and Human Services, Office of the Secretary 45 CFR Parts 160 and 164, pages 5566-5702 (136 pp)

Signature of Patient or Responsible Person _____ Date _____

Photo Release -- optional

I authorize All About Aesthetics PC to use my photos for **external** use, social media or otherwise, including:

____ face

____ body

I **do** consent to the use of my photos: _____

OR

I **do not** consent to the use of my photos: _____

For Office Use Only:

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices.

Acknowledgement could not be obtained for the following reason(s):

- Patient/Individual refused to sign (Date of refusal) _____
- Communications barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other: _____

Attempt was made by: _____ date: _____

PATIENT MEDICAL HISTORY

Name: _____ Birth Date: _____ Today: _____

Has the patient ever had any of these?

	Yes	No	Explanation		Yes	No	Explanation
Abnormal Cold Sensitivity				Joint Pain/Arthritis			
Abnormal Sun Sensitivity				Keloid/Abnormal Scarring			
Abnormal/Dysplastic Moles				Kidney/Bladder Problems			
AIDS				Macular Degeneration			
Anxiety				Melanoma			
Artificial Joint or Heart Valve				Migraines/Severe Headaches			
Asthma				Mouth/Gum Ulcers			
Auto-Immune Disorder				Muscular Disorder			
Back Pain				Neurologic Disorder			
Basal Cell Skin Cancer				Numbness			
Bleeding Tendency/Easy Bruising				Pacemaker			
Bowel Disease/Colitis/Crohn's				Pancreatitis			
Brain Tumor				Past Head Injury			
Burning/Dry Eye				Past Surgery			
Cancer				Poor Wound Healing			
Cataract				Precancerous Skin Spots/A.K.			
Cold Sores/Herpes Infection				Prostate Problems			
Cough				Psoriasis			
Depression				Psychiatric Disorder			
Diabetes/High Blood Sugar				Radiation Therapy			
Difficulty Hearing				Rashes			
Double Vision				Recurrent Yeast Infection			
Eczema				Red Eyes			
Fainting				Reflux/Peptic Ulcer			
Flashes/Floaters				Gallbladder Disease			
Glaucoma				Respiratory/Lung Disorder			
Gout				Seizures			
Hay Fever/Seasonal Allergies				Shingles			
Heart Attack/Angina				Skin Pigmentation Problems			
Heart Murmur				Squamous Cell Skin Cancer			
Hepatitis/Liver Disease				Stroke or Mini-Stroke			
High Blood Pressure				Thyroid Disease			
Irregular Heart Beat/Palpitations				Tinnitus			
OTHER				Tuberculosis			

If YES to any, please

explain: _____

Any Family members with...?	Yes	No	Relation	Vaccination History	Yes	No
Thyroid Disease				Flu Vaccine?		
Cornea Disease				Pneumonia Vaccine?		
Glaucoma				Herpes/Shingles Vaccine?		
Macular Degeneration				Up to Date on Tetanus?		
Skin Cancer				Covid-19 Vaccine?		
Rheumatoid Arthritis				To Women:		
Diabetes				Excess Body/Facial Hair?		
Heart Disease/Hypertension/Stroke				Pregnant or Lactating?		
Asthma/Allergies						
Other				Any falls since last here??		

