

GENERAL INTAKE INFORMATION

Name: _____ Date: _____
(LAST) (FIRST) (MIDDLE)

ADDRESSES

Primary Address:

Mailing Address (if different):

STREET APT. #

STREET APT. #

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Phone Number to use FIRST to contact you ____/____/____

Is it ok to leave a detailed voice message? ___yes ___no

Home Phone ____/____/____ Work Phone: ____/____/____ Cell Phone: ____/____/____

FAX: _____ E-Mail Address: _____

Is there anyone you would like us to share your health information with? _____
Name Relationship Phone #

ADDITIONAL INFORMATION

Date of Birth: _____ Sex: M/F Marital Status (M/S/D/W) _____

Social Security #: _____ Spouse's Name: _____

Occupation: _____ Spouse's Employer/Occupation _____

Employer: _____ Emergency Contact _____

Emergency Contact Phone #: ____/____/____

Your PCP is: _____ PCP Phone #: ____/____/____

Preferred Pharmacy: _____ Pharmacy Phone #: ____/____/____

INSURANCE INFORMATION

COMPANY NAME GROUP # I.D. #

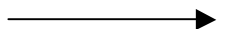
COMPANY ADDRESS

INSURED NAME (if other than patient) _____ INSURED'S SS # _____

AUTHORIZATION: I hereby authorize Dr. Leo R. McCafferty to furnish information to insurance carriers and/or health care providers concerning this illness/accident, and I hereby irrevocably assign to the doctor all payments for medical services rendered. I understand that I am financially responsible for all charges whether or not covered by insurance.

Signature: _____

TURN OVER PLEASE, READ AND SIGN



PATIENTS' RIGHTS AND RESPONSIBILITIES
LEO R. MCCAFFERTY, MD PLASTIC SURGERY CENTER

580 S. Aiken Avenue, Suite 530 • Pittsburgh, PA 15232-1531 •(412) 687-2100
Web address: mccaferlymd.com

This facility is owned and operated by Leo R. McCafferty, M.D., Medical Director

PATIENT RIGHTS. A patient has the right to respectful, considerate and dignified care given by competent personnel. A patient has the right, upon request, to be given the name of his/her attending practitioner, the names of all other practitioners directly participating in his/her care, and the names and functions of other health care persons having direct contact with the patient. A patient has the right to have records pertaining to his/her medical care treated as confidential, except as otherwise provided by law. A patient has the right to the opportunity to approve or refuse release of his/her medical care records prior to submission to any party, including third parties based on contractual arrangements, except as otherwise provided by law. A patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly. A patient has the right to expect emergency procedures to be implemented without unnecessary delay. A patient has the right to know what ambulatory surgery facility rules and regulations apply to his/her conduct as a patient. A patient has the right to be given the opportunity to participate in decisions involving his/her health care, except when such participation is contraindicated for medical reasons. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed. A patient has the right to full information in layman's terms, concerning diagnosis, evaluation, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person. A patient has a right, except in cases of emergency, to supply the necessary informed consent to the practitioner prior to the start of a procedure. A patient, or, if the patient is unable to give informed consent, a person responsible for the patient, has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program, and the patient, or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he or she has previously given informed consent. A patient has the right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures. A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, gender, national origin, handicap, disability or source of payment. A patient who does not speak English shall have access, when possible, to an interpreter. A patient who is blind shall have alternative communicative assistance available to them. A patient, or patient designee, upon request, shall have access to the information contained in his/her medical records at the ambulatory surgical facility, unless the attending practitioner for medical reasons specifically restricts access. A patient has the right to expect good management techniques to be practiced within the ambulatory surgical facility. These techniques shall make effective use of the patient's time and shall avoid personal discomfort of the patient. A patient has the right to be transferred to another facility, with notification to the patient's responsible party, when an emergency occurs and requires transfer to a location capable of providing emergency services. A patient has the right to examine and receive a detailed explanation of his/her bill. A patient has the right to expect that the ambulatory surgical facility will provide information for continuing health requirements following discharge and the means for meeting them. A patient has the right, without recrimination, to voice comments, suggestions, complaints, and grievances regarding care; to have those complaints reviewed and when possible, resolved; and when not resolved, to obtain information regarding external appeals, as required by state and Federal law and regulations. A patient has the right to be informed of his/her rights, responsibilities, and expected conduct by the ambulatory surgical facility at the time of admission. A patient has the right to information covering the services available at the ambulatory surgical facility, the fees related to those services, and the payment policies governing restitution for services rendered. A patient has the right to information on the provision of after hours and emergency services for care and treatment rendered at the ambulatory surgical facility. A patient has the right to information on advance directives, as required by state or Federal law and regulations. A patient has the right to be provided, upon request, information pertaining to the process of credentialing of the practitioners rendering care and treatment at the ambulatory surgical facility. A patient has the right to be informed of the right to change primary or specialty physicians if other qualified physicians are available. A patient has the right to be provided with information regarding the absence of malpractice insurance coverage. A patient has the right not to be misled by the organization's marketing or advertising regarding their competence and capabilities. A patient has the right to be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. A patient has the right to not be required to perform work of the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. A patient has the right to obtain the names, addresses, and telephone numbers from the Administrative Director, or designee, of the governmental offices where complaints may be lodged. A patient has the right to be provided, upon request, information pertaining to the process of credentialing of the practitioners rendering care and treatment at the ambulatory surgical facility. A patient has the right to be informed of the right to change primary or specialty physicians if other qualified physicians are available. A patient has the right to be provided with information regarding the absence of malpractice insurance coverage. A patient has the right not to be misled by the organization's marketing or advertising regarding their competence and capabilities. A patient has a right to obtain the names, addresses, and telephone numbers of the offices where information concerning Medicare and Medicaid coverage can be obtained. A patient has a right to obtain the names, addresses, and telephone numbers of the offices where information concerning Medicare and Medicaid coverage can be obtained. **PATIENT RESPONSIBILITIES.** The ambulatory surgery facility expects that a patient will provide accurate and complete information about matters relating to his/her health history in order for the patient to receive effective medical treatment. A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of them. The ambulatory surgery facility expects that the patient will cooperate with all ambulatory surgery facility personnel and ask questions if directions and/or procedures are not clearly understood.

A patient is expected to be considerate of other patients and ambulatory surgery facility personnel and to observe the smoking policy of the ambulatory surgery facility. A patient is also expected to be respectful of the property of other persons and the property of the ambulatory surgery facility. A patient, or patient designee, is expected to help the physician, nurses and other medical personnel in their efforts to care for the patient by following their instructions and medical orders. A patient assumes financial responsibility of paying for all services rendered whether through third party payors (his/her insurance company) or being personally responsible for payment for any services which are not covered by his/her insurance policies. A patient will not take any drugs that have not been prescribed by his/her attending physician and administered by the ambulatory surgery facility staff. The Department of Health maintains a complaint hotline 24 hours a day, 7 days a week. You may contact 1-800-254-5164 with any complaint or concern.

The physicians and staff of Leo R. McCafferty, MD Plastic Surgery Center are committed to serving their patients and families with the highest standards of care. We strive to continuously improve our standards through education, technology and awareness of health care costs to meet the ever-changing needs of our patients.

Patient Signature

Today's Date: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Date of Birth: ___/___/___

Ht. _____ Wt. _____ Age: _____

Reason for Visit? _____

Have you consulted other physicians regarding this? _____

Who referred you to this practice? _____

MEDICAL HISTORY

Please CIRCLE all that apply to you currently or in the past:

- Antibiotic Resistant Infection (ex. MRSA, VRE, C-DIFF...)
- Skin Rashes/Infections/Irritations
- Asthma
- Lung Disease
- Liver Disease
- Gall Bladder Disease
- Kidney Disease
- Bladder Disease
- Diabetes
- Arthritis
- Stomach Ulcers
- Nose Bleeds
- Dry, itching or burning eyes
- Chest Pains
- Heart Problems
- Mitral Valve Prolapse
- Decreased Circulation(fingers/toes)
- High/Low Blood Pressure
- Blood Transfusion
- Bleeding Tendencies
- Blood Clots (legs or lungs)
- Seizures
- Severe Headaches
- Bruises easily
- Dizzy Spells
- Paralysis/Numbness
- Sleep Disorders
- Sexually Transmitted Disease
- Thyroid condition
- Cancer
- Eating disorder
- Depression
- Anxiety
- Other Mental Health Conditions
- Lactose Intolerance
- HIV / AIDS
- Herpes

****OFFICE USE ONLY**

Please list any medical condition past or present not listed previously _____

NON-COSMETIC SURGERIES

Please list all NON-COSMETIC surgeries:

- 1 _____ Date _____
- 2 _____ Date _____
- 3 _____ Date _____
- 4 _____ Date _____
- 5 _____ Date _____
- 6 _____ Date _____

SOCIAL HISTORY

Do you exercise regularly? _____ If so, how? _____

Have you ever smoked? _____ If yes, do you still smoke? _____

At what age did you start? _____ At what age did you stop? _____ How many packs per day? _____

Do you consume alcoholic beverages? _____ How much? _____

Do you or have you ever used illegal substances or prescription medication that was not prescribed to you? _____

FAMILY HISTORY

Is there any immediate family history of cancer, heart disease, diabetes, hypertension or genetic conditions?

YES/NO If YES, explain: _____

Have you or any family member had problems with anesthesia?

YES/NO If yes, explain _____

of Pregnancies _____ # of Children _____ Ages of Children _____

COSMETIC SURGERIES

Please list all COSMETIC surgeries and the SURGEONS who performed them:

1 _____ Date _____

2 _____ Date _____

3 _____ Date _____

4 _____ Date _____

5 _____ Date _____

Have you ever had filler injections (ie. Collagen, Restylane, fat, etc.)? _____

Date of last injection: _____ What areas? _____

Any problems? _____

Have you ever had Botox injections? _____

Date of last injection: _____ What areas? _____

Any problems? _____

Have you ever had a non-surgical skin treatment? _____

If so, please describe _____

I use the following daily skincare (prescriptive, physician-based or over the counter) _____

****OFFICE USE ONLY**

OFFICE USE ONLY:

DATE _____ B/P _____ DATE _____ B/P _____

Pulse _____ Pulse _____

Patient Name _____

Date _____

D. O. B. _____

Current Allergies/Sensitivities Including Reaction	*OFFICE USE ONLY
Current Medications Dosage and Frequency	
Over-the-Counter Products, Herbs, Vitamins, or Nutritional Supplements	