

Patient Information

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____ Age: _____

Marital Status: M S W D Do you identify as: Male Female Other _____

Primary language: English Spanish Other: _____ Email Address: _____

Can we leave a detailed message on your voicemail/answering machine regarding results from your visit: YES NO

IF YOU ANSWERED **NO**, HOW WOULD YOU LIKE US TO CONTACT YOU: _____

Referred By: _____

AIDIN WELLNESS FINANCIAL POLICY

I am committed to providing you with the best possible care and welcome your comments and suggestions.

- Payment for **ALL** services are **due at the time of your appointment**. We accept cash, check, Visa, Master card and Discover.
- There is a **5% discount for paying for your appointment with cash or a personal check**. Use of credit/debit card will not qualify for the discount.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE BALANCE OF MY ACCOUNT FOR ANY CLINICAL SERVICES, DUE THE DAY OF SERVICE. IF I HAVE ANY ADDITIONAL TESTING DONE AT THE CLINIC SUCH AS BIOPSIES OR LAB TESTS, I WILL BE BILLED FOR ADDITIONAL CHARGES FOR SPECIAL TESTING.

I UNDERSTAND THERE WILL BE AN ADDITIONAL FORTY (40) PERCENT CHARGE ADDED TO ANY BALANCE ON MY ACCOUNT REFERRED TO A COLLECTION AGENCY FOR SERVICES RENDERED FROM THIS DATE FORWARD.

I authorize June Franzen, APRN to provide medical services and I understand I am financially responsible for all of the charges.

Patient/guardian/parent: (Print) _____ Date: _____

Patient/guardian/parent: (Signature) _____

Do **YOU** have a personal history of the following?

(X) Check all that apply.

PREVENTITVE MEDICAL CARE:

Women:

- () Medical/Physical exam in the last year
- () **Mammogram** in the last 12 months
- () Pelvic exam/Pap in the last 12 months
- () Bone Density (DEXA) in the last 12 months
- () Pelvic Ultrasound in the last 12 months
- () Colonoscopy – date _____

Men:

- () Medical/Physical exam in the last year
- () Prostate exam and/or PSA test in the last 12 months
- () Colonoscopy – date _____

HIGH RISK PAST MEDICAL/SURGICAL HISTORY:

- () **Breast Cancer**
- () Uterine Cancer
- () Ovarian Cancer
- () Oophorectomy (removal of ovaries)
- () **Prostate Cancer**
- () **Elevated PSA**

BIRTH CONTROL METHODS:

- () **Menopause**
- () **Hysterectomy**
- () Tubal Ligation
- () **Birth Control:**
 - () Pills () IUD () Patch () Implant
 - () Shot () Condoms
- () Vasectomy
- () Other: _____

GENERAL MEDICAL HISTORY:

- () Fatigue
- () Weight loss or Weight gain
- () **Headache/Migraine**
- () Asthma
- () Shortness of Breath/Chest Pain
- () High Blood Pressure
- () Palpitations
- () History of Heart attack
- () Heart Stents/surgery/bypass
- () Stroke
- () **Joint Pain/Muscle Pain**
- () Anxiety
- () **Memory Loss**
- () Schizophrenia/Bipolar
- () Depression
- () **Mood Changes**
- () Excessive Stress

- () Breast Pain/tenderness/Discharge/Lumps
- () Abdominal pain
- () Gallbladder Disease
- () Hepatitis/fatty liver/cirrhosis
- () Constipation
- () Bleeding easily
- () Blood clots/Bleeding Disorders
- () Cold/heat intolerance
- () Diabetes
- () **Thyroid trouble**
- () Awakening to Urinate
- () Blood in Urine
- () Cystocele/bladder ‘falling’
- () Difficulty starting Stream or emptying bladder
- () Excessive Urination
- () Flank pain/kidney stone
- () Urinary Frequency
- () Incontinence – bowel or bladder
- () Painful urination
- () Erectile dysfunction/painful erection
- () Decreased sexual desire
- () Pain with intercourse
- () Abnormal pap – history
- () Abnormal Vaginal Discharge
- () Vulvar/vaginal Itching/Lesion/bumps
- () **Infertility/PCOS**
- () Sexually transmitted infections – history or current symptoms
- () Bleeding after Menopause
- () Changes in period
- () Painful periods
- () Heavy bleeding
- () Vaginal Dryness
- () Sexual Problems _____

Have you ever been pregnant **YES NO**

How many times _____

How many miscarriages _____

How many live births _____

Other Health Problems: _____

Other questions/concerns: _____
