



Dermatology & Allergy Specialists of Olympia, PLLC

Mohs Dept: 304 West Bay Dr NW, Suite 204, Olympia, WA 98502

Voice: (360) 413-8760 Fax: (360) 413-8839

Jacob Bauer, M.D.

APPOINTMENT DATE: _____ **TIME:** _____ **FLOOR: 2 MOHS SURGERY**

Thank you for choosing our Dermatology office! We look forward to making your visit as comfortable and productive as possible. The following steps will help us provide the best use of your time with the provider:

- **Minor Patients: All minors must be accompanied by a parent/legal guardian at each visit. If not accompanied by parent/legal guardian the appointment may be rescheduled.**
- **Please arrive 15 minutes early so we can register/update your information.**
- **Please provide ALL insurance cards, Picture ID, POA and/or current ProviderOne card if applicable:**
 - ***Current insurance card/s are required by your insurance company to be presented at every visit to our office. Your appointment will be rescheduled to the next available appointment if you do not present all insurance cards at registration.***
 - ***Your insurance company obligates us to maintain a copy of your insurance card in your medical record for the purpose of billing your visit.***
- Please refrain from wearing perfume or colognes to our office. Many of our patients have severe allergies, and as a courtesy to them our office is a "scent free" zone.
- Bring your referral, if required. Your insurance company can tell you if you need a referral; we are unable to contact them for you. If your insurance company requires a referral and one is not provided to us, your appointment will be rescheduled.
- Please be prepared to pay your co-pay at the time of check-in if one is required. We charge a \$5.00 fee to bill you later for co-pays.
- Please bring in the containers of any medications or over-the-counter products that you are using to treat the current problem.
- Please read entire packet and completely fill out any forms sent to you before arrival.
- *Individuals seeking treatment are not considered to have been accepted into the practice and formed a provider-patient relationship until they have completed a face-to-face visit with a provider who has completed an evaluation and assessment.*

We recommend you allow plenty of time for your first appointment. This initial visit takes time to register, and we do not want to shorten your time with the provider or have to reschedule your appointment if you are late. Due to the shortage of dermatology providers, your appointment may have been scheduled some time ago, and it may not work with your current schedule. Please call us as soon as you are aware that you need to reschedule. With 24 hours notice, we are happy to reschedule; however the new time might be several weeks later. ***If you fail to keep your appointment without notifying us in advance, you will not be rescheduled again.***

For your convenience, our appointment line is available to take a message 24 hours a day. Please call (360) 292-7700 if you wish to leave a message. You may call us during office hours of 8 a.m. to 5 p.m. Monday through Thursday, or 8 a.m. to 4 p.m. Friday, to reach a receptionist.

DIRECTIONS: Please see reverse side.

Directions to Dermatology & Allergy Specialists of Olympia

TRAVELING SOUTH on I-5, EXIT 105B:

Head west off Exit 105B, down ramp and travel 0.3 mi. Merge onto Plum St SE. Follow Plum St. to State Avenue, approximately 0.6 mi. Turn left onto State Ave NE and go 0.6 mi. Stay to the right and merge onto 4th Ave W and cross the bridge. At the first traffic circle, stay to the right and follow Olympic Way to the second traffic circle. Stay to the right and take the 1st exit on the right: West Bay Drive NW. The office will be one block down on the right.

TRAVELING NORTH on I-5, EXIT 103:

Head down the ramp to Deschutes Way SE and remain on this road as it becomes Deschutes Parkway SW. Continue on Deschutes Pkwy SW along the west side of Capital Lake for 1.8mi. Deschutes Pkwy turns into 5th Ave at the junction with the bridge. Travel for 0.1mi. Turn left on Simmons Street NW. Turn left onto 4th Ave W and cross the bridge. Merge into right lane and at the first traffic circle, stay to the right and follow Olympic Way to the second traffic circle. In the right lane take the 1st exit on the right: West Bay Drive NW. The office will be one block down on the right.

TRAVELING EAST on Highway 101:

Take the Black Lake Blvd exit toward W Olympia. At bottom of ramp turn left onto Black Lake Blvd SW, Travel 1.2mi. Turn right onto Harrison Ave NW and go approximately 0.6mi. As you head downhill, stay in left lane as you enter the traffic circle. Proceed around to the left, merge to the right and take the 2nd exit (right) onto W Bay Drive NW. The office will be one block down on the right.

Dermatology & Allergy Specialists Of Olympia

304 West Bay Dr. NW, Olympia, WA 98502; General Dermatology, Ste 301; Mohs, Ste 204

Date: _____

Patient Information

Last Name: _____ First Name: _____ Middle Initial _____

Marital Status: Single / Married / Divorced / Widowed Sex: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Primary Phone#: _____ Secondary Phone#: _____ Email: _____

Emergency Contact: _____ Relation: _____ Phone #: _____

Employer: _____ Work Phone #: _____ SS#: _____

Spouse/Guarantor/Self (Please Circle)

Last Name: _____ First Name: _____ Middle Initial _____

Sex: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____

Employer: _____ Work Phone#: _____ SS#: _____

Insurance Information

(PLEASE PRESENT INSURANCE CARDS AND NECESSARY REFERRALS TO THE RECEPTIONIST SO COPIES MAY BE MADE)

Primary Insurance: _____ Insurance Phone #: _____

Ins Address: _____ Policy#: _____ Group#: _____

Subscriber: _____ Subscriber's Birthdate: _____

Relation to Patient: Same / Spouse / Child / Other (Please Circle) Subscriber's Employer: _____

Secondary Insurance: _____ Insurance Phone #: _____

Ins Address: _____ Policy#: _____ Group#: _____

Subscriber: _____ Subscriber's Birthdate: _____

Relation to Patient: Same / Spouse / Child / Other (Please Circle) Subscriber's Employer: _____

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Dermatology and Allergy Specialists of Olympia, PLLC

304 West Bay Dr NW Olympia, WA 98502
 General Dermatology, STE 301; Mohs Surgery, STE 204

Welcome to our practice!

Please take the time to fill out the Health History Questionnaire below prior to your visit, as this will help speed the initial aspects of your visit with us.

Patient Name: _____ DOB: _____ Primary MD: _____

Pharmacy: _____

Past Medical History:

(Please add dates)

- Anxiety
- Arthritis: Type _____
- Asthma
- Atrial Fibrillation / Irregular heartbeat
- BPH (prostate)
- Bone Marrow Transplant
- Breast Cancer
- Colon Cancer
- COPD
- Coronary Artery Disease
- Depression
- Diabetes
- End Stage Renal Disease
- Fibromyalgia
- Gastroesophageal Reflux
- Other _____

- Hearing Loss
- Hepatitis: A B or C
- Hypertension
- HIV / AIDS
- Hypercholesterolemia
- Hyperthyroidism
- Leukemia
- Lung Cancer
- Lymphoma
- Prostate Cancer
- Radiation Treatment
- Seizures
- Stroke

Please circle all that apply.

Past Surgeries: *(Please add dates)*

- Appendix (appendectomy)
- Bladder (Cystectomy)
- Breast: Mastectomy R L B
- Breast: Lumpectomy R L B
- Breast: Biopsy R L B
- C Section
- Colon (colectomy for cancer)
- Colon (colectomy for diverticulitis)
- Gallbladder (cholecystectomy)
- Heart: PTCA
- Heart: Mechanical Valve replacement
- Heart: Biological Valve replacement
- Heart: Transplant
- Uterus: Hysterectomy _____
- Joint replacement: Knee R L B
- Other: _____

- Joint replacement: Hip
- Kidney biopsy
- Kidney removal (nephrectomy)
- Kidney stone removal
- Kidney transplant: Year _____
- Ovaries: Endometriosis
- Ovaries (Ovarian cancer)
- Prostate removal (cancer)
- Prostate: biopsy
- Prostate (TURP procedure)
- Skin Surgery
 - Biopsy
 - Basal cell carcinoma
 - Squamous cell carcinoma
 - Melanoma
 - Other: _____
- Spleen (splenectomy)
- Testicles (orchidectomy)
- Tonsillectomy

Dermatology History:

- Acne
- Actinic Keratoses (pre-cancers)
- Asthma
- Basal cell skin cancer**
- Blistering sunburns
- Dry skin
- Eczema
- Other: _____
- Flaking or itchy scalp
- Hay Fever / Allergies
- Melanoma**
- Poison Ivy
- Precancerous or atypical moles
- Psoriasis
- Rosacea
- Squamous cell skin cancer**

** If yes, please list cancer, location, date, and treatment

Patient Name: _____ DOB: _____

Do you wear Sunscreen? No _____ Yes _____ (SPF _____)

Tanning salon? No _____ Yes _____ Past _____

Family history of skin cancer? No _____ Yes _____ Type: BASAL CELL SQUAMOUS CELL
MELANOMA UNKNOWN (circle one)
If yes, (circle) mother father sister brother daughter son uncle aunt nephew
grandmother grandfather grandson granddaughter Other _____

Please list any medications and supplements or vitamins that you are taking:

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

Are you allergic to latex? Yes _____ No _____ Reaction: _____

Please list any allergies to medicines or anesthesia that you may have and the reaction:

1.	3.	5.
2.	4.	6.

Social History:

Do you use illicit, intravenous or recreational drugs? Yes _____ Type: _____ No _____

Do you drink alcohol? _____ No _____ Yes (circle one) Less than 1 drink/day; 1-2 drinks/day; 3 or more drinks/day

Do you feel safe at home? Yes _____ No _____

Marital status? Single _____ Married _____ Divorced _____ Widowed _____ Partner _____

Occupation (s): _____

Hobbies / Leisure activities: _____

Where did you grow up and/or spend significant time in your life? _____

Do you or have you ever smoked? Current everyday smoker: _____ packs per day
_____ Occasional smoker
_____ Former smoker _____ year quit
_____ Never smoker

How often do you exercise? _____ Several times a day
_____ Once a day
_____ A few times a week or month
_____ Never

What is your caffeine use? _____ Several times a day
_____ Once a day
_____ A few times a week or month
_____ Never

(Women) Are you pregnant? _____ Yes _____ No _____ Are you planning? If yes, due date? _____



Dermatology & Allergy Specialists of Olympia

Main Office: 304 West Bay Dr NW, Suite 301, Olympia, WA 98502 Voice:(360) 413-8760 Fax: (360) 413-8839
Allergy Office: 703 Lilly Road NE, Suite 103, Olympia, WA 98506 Voice: (360) 413-8265 Fax: (360) 413-8868

Notice of Privacy Practices Acknowledgement

Due to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, we must have your written acknowledgement of having had an opportunity to receive and review a copy of our Notice of Privacy Practices.

I, _____ acknowledge the opportunity to review and receive
(PRINT PATIENT NAME HERE)

Dermatology and Allergy Specialists of Olympia, PLLC. Notice of Privacy Practices.

OFFICE USE ONLY:

Patient refuses, or is unable to acknowledge receipt of the Notice of Privacy Practices.

Employee Signature

Date

Disclosures to Family and Friends and Clinical Information Calls

Under normal circumstances we would share some of your private health information (PHI) with some of your family members. Please read and complete both of the following:

1. I agree that this office may disclose my private health information to only the following individuals that are my **family members or friends (PLEASE PRINT)**

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ ALL INFORMATION FOR EMERGENCY ONLY

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ ALL INFORMATION FOR EMERGENCY ONLY

OR:

I do not want my private health information disclosed to any individual asking about me, regardless of whether or not they may be a family member or friend.

2. How would you like us to communicate with you regarding clinical information (such as test results and treatment plans)? Following your visit may we call and leave a message on the following:

Home Phone () _____ Cell phone () _____

Work Phone () _____ Other () _____

Signature

Date

Relationship to patient if signed on behalf of the patient