

**VARICOSE TO PERFECT**

572 N. Main Street, Springboro, Ohio 45066 5538 Philadelphia Drive, Dayton, Ohio 45415  
Phone: 937/748-8905 Fax: 937/748-8906

**PERSONAL INFORMATION**

|                                |                         |                   |
|--------------------------------|-------------------------|-------------------|
| <b>First Name:</b>             | <b>MI:</b>              | <b>Last Name:</b> |
| <b>SSN:</b>                    | <b>Date of Birth:</b>   | <b>Gender:</b>    |
| <b>Marital Status:</b>         | <b>Email Address:</b>   |                   |
| <b>Address:</b>                |                         |                   |
| <b>City:</b>                   | <b>State:</b>           | <b>Zip Code:</b>  |
| <b>Primary Phone:</b>          | <b>Secondary Phone:</b> |                   |
| <b>Employer:</b>               | <b>Employer Phone:</b>  |                   |
| <b>Preferred Language:</b>     | <b>Pharmacy:</b>        |                   |
| <b>Primary Care Physician:</b> |                         |                   |
| <b>Referral Source:</b>        |                         |                   |

**EMERGENCY CONTACT**

|  |
|--|
| <b>Name:</b>                               |
| <b>Relationship:</b> <b>Primary Phone:</b> |

**RACE**

**ETHNICITY**

|                          |                                  |                          |                      |                          |                            |                          |                               |
|--------------------------|----------------------------------|--------------------------|----------------------|--------------------------|----------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <b>American Indian</b>           | <input type="checkbox"/> | <b>Alaska Native</b> | <input type="checkbox"/> | <b>Asian</b>               | <input type="checkbox"/> | <b>Hispanic or Latino</b>     |
| <input type="checkbox"/> | <b>Black or African American</b> | <input type="checkbox"/> | <b>Caucasian</b>     | <input type="checkbox"/> | <b>Native Hawaiian</b>     | <input type="checkbox"/> | <b>Not Hispanic or Latino</b> |
| <input type="checkbox"/> | <b>Pacific Islander</b>          | <input type="checkbox"/> | <b>Other</b>         | <input type="checkbox"/> | <b>I Decline to Answer</b> | <input type="checkbox"/> |                               |

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize Varicose to Perfect to release any medical information to process a medical claim. I understand that I am financially responsible for any and all charges rendered at the time of my office visit, testing or procedure and that fees may be collected on the day services are received. If for any reason it becomes necessary to initiate collection proceedings, I understand that I am responsible for the cost of all treatments received, as well as any and all legal or collection fees that occur at Varicose to Perfect.

|                          |  |             |  |
|--------------------------|--|-------------|--|
| <b>Patient Signature</b> |  | <b>Date</b> |  |
|--------------------------|--|-------------|--|

## FINANCIAL POLICY

Thank You for choosing Varicose to Perfect as your healthcare provider. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. ***It is your responsibility to notify our office of any patient information changes*** (ie. address, name, insurance information, etc).

### Co-Pays

All co-payments and past due balances are due at the time of check-in unless previous arrangements have been made with the billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted.

### Insurance Claims

Insurance is a contract between you and your insurance company. In some cases, we may not be a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all **ACCURATE and CURRENT INSURANCE INFORMATION**, including primary and secondary coverage at the time services are rendered. **Failure to provide complete and accurate insurance information may result in patient responsibility for the ENTIRE bill.** Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company does not pay for any of your services performed at Varicose to Perfect, you will be responsible for the complete balance of the non-payable services. If we are out of network with your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to Varicose to Perfect within 15 days of receipt.

### Missed Appointments

We require a 24 hour notice of appointment cancellation. Appointments missed or cancelled with less than 24 hours notice may be charged the following fee:

- Office Visit: \$25.00
- Ultrasound: \$50.00
- Procedure: \$125.00

### Returned Checks

The charge for a returned check is \$25 payable by cash, money order or credit card. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

### Outstanding Balance Policy

It is our office policy that ALL PAST DUE ACCOUNTS be sent three statements. IF payment is not made on the account, a single phone call may be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency and count result in discharge from the Practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collection costs including any associated fees.

Regardless of any personal arrangements that a patient might have outside of Varicose to Perfect, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of services. Our office will not bill another personal party.

I, \_\_\_\_\_, have read the above Patient Financial Policy and understand my financial responsibility to Varicose to Perfect.

|                   |  |      |  |
|-------------------|--|------|--|
| Patient Signature |  | Date |  |
|-------------------|--|------|--|

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received Varicose to Perfect's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that Varicose to Perfect has the right to change its *Notice of Privacy Practices* from time to time and that I may contact Varicose to Perfect at any time at the address listed to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that Varicose to Perfect restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that Varicose to Perfect is not required to agree to my requested restrictions, but if Varicose to Perfect does agree then such restrictions are binding and must be honored.

On occasion, it may be necessary to release clinical information to outside physicians, radiological institutions, laboratories, etc that you have been referred to by, Varicose to Perfect, to aide in your coordination of care. We will not release your information to any third parties.

**DESIGNATION OF CERTAIN RELATIVES, CLOSE FRIENDS AND OTHER CAREGIVERS AS MY PERSONAL REPRESENTATIVE**

I agree that Varicose to Perfect may disclose certain pieces of my health information to a Personal Representative of my choosing, since such person is involved with the healthcare or payment relating to my healthcare. In that case, Varicose to perfect will disclose only information that is directly relevant to the person's involvement with my healthcare or payment relating to my healthcare.

| Name | Relationship | Phone # |
|------|--------------|---------|
|      |              |         |

| Name | Relationship | Phone # |
|------|--------------|---------|
|      |              |         |

The following person(s) **ARE NOT AUTHORIZED** to received by Patient Health Information

|                    |
|--------------------|
| <b>Print Name:</b> |
| <b>Print Name:</b> |

|  |
|--|
| <b>Patient Signature:</b>  |
| <b>Patient Name Printed:</b> <span style="float: right;"><b>Date:</b></span> |
| <b>Relationship to Patient (if not self):</b>                                |

**Varicose To Perfect  
Aberdeen Varicose Veins Questionnaire (AVVQ)**

The AVVQ form must be completed at baseline, 6 weeks, 6 months and 12 months.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Questionnaire Completed: \_\_\_\_\_

Please check one of the following:

- Baseline
- 6 Week Follow Up
- 6 Month Follow Up
- 12 Month Follow Up

**\*\* Please answer ALL 13 Questions\*\***

1). Please see chart for review of digital images.

2). In the last 2 weeks, how many days did your veins cause pain or aching?

|                       | Left Leg | Right Leg |
|-----------------------|----------|-----------|
| None at All           | _____    | _____     |
| Between 1 and 5 Days  | _____    | _____     |
| Between 6 and 10 Days | _____    | _____     |
| For more than 10 Days | _____    | _____     |

3). During the last 2 weeks, on how many days did you take pain killing medication for your varicose veins?

|                       | Left Leg | Right Leg |
|-----------------------|----------|-----------|
| None at All           | _____    | _____     |
| Between 1 and 5 Days  | _____    | _____     |
| Between 6 and 10 Days | _____    | _____     |
| For more than 10 Days | _____    | _____     |

4). In the last 2 weeks, how much ankle swelling have you had?

|                       | Left Leg | Right Leg |
|-----------------------|----------|-----------|
| None at All           | _____    | _____     |
| Between 1 and 5 Days  | _____    | _____     |
| Between 6 and 10 Days | _____    | _____     |
| For more than 10 Days | _____    | _____     |

5). In the last 2 weeks, have you worn support stockings or tights?

|                       | Left Leg | Right Leg |
|-----------------------|----------|-----------|
| None at All           | _____    | _____     |
| Between 1 and 5 Days  | _____    | _____     |
| Between 6 and 10 Days | _____    | _____     |
| For more than 10 Days | _____    | _____     |

6). In the past 2 weeks, have you had any itching in association with your varicose veins?

|                       | Left Leg | Right Leg |
|-----------------------|----------|-----------|
| None at All           | _____    | _____     |
| Between 1 and 5 Days  | _____    | _____     |
| Between 6 and 10 Days | _____    | _____     |
| For more than 10 Days | _____    | _____     |

7). Do you have purple discoloration caused by tiny blood vessels in the skin, in association with your varicose veins?

|                       | Left Leg | Right Leg |
|-----------------------|----------|-----------|
| None at All           | _____    | _____     |
| Between 1 and 5 Days  | _____    | _____     |
| Between 6 and 10 Days | _____    | _____     |
| For more than 10 Days | _____    | _____     |

8). Do you have a rash in the ankle area?

|                       | Left Leg | Right Leg |
|-----------------------|----------|-----------|
| None at All           | _____    | _____     |
| Between 1 and 5 Days  | _____    | _____     |
| Between 6 and 10 Days | _____    | _____     |
| For more than 10 Days | _____    | _____     |

9). Do you have a skin ulcer associated with your varicose veins?

|                       | Left Leg | Right Leg |
|-----------------------|----------|-----------|
| None at All           | _____    | _____     |
| Between 1 and 5 Days  | _____    | _____     |
| Between 6 and 10 Days | _____    | _____     |
| For more than 10 Days | _____    | _____     |

10). Does the appearance of your varicose veins cause you concern?

- No
- Yes, their appearance causes me slight concern
- Yes, their appearance causes me moderate concern
- Yes, their appearance causes me a great deal of concern

11). Does the appearance of your varicose veins influence your choice of clothing including tights?

- No
- Occasionally
- Often
- Always

12). During the last 2 weeks, have your varicose veins interfered with your work/housework or other activities?

- No
- I have been able to work but my work has suffered to a slight extent
- I have been able to work but my work has suffered to a moderate extent
- My veins have prevented me from working on day or more

13). During the last 2 weeks, have your varicose veins interfered with your leisure activities (including sports, hobbies and social life)?

- No
- Yes, my enjoyment has suffered to a slight extent
- Yes, my enjoyment has suffered to a moderate extent
- Yes, my veins have prevented me from taking part in any leisure activities

**Thank You for your participation!!!**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Medical History (Symptoms & Conditions)

Please check the appropriate box(es) below if you have (or have had in the past) **ANY** of the following:

#### CARDIAC/VASCULAR

- Aortic Stenosis
- Abnormal EKG
- Cardiac Arrest
- Congestive Heart Failure
- Coronary Artery Disease
- Heart Attack: Date: \_\_\_\_\_
- Heart Murmur
- Pericardial Effusion
- Pericarditis
- Arrhythmia
  
- Aneurysm
- Carotid Stenosis
- TIA/CVA
- DVT
- Gangrene
- Claudication
- Ulceration: Location: \_\_\_\_\_
- PAD/PVD
- Raynaud's Disease
- Renal Artery Stenosis
- Subclavian Stenosis
- Thoracic Outlet Syndrome
- Thrombophlebitis
- Varicose Veins
- Venous Insufficiency

#### SOCIAL HISTORY

- Alcohol Use
- Drug Use
- Type: \_\_\_\_\_
- Tobacco Use

#### FAMILY HISTORY

- Aneurysm
- Coronary Artery Disease
- Cancer
- Diabetes
- Pulmonary Disease
- Premature Heart Disease
- Stroke
  
- Rhythm Disorder
- Sudden Cardiac Death
- Varicose Veins

#### GENERAL

- Alzheimers
- Anemia
- Asthma
- Blood Thinners
- Cancer
- Type \_\_\_\_\_
- COPD
- Depression
- Diabetes
- Dyspnea
- Edema/Swelling
- GERD
- GI Bleed
- Hemorrhage
- Hepatitis
- Type \_\_\_\_\_
- HIV
- Hyperlipidemia
- Hypertension
- Hypotension
- Liver Disease
- Lymphedema
- Erectile Disorder
- Menopause
- Obesity
- Palpitations
- Neuropathy
  
- Pleural Effusion
- Pregnancy
- Pulmonary Embolism
- Renal Disease
- Seizure Disorder
- Shortness of Breath
- Sleep Apnea
- Syncope
- Thyroid Disorder
- Vertigo
- Other
- No Significant  
    Medical History

## Surgical History

No Significant Surgical History

### GENERAL

- Advanced Reaction to Anesthesia
- Easy Bruising Tendancy
- Easy Bruising

### FEMALE

- Breast Surgery
- Hysterectomy
- Tubal Ligation
- Cesarean Section

### MALE

- Prostate Surgery

### GASTRO

- Appendectomy
- Gallbladder Surgery
- Hernia Repair
- Upper EGD
- Colonoscopy
- Sigmoidoscopy
- Colectomy
- Ileostomy
- Hemorrhoidectomy
- Small Bowel Resection
- Colostomy

### VENOUS PROCEDURES

- Cosmetic Injections  Right  Left
- Vein Stripping  Right  Left
- Ambulatory Phlebectomy  Right  Left
- Vein Ligation  Right  Left
- Endovenous Radiofrequency Ablation
  - Right  Left
- Endovenous Laser Ablation
  - Right  Left

### MUSCULOSKELETAL

- Back Surgery
- Hip Replacement
- Knee Replacement
- Rotator Cuff Repair

### OTHER

- Lung Surgery
- Tonsils/Adenoids
- Nephrectomy
- Lithotripsy
- Cataract Surgery
- Chemotherapy

### CARDIOVASCULAR

- Cardiac Cath
- PTCA/stent
- CABG
- Valve Replacement
- Pacemaker Implant
- ICD (Defibrillator) Implant
- AAA/TAA Stent Placement
- Aneurysm Repair
- Carotid Stent
- Carotid Endarterectomy
- Renal Angiogram/PTA/stent
- Lower Extremity Angiogram/PTA/stent
- Lower Extremity Bypass
- Amputation