

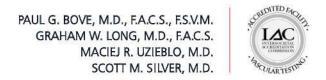
Date: \_\_\_\_\_

525 East Big Beaver Road • Suite 125 • Troy, MI 48083 • Phone: 248.688.9860 • Fax: 248.688.9861 • www.michiganvascularsurgeons.com

MRN:
or surgical treatment as may be deemed necessary and appropriate by the ting in my care. This care may include; diagnostic, laboratory or radiology edures, nursing, hospital or blood transfusions. I understand I will sign are ocedure is recommended.
ar & Endovascular Associates, PLC to release pertinent information and/opayment or health care operation purposes. I understand such information irrus (HIV), AIDES Related Complex (ARC) and Acquired Immunodeficiency buse, psychiatric/psychological services records and social work records, in their information.
ent from my insurance company directly to Vascular & Endovascular any and all services rendered. I agree to pay, at the time of completed assurance company. I understand it is my primary responsibility to pay allowe of any disputes or disagreements between myself and the insurance
tice of medicine and surgery is not an exact science and I acknowledge en made to me as to the results of the care and treatment which I have Endovascular Associates, PLC of all responsibility for personal articles in a patient. I understand the office is not responsible for personal articles tient at the office.
RECEIPT OF NOTICE OF PRIVACY PRACTICES
of Privacy Practices.
Date
Privacy Practice was not obtained because:
otes are second and are a

Signature of Patient:





### Beginning June 1, 2018:

Due to new government regulations, all narcotic prescriptions require practitioners to check and update the Michigan Automated Prescription System (MAPS) prior to prescribing a narcotic medication. Some of the changes to the prescription of narcotic medications include the following:

- Requests may be made only during regular office hours (8:00 AM to 4:30 PM), Monday through Friday or during regularly scheduled office visits.
- Refill requests will not be honored on nights, weekends and holidays.
- Narcotic prescriptions cannot be written for more than a 7-day supply.
- Requests will not be honored if patients run out early, lose a prescription or spill/misplace medications.
- Only written prescriptions will be given and no narcotic prescriptions will be telephoned or faxed to the pharmacy.
- <u>Refill requests for narcotic medications require at least 3 business days (72 hours) notice</u>, to allow enough time for the provider to check and update the Michigan Automated Prescription System (MAPS).
- To help both providers and patients to comply with the law regarding narcotics, patients will be required to sign an "Informed Consent" acknowledging that:
  - o They have received information regarding the danger of opioid addiction.
  - o How to properly dispose of unused controlled substances.
  - o Delivery of a controlled substance is a felony under MI law.
  - Short-and-long term effects of exposing a fetus to a controlled substance.

PLEASE PLAN AHEAD! We cannot accommodate same day requests for pain medication.

#### **All Other Prescription Refills**

- We require a **72 hour (3 business days)** notice for refill and prescription requests. Please plan accordingly.
- We also encourage you to contact your pharmacy before going to pick up your prescription to make sure it is ready.

stI have read and understand the guideline.	s of the Vascular and Endovascular Associates.	
Signature:	Date:	



# Cancellation Policy/No Show Policy

For Doctor Appointments and Surgery

### 1. Cancellation/ No Show Policy for Doctor Appointment or Ultrasound

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed care or treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book.

If an appointment is not cancelled at least 24 hours in advance you will be charged a fifty dollar (\$50) fee; this will not be covered by your insurance company.

### 2. Scheduled Appointments

We understand that delays can happen however we must try to keep the other patients and doctors on time.

If a patient is more than 30 minutes late we will have to reschedule the appointment.

#### 3. Cancellation/ No Show Policy for Surgery

Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office.

If a surgery is not cancelled at least 3 days in advance you will be charged a one hundred dollar (\$100) fee; this is will not be covered by your insurance company.

#### 4. Account Balances

Patients who have questions about their bills or who would like to discuss a payment plan option may call and speak to a billing representative who can review their account and concerns.

	Date
Signature (Patient or Guardian)	
Print Name (Patient or Guardian)	

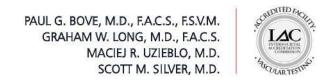




ADVANCED DIRECTIVE / LIVING	WILL DATE:	
Do you have an Advanced Di	Pirective or Living Will? (Circle on	ıe)
YES	NO	
Signature of Patient:	Date:	
If YES – please bring a copy of it wit add it into your Beaumont Health S	th you to your next appointment so we r System record.	nay
Thank you		

Note: An advanced directive allows you to plan your medical care or treatment in advance should there ever come a time when you are unable to express your personal health





# Patient Medical History Form

Name			Today's Date					
DOB		Age	Age Sex					
Reason for Visit				Primary Care	Physi	cian		
Smoker: □No □Yes Ho	w mar	ny years ?	PPD	Year Quit:		Ready	≀to Quit? □	Yes □No
How much alcohol do you	drink?	·		Recreati	onal	Drug Use?	☐ Yes	□ No
Do you live alone? $\Box$	Yes □	] No	Do y	ou require assist	ance	at home?	☐ Yes	□ No
Past Medical His	torv			Fam	ilv Hi	istory		
Aneurysm	Υ	N	Abdominal Aort	· · · · · · · · · · · · · · · · · · ·				
Bleeding Disorders		N	Bleeding Disord	-	N	Who		
Blood Clots	Ϋ́	N	Blood Clots	Y	N			
Cancer	Y	N	Cancer	Ϋ́	N	Who		
Carotid Disease	Υ	N	Diabetes	Υ	Ν			
Diabetes	Υ	N	Heart Disease	Υ	Ν	Who		
Deep Vein Thrombosis	Υ	N	High Cholestero	ol Y	Ν	Who		
Heart Disease	Υ	N	Hypertension	Υ	Ν	Who		
Hypertension	Υ	N	Stroke	Υ	Ν			
Lipid/Cholesterol	Υ	N	Sudden Death	Υ	Ν			
Renal Insufficiency	Υ	N	Varicose Veins	Υ	Ν	Who		
Stroke	Υ	N	Other:					
TIA	Υ	N						
Varicose Veins	Υ	N						
Other:								
-								
Past Surgical History								
Abdominal Aneurysm Re	nair	Υ	N When					
Carotid Artery Surgery	Pull	Y		it/Both When:				
Open Heart Surgery		Y		ic, both when				
Coronary Stent/Angiopla:	ctv	Y						
· · · · · · · · · · · · · · · · · · ·	Sty							
Leg Vein Surgery		Y	N when					
Leg Artery Surgery		Y	N When					
Dialysis Access Graft		Υ	N When					
Other:								



PAUL G. BOVE, M.D., F.A.C.S., F.S.V.M.
GRAHAM W. LONG, M.D., F.A.C.S.
MACIEJ R. UZIEBLO, M.D.
SCOTT M. SILVER, M.D.

525 East Big Beaver Road • Suite 125 • Troy, MI 48083 • Phone: 248.688.9860 • Fax: 248.688.9861 • www.michiganvascularsurgeons.com

☐ Paul G. Bove, M.	.D. 🗆 Graham W	. Long, M.D	.   Maciej	R. Uzieblo, M.D.	☐ Scott M. Silver, M.D.
		PATIENT	INFORMATIO	N	
Last Name:	First:		Middle:	Patient ID#:	Birth Date:
Street address:	Γ			Home Phone:	
P.O. Box:	City:			State: MI	ZIP Code:
Pharmacy Name:				Pharmacy Phone:	
		IN CASE	OF EMERGENC	Y	
Contact Name:			<b>Contact Phone:</b>		
Next of Kin Name:			Next of Kin Pho	one:	
	CURRENT MEDICA	ATION — PRI	ESCRIPTION 8	OVER-THE-COU	NTER
Name of Current Medic	ation(s):	Dose of Med	lication	How Often Do Y	ou Take This Medication?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
	ALLERGIES – FOO	DD, MEDICA			
Allergic To:			Describe R	Reaction:	



PAUL G. BOVE, M.D., F.A.C.S., F.S.V.M.

GRAHAM W. LONG, M.D., F.A.C.S.

MACIEJ R. UZIEBLO, M.D.

SCOTT M. SILVER, M.D.

525 East Big Beaver Road • Suite 125 • Troy, MI 48083 • Phone: 248.688.9860 • Fax: 248.688.9861 • www.michiganvascularsurgeons.com

## Sclerotherapy Patient History Form

(Sclerotherapy patients only)

Name			Date	e		
Referred by Dr.						
Birth Date			Allergies _			
Email address						
Last LEV (ultrasound o	f the leg	s)		Right	Lef	t Bilateral
Results of LEV reviewe	ed and by	which MD?	☐ Yes ☐ No MD			
Have you had a vein p	rocedure	e performed in	the past? $\square$ Yes $\square$ No If yes	s, what was the	procedure	and what were
the results?						
Are you a smoker?			may increase your risk for bl		-	er day:
Do you drink alcohol?	☐ Yes	☐ No If so	, how many drinks per week?	?		
<u>Are you taking?</u>						
Aspirin	Pla	avix	Coumadin		Xarelto	
Non-steroidal anti-infl	ammator	y drugs	Oral Contraceptives		Antibiotics	∃ Yes □ No
Do you have leg pair		-	_		Left	Right
Is your leg pain or cr		wniie waikin	g;		Yes	No
Do you have leg swe	•	d:l	2		Yes	No
Do you have leg wou Do you have a histor					Yes Yes	No No
Do you have a histor	y or red	ness of bleet	anig nom venis:		163	NO
Do you wear compre	ession st	cockings? If so	o, for how long?			
Do you have a histor	y of mig	graines includ	ling optical migraines?	Yes □ No		
Are you pregnant?	☐ Yes	☐ No If pre	egnant, are you breastfeed	ing? ☐ Yes		No



PAUL G. BOVE, M.D., F.A.C.S., F.S.V.M.

GRAHAM W. LONG, M.D., F.A.C.S.

MACIEJ R. UZIEBLO, M.D.

SCOTT M. SILVER, M.D.

525 East Big Beaver Road • Suite 125 • Troy, MI 48083 • Phone: 248.688.9860 • Fax: 248.688.9861 • www.michiganvascularsurgeons.com

Do you have a history of any of the following:		
Acute Superficial Vein Thrombosis	Yes	No
Anesthesia problems	Yes	No
Arterial Disease	Yes	No
Arthritis	Yes	No
Auto-immune disease (i.e., lupus)	Yes	No
Hepatitis	Yes	No
High Blood Pressure	Yes	No
HIV infection	Yes	No
Keloids or excessive scar formation	Yes	No
Lung disease	Yes	No
Peripheral vascular disease	Yes	No
Previous anaphylaxis to proposed sclerosants	Yes	No
Skin disease (systemic disease)	Yes	No
Thrombophilia	Yes	No
Uncontrolled asthma	Yes	No

Have you ever had any of the following treatments?		
Vein removal (phlebectomy)	R	L
Vein stripping	R	L
Vein tied off	R	L
Vein injection	R	Г
Vein ablation (EVLT, laser or RF)	R	L

## Past Surgical History

ease list the type and date of previous surgeries:
mily History
ease list vein problems that affect your family members (varicose, spider veins, blood clots, or
vollen legs:
eviewed By: Date: