Contemporary OB/GYN of Western Kentucky

PATIENT REGISTRATION

PATIENT INFORMATION

Name _____ Former Name _____
Last *First* *MI*

Date of Birth _____ Social Security # _____

Address _____
Street *City* *State* *Zip*

E-mail address _____

Primary Phone # _____ ☐ Home ☐ Cell

Secondary Phone # _____ ☐ Home ☐ Cell

Marital Status ☐Single ☐Married ☐Divorced ☐Widowed

_____
If married, spouse's name

_____
Financially responsible person (if under 18 years of age)

PATIENT'S EMPLOYMENT INFORMATION

Employment Status ☐Full Time ☐Part Time ☐Retired ☐Unemployed

Employer's Name _____

Employer's Phone _____ May we contact you at work? ☐Yes ☐No

Student Status ☐Full Time ☐Part Time ☐Not a Student

RELEASE OF MEDICAL INFORMATION

With whom may we discuss your medical condition?

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

By signing this statement, you release the staff of Contemporary OB/GYN of Western Kentucky from any and all liability from disclosing confidential information to the persons listed above. This may include, but is not limited to, information regarding HIV, sexually transmitted diseases, and sexual and psychological history.

Signature _____ Date _____

Patient Name _____

Preferred Lab Company (i.e.-Quest,Labcorp,BHP) to send your blood work/specimens to:_____

(* If you do not choose a preferred lab, we will automatically send all blood work & specimens to Quest Diagnostics*)

Primary Care Physician _____

Referring Physician, if any_____

Emergency Contact _____

Name *Relation* *Telephone Number*

Which pharmacy do you use most often? _____

How did you hear about us (Check all that apply)?

☐ The Paducah Sun
☐ Radio
☐ The Yellow Pages
☐ Hometown Phonebook
☐ Total Rejuvenation
☐ Real Women's Expo
☐ Baby Fair @ Western Baptist
☐ Health Department
☐ Magazine _____
☐ Physician(s) (Name) _____
☐ Friend(s) or Family Member(s) (Please tell us so that we may thank them!)

_____

☐ Other _____

☐Movie Theatre
☐Internet/ Google/Other Search Engine
☐Facebook
__Dr. Mueller's Page
__Contemporary OB/GYN's Page
__A Friends Page

PATIENT POLICIES

We are very pleased to have you as our patient. These policies have been established so that we can give you the best care possible.

- If you are more than 15 minutes late for your scheduled appointment time, you will be asked to reschedule.
- We ask that you please give our office 24 hours notice of cancellation unless it is an emergent situation.
- After three "no show" visits in which we do not receive 24 hours notice, we will cease care.
- All co-payments are due at the time of service, unless other arrangements are made in advance.
- Self-pay patients are expected to pay in full at time of service, unless other arrangements are made in advance.
- It is ultimately the patient's responsibility to know which physicians, facilities, and labs are in network with their insurance company. If you do not request that your blood work/pathology goes to a certain lab you are responsible for any cost associated.
- I agree that Contemporary OB/GYN may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payers for treatment purposes**.**

I have read the above patient policies. I understand that it is my responsibility to contact a staff member for assistance if I have any questions or concerns.

Signature _____ Date _____

ASSIGNMENT OF INSURANCE BENEFITS

Please present your insurance card(s) to the Receptionist at every visit.

Name _____
Last *First* *MI*

Primary Insurance

Primary Insurance Company Name _____

Policy Holder Name _____Policy Holder Date of Birth _____

Policy Holder Social Security # _____ Sex ☐Female ☐ Male

Policy Holder Employer _____

Relationship to You ☐Self ☐Spouse ☐Parent ☐Other _____

Copay $ _____

Secondary Insurance

Secondary Insurance Company Name _____

Policy Holder Name _____Policy Holder Date of Birth _____

Policy Holder Social Security # _____ Sex ☐Female ☐ Male

Policy Holder Employer _____

Relationship to You ☐Self ☐Spouse ☐Parent ☐Other _____

Copay $ _____

I hereby authorize and direct the above insurance company to pay benefits due in accordance with the terms of my policy as follows:

Benefits payable to:
Contemporary OB/GYN of Western Kentucky
2605 Kentucky Avenue, Suite 103
Paducah, Kentucky 42003

- I agree to pay all medical expenses not covered by the above named policy.
- I authorize Contemporary OB/GYN of Western Kentucky to release any information needed by the insurance company regarding this claim.
- I understand and agree that it is my responsibility to verify that Contemporary OB/GYN of Western Kentucky is an approved provider for my specific insurance. If preauthorization or provider verification was not obtained, I understand and acknowledge that I am fully responsible for the bill.
- I understand and agree that if it should become necessary for Contemporary OB/GYN of Western Kentucky to pursue collections of my account through a third party, I will be liable for any and all costs associated with the collection process.
- I request payment of insurance benefits be paid directly to the physician listed on the claim.

Signature _____ Date _____

Self Pay Only

I have no insurance and will make payment in full today by:
___Cash
___Check
___Credit Card

Signature _____ Date _____

Contemporary OB/GYN
of Western Kentucky

April 2012

Dear Patient:

In light of revised Cervical Cancer Screening Guidelines/Recommendations by the American Cancer Society (ACS) and the American College of Obstetrics and Gynecology (ACOG), we are pleased to inform you that our practice will be implementing these new guidelines starting April 2012. We will also be providing patients with a test, High-*Risk HPV DNA*, designed to complement the Pap test. According to the ACS and ACOG, the incorporation of this test for *women age 30 and older* will provide extremely valuable insight in the early detection of cervical cancer and its precursors.

ACOG Guidelines for Cervical Cancer Screening

When to start getting Pap tests?

- First Pap test at age 21.

How often to get tested?

- Women ages 21 to 30 need a Pap test every two years.
- Women over 30 who have had three or more normal annual Pap tests can be screened every 3 years.

When to stop getting tested?

- Women 65 years old or older can discontinue having Pap tests if recommended by their doctors based on the results of previous tests.
- Women with total hysterectomy, which were done due to causes other than cancer, can discontinue having Pap tests.

The revised recommendations do not at all mean the end of the annual visit. The decreased requirement for cervical screening frees up valuable time at the visit, which will facilitate clinicians' ability to address the many other important components of health care screening and evaluation.

Screening for cervical cancer is an important part of ongoing ambulatory care for women, but it is far from the only service provided by obstetrician-gynecologists and other clinicians during a well-woman exam. When screening for cervical cancer is not indicated due to interval since last screen, hysterectomy status, or age, clinicians can instead focus on other health care concerns that will be more valuable to women—instead of spending clinician and patient time on a health care service with limited benefit. For example:

- Adolescents and young women can benefit from counseling on healthy diet, risky behaviors, family planning, and—if they are sexually active—testing for sexually transmitted diseases. The focus for cervical cancer for this age group should be on primary prevention through HPV vaccination.
- Women of reproductive age will benefit from counseling and shared decision making on family planning, including support for consistent, effective use of their chosen method.
- Women in the later reproductive years and perimenopausal women will benefit from counseling on the menopausal transition, osteoporosis prevention, and referral for mammography and colorectal cancer screening.
- Both women of reproductive age and postmenopausal women benefit from ongoing evaluation of continence and pelvic floor function, which can be essential to their health and social functioning.

Patient Signature Date

The well-woman visit has always been more than just a "Pap smear," and the decreased need for cervical screening actually constitutes a minor change to an important aspect of a woman's health care.

Both ACS and ACOG recommend yearly physical exams including breast exam, pelvic exam (with or without pap smear) and STI screening if indicated.

All women 24 years and younger should have annual STI screening.

You MUST have an annual exam including a breast and pelvic exam to receive birth control or hormonal therapy.

If you have ever had an abnormal Pap smear, consult with the provider performing your exam concerning how often you will need Pap smears.

You are probably familiar with the Pap test, but may not be familiar with the *High-Risk HPV DNA* test and the reasons why you should have this test performed along with your Pap test.

- HPV is a very common virus.
- Approximately 20 million people are currently infected with HPV. At least 50 percent of sexually active men and women acquire genital HPV infection at some point in their lives. By age 50, at least 80 percent of women will have acquired a genital HPV infection. About 6.2 million Americans get a new genital HPV infection each year. (Centers for Disease Control and Prevention, www.cdc.gov)
- Most women will successfully clear the virus soon after infection. If the virus isn't cleared by your immune system, it may cause abnormal changes to the cells of your cervix.
- The High-Risk HPV DNA test allows us to look for these abnormal cells indicating the possible presence of HPV, a virus that can progress to cervical cancer if undiagnosed or untreated.

We are aware that certain insurance plans will be reimbursing for this test, however, we cannot be sure your particular plan has included this test in your benefits.

- It is your responsibility to ascertain your plan coverage. The Current Procedural Terminology (CPT) Code for this test is 87621.
- We will try to help you with any questions you may have regarding your discussion with your insurance provider.

HPV testing is playing a growing role in cervical cancer screenings programs and our practice is committed to providing you with the latest advancements that are available.

Thank you,

Susan K. Mueller, M.D.

Patient Signature Date

Contemporary OB/GYN of Western Kentucky

Depression Screening Quiz

Patient Name _____ Date _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way	☐	☐	☐	☐

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

Patient Signature _____ Date _____