



5206 N Scottsdale Rd  
Paradise Valley, AZ  
85253  
480.948.5045

**PATIENT INFORMATION**

<u>Patient Name:</u>		<u>Date of Birth:</u>
<u>Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Home Phone:</u>	<u>Mobile Phone:</u>	<u>Work Phone:</u>
<u>Email Address:</u>		
<u>How did you hear about us?</u>		
<u>Current Occupation:</u>	<u>Employer:</u>	
<u>Emergency Contact:</u>		
<u>Name:</u>	<u>Phone:</u>	<u>Relationship:</u>

**NEWSLETTER AND APPOINTMENT CONFIRMATION**

Would you like to receive Van Dyke Aesthetics monthly newsletter?

Yes  No

Van Dyke Aesthetics is now offering quick and easy text message appointment reminders!  
How do you prefer to receive your appointment reminders?

Text  Automated Voice Call  don't want reminders

**FINANCIAL RESPONSIBILITY**

Payment in full for all services and products is made at time of service. Treatment at Van Dyke Aesthetics is cosmetic and therefore not covered by insurance or Medicare.

The patient is financially responsible for all services and products. Please notify us if you will be late or unable to make your scheduled appointment. Failure to cancel a scheduled appointment within 24hours will result in an office visit charge.

Van Dyke Aesthetics is required by applicable federal and state law to maintain the privacy of your health information. It is our intent to comply with all rules and regulation that apply to our practice and maintain the highest standard in protecting the privacy of our patients. For more information about our privacy practices, or to receive a copy of our Notice or Privacy Practices, please ask to speak with our Office Manager.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



5206 N Scottsdale Rd  
Paradise Valley, AZ  
85253  
480.948.5045

**TELL US YOUR INTEREST/CONCERNS?**

Circle all that apply

Voluma	Ultherapy	Volume Loss	Sweat
Fillers	Thermage Body	Wrinkles	Cellulite
Sculptra	CoolSculpting	Sun Damage	Stretch Marks
Botox/Dysport	Laser Hair Removal	Pre-cancers	Body Contouring
Kybella	MiraDry Sweat Reduction	Pigment	Skin Rejuvenation
Active Fx	Intense Pulse Light/IPL	Redness/Facial Veins	Skin Laxity
Fraxel	Skin Care	Pore Size	<del>Microneedling/PRP</del>
Clear and Brilliant	Hand Rejuvenation	Acne	Hair Restoration
Dermal Infusion			

HISTORY OF...	YES	NO	WHEN WAS MOST RECENT TREATMENT/EPIISODE?
Facial surgery			
Facial implants			
Skin cancers			
Skin pre-cancers			
Cold sore/fever blister			
Pacemaker			
Internal medical device			
Skin sensitivity to light			
Fillers			
Botox/Dysport			
Laser			
Chemical peel			

**TELL US YOUR CURRENT SKIN CARE REGIMEN:**

\_\_\_\_\_

**WITH EXTENDED SUN EXPOSURE DO YOU....**

Always burn	Burn then tan slowly	Occasionally burn, tan well	Rarely burn tan deeply	Never burn
-------------	----------------------	-----------------------------	------------------------	------------

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



5206 N Scottsdale Rd  
Paradise Valley, AZ  
85253  
480.948.5045

Patient Medical History

AGE		HEIGHT		WEIGHT	
<i>Check all that apply</i>					
Blood transfusions	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	HIV	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Bleeding tendency	<input type="checkbox"/>
Dry eyes	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Keloids	<input type="checkbox"/>
Lung disease	<input type="checkbox"/>	Heart attack	<input type="checkbox"/>	Abnormal scarring	<input type="checkbox"/>
TB	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Difficulty healing	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>	History of taking Accutane	<input type="checkbox"/>
Wheezing	<input type="checkbox"/>	Scleroderma	<input type="checkbox"/>	Problems with anesthesia	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	Lupus	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Heart burn	<input type="checkbox"/>
Irregular Heart Beat	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Gum Disease	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	Cold Sensitivity	<input type="checkbox"/>
<b>OTHER</b>					

SURGERIES: YES/NO  
IF YES, LIST:

MEDICATIONS: YES/NO  
IF YES, LIST:

OVER THE COUNTER MEDICATIONS/VITAMINS/SUPPLEMENTS: YES/NO  
IF YES, LIST:

ALLERGIES: YES/NO  
IF YES, LIST:

SMOKE: YES/NO \_\_\_\_\_ PACKS PER DAY FOR \_\_\_\_\_ YEARS

*I acknowledge that I have disclosed my complete medical history and the above is a complete and accurate representation of my medical status.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION.

### USE AND DISCLOSURE

**TREATMENT:** Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluation of your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**REMINDERS/NOTIFICATIONS:** Our staff will use your health information to send you follow-up care, referral or appointment reminders. We may also send you information describing changes occurring at Van Dyke Aesthetics such as address changes, new locations or changes in business hours.

**TREATMENT INFORMATION:** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

**PAYMENT:** Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

**HEALTHCARE OPERATIONS:** Your health information may be used as necessary to support the day-to-day activities and management of Van Dyke Aesthetics. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**LAW ENFORCEMENT:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

**PUBLIC HEALTH REPORTING:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report communicable diseases to the state's public health department. Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization.

However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

## **INDIVIDUAL RIGHTS**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

## **VAN DYKE AESTHETICS DUTIES**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

## **RIGHT TO REVISE PRIVACY PRACTICES**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

## **REQUEST TO INSPECT PROTECTED HEALTH INFORMATION**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

## **COMPLAINTS**

If you would like to submit a comment or complaint about our privacy practices, you may do so by sending a letter outlining your concerns to:

**Privacy Official  
Van Dyke Aesthetics  
5206 N Scottsdale Road  
Paradise Valley, AZ 85253**

If you believe that your privacy rights have been violated, you should bring the matter to our attention by sending a letter describing the cause of your concern to the address listed above. You will not be penalized or otherwise retaliated against for filing a complaint.

By your signature below, you acknowledge that you have received, read and understand your rights and those of Van Dyke Aesthetics.

---

Patient Signature

Date

---

Print Name

Witness



5206 North Scottsdale Road  
Paradise Valley, AZ 85253  
480.948.5045  
www.vandykeaesthetics.com

## Cancellation Agreement

While we are very much looking forward to seeing you, we do understand that unavoidable circumstances may arise. If you are unable to keep your appointment, we ask that you please let us know 24 hours prior to your scheduled appointment time.

You will incur a \$50 cancellation fee if you are unable to cancel your appointment 24 hours in advance.

For larger procedures, the 20% collected at time of scheduling are non-refundable, but can be applied to other treatments or transferred to another patient.

All fees will be due prior to scheduling your next appointment.

As a valued patient in our office, your feedback is very important to us. Please do not hesitate to bring any questions, or concerns, that you may have regarding this, or any other policy, to the attention of our Front Office Manager.

---

Patient Signature

Date

---

Print Name

Witness



5206 North Scottsdale Road  
Paradise Valley, AZ 85253  
480.948.5045  
www.vandykeaesthetics.com

### Photo Consent

1. Clinical photographs are part of your evaluation and are a critical component of the planning of appropriate and beneficial treatments. Photos are routinely taken as a baseline and frequently throughout your treatment to help assess your results and are **required** as part of your treatment plan. Photographs are a private and confidential part of your medical record and are protected as such by law. By your signature below, you acknowledge that you understand and consent for clinical photographs to be taken as part of your medical record for in office use only.
  
2. Great outcomes are worth sharing! From time to time, with your express written consent only, we share before and after photos of patient treatment and outcomes for marketing and educational purposes. Please indicate below if you would be agreeable to sharing your photo:
  - To prospective patients in Dr. Van Dyke's office  
Yes      No      Initials \_\_\_\_\_
  - To prospective patients during educational seminars held at VDA or elsewhere  
Yes      No      Initials \_\_\_\_\_
  - To medical professionals in medical publications/meetings or webinars  
Yes      No      Initials \_\_\_\_\_
  - To the public in advertisements/media  
Yes      No      Initials \_\_\_\_\_
  - To the public on website or elsewhere on internet  
Yes      No      Initials \_\_\_\_\_

---

Patient Signature

Date

---

Print Name

Witness