

All patients must complete our Medical History and Registration Form and sign our policy section in full prior to being seen by any provider at Mimi Lee, M.D., P.A. Your information is kept confidential in accordance with our privacy practice. Thank you for your cooperation.

PLEASE ANSWER TO THE BEST OF YOUR KNOWLEDGE TO HELP YOUR DOCTOR MAKE DECISION REGARDING YOUR CARE

NAME (First, Middle initial, Last) Mr/ Ms/ Mrs/ Dr: _____ AGE _____ HT _____ WT _____
 REFERRING PHYSICIAN _____ CITY _____ PHONE #: (_____) _____
 REFERRAL SOURCE _____ REASON FOR VISIT _____

YOUR MEDICAL HISTORY

COMPLETE MEDICAL HISTORY (List all health issues: including high blood pressure, heart disease, stroke, diabetes, fibromyalgia etc):

COMPLETE SURGERY HISTORY/ OPERATIONS:

LIST ALL DRUG ALLERGIES & REACTIONS: _____ No drug allergy

YOUR CURRENT MEDICATION: (List all medications include prescriptive & over the counter, blood pressure, vitamins, ibuprofen, aspirin)

Do you drink alcohol, wine, or beer? No , Yes : how much per week? _____

Are you a (please circle): nonsmoker smoker ex-smoker how many packs / day? _____

REVIEW OF SYSTEMS: PLEASE CIRCLE ANY FOLLOWING YOU HAVE OR HAVE HAD (You may add anything not listed)

Constitution: Change in weight High blood pressure High cholesterol Decreased appetite Fatigue Fevers Cancer of _____	Skin: Itching Rash Change in size or color of moles Dry skin Chronic skin problem	Mental: Anxiety Confusion Depression Delusion
Eyes: Decreased vision Double vision Temporary blindness Blurred vision Detached retina Temporal arteritis	Ears/ Nose/ Throat: Sore throat Sinus drainage Hoarseness Ear discharge Nose bleeds Hearing deficit Ringing in ears	Hematologic: Easy bruising Anemia Clotting disorder Bleeding disorder
Neuro: Paralysis Weakness Seizure Fainting Headaches Migraine Stroke Numbness/ tingling in arms or legs or feet Dysphasia (speech difficulty) Decreased memory	Gastro: Painful swallow Indigestion Vomiting Vomit blood Gallbladder disease Liver disease/ hepatitis Hemorrhoids Diarrhea Jaundice (yellowing of skin) Constipation Abdominal pain Bloody stool Change in stool color Change in bowel habits	Arterial/ Vascular: Rest pain (leg pain when lying in bed) Claudication (leg pain during exercise) Sensitivity to cold (fingers/ toes get blue) Gangrene Chronic leg wound PVD (peripheral vascular disease) Raynauld's

Cardiac:	Respiratory:	Endocrine:
Leg edema/ swelling Atrial fibrillation Dyspnea (breathing difficulty) Dizziness Congenital heart disease Rheumatic heart disease Murmur Syncope (passing out) Palpitation Heart attack Chest discomfort / chest pain	Cough Production of sputum Coughing of blood COPD/ emphysema Sleep Apnea Wheezing Bronchitis Pneumonia	Thyroid disorder Insulin diabetes Non-insulin diabetes Polyphagia (excessive appetite) Polydipsia (excessive thirst)
Urologic:	Musculoskeletal:	Immunologic:
Unable to urinate Painful urination Prostate issue Kidney/ bladder disease Decreased urine stream Renal insufficiency/ failure Bloody urine Frequent urination	Bone/ joint deformity Joint swelling Back pain Muscle ache Limited motion Knee replacement Hip replacement Spinal problem	Lupus Rheumatoid arthritis HIV
		OB/GYN:
		Irregular period Breast problem Menopause

Please check here if you have not had any of the above symptoms or illnesses

PATIENT SIGNATURE _____ DATE _____ **MIMI LEE, M.D** revised 4/2011
I reviewed the medical history provided by patient

REGISTRATION INFORMATION

NAME: _____ SEX M F BIRTHDATE ____/____/____

SOCIAL SECURITY #: _____ MARITAL STATUS: SINGLE () MARRIED () DIVORCED () WIDOWED ()

ADDRESS _____

HOME PHONE (_____) _____ (City) _____ OCCUPATION _____ (State) _____ (Zip) _____

EMPLOYER _____ WORK PHONE (_____) _____

EMPLOYER ADDRESS: _____

SPOUSE OR PARENT INFORMATION:

NAME: _____

ADDRESS (if different than above) _____

PHONE (_____) _____ OCCUPATION _____

PRIMARY CARE PHYSICIAN INFORMATION:

PHYSICIAN NAME: _____ CITY _____ PHONE #: (_____) _____

EMERGENCY CONTACT: (SOMEONE NOT LIVING WITH YOU)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE #: (_____) _____

TO ASSURE OUR PATIENT PRIVACY

PLEASE LIST YOUR PREFERRED CONTACT METHODS AND IF WE CAN RELEASE YOUR INFORMATION TO YOUR SPOUSE OR RELATIVES (if they call)

Please check the best and second best (2nd) method for Dr. Lee or her staff to contact you daytime:

Home Telephone () (best , 2nd best method to contact)

- O.K. to leave message with detailed information (such as appointment time and reasons)
 Leave message with call-back number only

Email () (best , 2nd best method to contact)

- O.K. to leave message with detailed information (such as appointment time and reasons)
 Leave message with call-back number only

Mobile/Cellular Telephone () (best , 2nd best method to contact)

- O.K. to leave message with detailed information (such as appointment time and reasons)
 Leave message with call-back number only

Work Telephone () (best , 2nd best method to contact)

- O.K. to leave message with detailed information (such as appointment time and reasons)
 Leave message with call-back number only

Our office will NOT share any of your information without your permission. For example, if you ask your spouse to call us to discuss your treatment or account status, we will not be able to discuss with him/her unless you sign following permission.

I give Dr. Lee and her staff permission to discuss my treatment / financial information with the following person(s):

Name(s) Relationship: spouse parents offsprings other:

APPOINTMENT POLICY

We call or email to confirm your appointment 48 hours in advance based on the contact information provided to us. We request your courtesy and cooperation to honor your scheduled appointments. Our goal is for Dr. Lee to have ample time to spend with you whether it is for consultation or procedure. Please arrive promptly at or before your scheduled appointment. We request a New Patient to come 15 minutes early to expedite registration. We understand that a situation may arise that could force you to postpone your appointment. If you cannot keep your scheduled appointment, please give us at least 24 hour notification for us to replace the affected appointment. Cosmetic procedures including Sclerotherapy or Botox or Dermal Fillers may be scheduled with a deposit which will be applied to the service. Sclerotherapy and Botox procedure requires a 24 hour advance notice of cancellation or rescheduling. Dermal Filler procedure requires a 48 hour advance notice of cancellation or rescheduling due to extended amount time reserved. The cosmetic procedure deposit will be forfeited if we do not receive the required advance notice of cancellation or rescheduling. This covers the physician's loss of time and business opportunity and will not be applied to future service or visits. After canceling / rescheduling/ missing three appointments within a year, a patient may possibly be dismissed from our practice due to impairment of our ability to provide quality care. We are happy to work with you to find a timely, convenient appointment.

PAYMENT / FINANCE PLAN

Payments to Mimi Lee, M.D., P.A. can be made by any of the following methods: Cash, Personal check, Cashier's check, Debit card, Visa, MasterCard, Discover, or American Express. You will be charged a bank fee for any returned checks for any reason. To further assist you, affordable payment plans are available through CareCredit®. If you are interested, please ask anyone on our staff or you may visit www.carecredit.com.

Monthly statements are issued to all outstanding accounts of Mimi Lee, MD, PA. Further action to satisfy delinquent accounts may be taken as necessary. You will be responsible for any additional collection and/or legal fees incurred to the delinquent account(s). If you have any questions or need assistance with financial matters, please call (501) 224-0880.

Dr. Mimi Lee (Mimi Lee, MD, PA) do not file insurance for cosmetic services such as Botox and Dermal Filler injections and Sclerotherapy vein treatment because it is not a covered procedure since it is "not medically necessary." I understand I will be responsible for full cost of these cosmetic services and payment is collected in full at time of services.

*I had read and have the opportunity to see the notice of Privacy Practice.

*I HAVE READ AND UNDERSTAND THE ABOVE POLICIES:

PATIENT SIGNATURE: DATE:

Mimi Lee, MD, PA
Aesthetic Consultation Form

Patient Name: _____ Date _____

Have you had Botox or Dermal Filler treatments in the past?

No Yes, I had Botox (treatment area: _____)

No Yes, I had Dermal Fillers (Filler name and treatment area: _____)

Did it help: Yes No, why not: _____

Have you had any facial surgery? _____

Are you prone to fever blisters / cold sores? Yes No

Please circle if you are allergic to: local anesthetic, dental block, latex

Please check the gray boxes for the areas you desire improvement and number them 1-5 in priority:

For Doctor's Use Only:

Forehead Lines

Between Brows:

Horizontal lines

Vertical lines

Crows Feet

Brow Position:

Too low

Too high

Under eyes:

dark circle/discoloration

volume loss

Nasolabial Folds "Parenthesis":

Too deep

Too long

Lips:

Fine lines around lips

Lips too thin

Lip corners depressed

Marionette Lines (Fine lines below lip corners)

Mental Crease (Horizontal chin line)



Treatment Plans (for doctor use only):

Products for Use:

Amount:

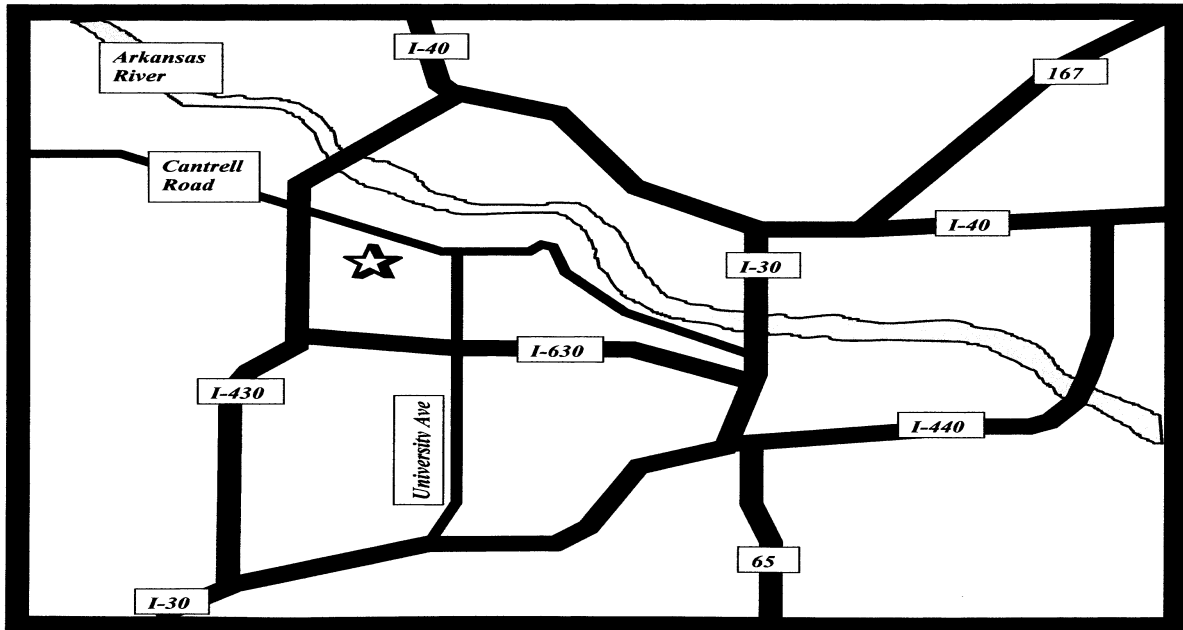
Aesthesia: Ice / BLT / Dental Block

Time: _____

Mimi Lee, MD, PA at Pavilion Centre

8315 Cantrell Road, Plaza 80, Little Rock, AR 72227, (501) 224-0880

VISIT www.DrMimiLee.com FOR MORE INFORMATION



We are at the "Plaza Level" in Pavilion Centre. Please take the elevator down to "P" level when arriving from front lobby.

From I-30 from Benton and Hot Springs

From Hot Springs Hwy 70 to I-30 East. Proceed 18 miles on I-30. Exit 129 for ramp onto I-430 North. Proceed 9 miles to Exit 9 Cantrell Road. Turn right on Cantrell Road and proceed 1.5 mile to 8315 Cantrell Road - **Pavilion Centre** is on Right hand side.

From I-40 from Fort Smith, Russellville, and Conway

At exit 147, take ramp onto I-430 South. Cross Arkansas River. Exit 9 to Cantrell Road (towards Downtown). Proceed 1.5 mile East to 8315 Cantrell Road - **Pavilion Centre** is on Right hand side.

From Hwy 167/67 from Jacksonville, I-40 from Memphis

Continue on I-40 West to Fort Smith. At I-40/ I-30 split, keep right to stay on I-40 towards Fort Smith. Proceed about 4 to 5 miles. You will pass Burns Park, Crystal Hill. Exit 147 to Ramp onto I-430 South. Cross Arkansas River. Exit 9 to Cantrell Road (towards Downtown). Proceed 1.5 mile East to 8315 Cantrell Road - **Pavilion Centre** is on Right hand side.

If you mistakenly took the I-30 split to Little Rock, Exit on to I-630 West and follow I-630 direction below.

From I-630

Exit 6 A at Mississippi Ave. Turn Right on Mississippi. Proceed 1.3 mile. Turn Left on Cantrell Road light (Starbuck, Walgreen). Proceed 2 miles to 8315 Cantrell Road - **Pavilion Centre** is on Left hand side.

From Hwy 65, I-530

Head West to Little Rock. At exit 35, take ramp onto I-530 North. Proceed for 36 miles. Merge onto I-30 (US-167). At exit 139B, take ramp onto I-630 West. Proceed 6 miles. Exit 6 A at Mississippi Ave. Turn Right on Mississippi. Proceed 1.3 mile. Turn Left on Cantrell Road light (Starbuck, Walgreen). Proceed 2 miles to 8315 Cantrell Road - **Pavilion Centre** is on Left hand side.

IDENTITY THEFT PREVENTION POLICY

(Also known as “RED FLAG POLICY”)

Effective 8/1/09, our office will be implementing additional measures against identity theft as required by the Federal Trade Commission. This protects patients from fraudulent transactions involving insurance claims and/or credit / debit charges. Only exception to this policy would be if cash payment is collected in full for same day service.

All patients will need to present the following when checking in (every 6 months):

1. Photo ID (such as Driver’s License)
2. Insurance card with name matching the photo ID
(if we are filing insurance for your services)
3. Proof of current address, such as utility bill if
Photo ID does not have current address.

We apologize for any inconvenience this may cause but ultimately it allows us to better serve and protect you as required by law.

Sincerely,

Dr. Mimi Lee