



Anna Rosinska M.D.
3316 Andrews Hwy
Midland, TX 79703
(432) 688-1900
www.AskDrAnna.com

PATIENT NAME _____
Last First Middle

FULL ADDRESS _____
CITY STATE ZIP

PHONE #'S HOME () _____ CELL: () _____
AREA CODE PHONE # AREA CODE PHONE #

EMPLOYER: _____ WK # () _____ OCCUPATION _____
AREA CODE PHONE #

DATE OF BIRTH _____ AGE: _____ MALE FEMALE

PATIENT SS# _____ - _____ - _____ DRIVER'S LICENCE # _____ STATE _____
(Must Have) (Must Have)

STATUS: SINGLE MARRIED WIDOWED DIVORCED

EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS: _____
CITY STATE ZIP AREA CODE PHONE#

WOULD YOU LIKE TO RECIEVE OUR MONTHLY EMAIL? YES NO

EMAIL _____

HOW DID YOU HEAR ABOUT US? _____

SIGNATURE: _____ DATE: _____

WE RESERVE THE RIGHT TO REFUSE AND/OR DISCONTINUE SERVICES



Anna Rosinska M.D.
3316 Andrews Hwy
Midland, TX 79703
(432) 688-1900
www.AskDrAnna.com

HIPAA POLICIES AND PROCEDURES

We are permitted to disclosure protected health information (PHI) to those involved in the treatment of your medical conditions (ER physicians, hospitals, etc). We also may disclose PHI for billing and payment purposes. In case of emergency we are allowed to disclose PHI without your written authorization. We are not allowed to release PHI to anyone without written consent. If the patient is a minor (under 18 years of age) we can only disclose PHI to the parents or legal guardian. If the patient is an adult but incapacitated or unable to sign for his/her medical records we are allowed to disclose PHI to the person who has the power of attorney after submitting a copy of the legal documentation. We are not permitted to disclose PHI received from another physician to the patient. Information has to be obtained directly from this physician.

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gave individuals the right to request a restriction on use and disclosure of their protected health information (PHI). The individuals also possess the rights to request confidential communication or that a communication at times be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted at the following manner (check all that apply):

- Home telephone (____)_____
 - OK to leave message with detailed information
 - Leave message with call back number only
- Written communication:
 - OK to mail to my home
 - OK to mail to my work address
- Work telephone (____)_____
 - OK to leave message with detailed information
 - Leave message with call back number only
 - Other _____

Patient Signature _____ Date _____

Print Name _____

The Privacy Rule generally requires healthcare providers to take responsible steps to limit the disclosure of the PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to users or disclosures made pursuant to an authorization requested by the individual. Health care entities must keep records of PHI disclosures.
Note: uses and disclosures may be permitted without prior consent in an emergency.



Anna Rosinska M.D.
3316 Andrews Hwy
Midland, TX 79703
(432) 688-1900
www.AskDrAnna.com

NAME _____ DATE _____

DRUG ALLERGIES:

CURRENT MEDS:

(include vitamins, herbs, over-the-counter)

SURGERIES and HOSPITALIZATIONS:

Smoke: Packs daily? _____ Yrs? _____
Interested in stopping? Yes No

Coffee: Cups daily? _____

SKIN PROBLEMS:

Skin conditions: _____

Hx of Melanoma: _____

Hx of other skin cancer/precancerous conditions: _____

FAMILY HISTORY:

- Diabetes Heart Disease
- High Blood Pressure Stroke
- Cancer
- Thyroid Problems

MEDICAL HISTORY:

- Headache
- Shortness of Breath
- Chest Pain
- Heart Palpitations
- Allergies / Hay Fever/ Sinus problems
- Asthma
- Bronchitis
- Emphysema / COPD
- Peptic Ulcer
- Acid Reflux
- Incontinence
- Liver Disease
- Hepatitis B or C
- Chronic Rashes
- Cancer type: _____
- Osteoporosis
- Nervousness/ Mood Disorder
- Depression
- Gout
- Arthritis
- Other _____

WOMEN ONLY:

Abnormal periods Yes No

Explain: _____

Postmenopausal Yes No

LMP date: _____

Hysterectomy Yes No

Explain: _____

Interested in Bio Identical hormone therapy?

Yes No



Anna Rosinska M.D.
3316 Andrews Hwy
Midland, TX 79703
(432) 688-1900
www.AskDrAnna.com

Scheduling Policy

Due to the popularity of our services, we have found it necessary to implement the following policy regarding the scheduling of appointments.

Once scheduled: **all appointments require a minimum of 24 - hour notice for cancellation.**

Failure to follow this policy will result in the following:

Missing 1 appointment without notice: **\$ 25.00 Charge**

Missing 2 appointments without notice: **\$ 50.00 Charge.**

Missing 3 appointments without notice: **\$ 75.00 Charge.**

No more appointments will be made until the above fees are paid.

For Complimentary and Gift Certificate Appointments:

Missing **ANY** complimentary appointment without a 24-hour notice will **result in Complete Forfeiture** of the appointment. Gift Certificates are subject the same charges as regular appointments.

I have read and fully understand this policy and agree to follow the terms within.

Signature _____ Date _____

A copy of this agreement will be provided for you upon request