

HEALTH HISTORY UPDATE

(YEARLY UPDATE)

NAME: _____ DATE OF BIRTH: _____

Any surgeries in the last 12 months: Yes No

If yes, please list type and date of procedure(s): _____

Any hospitalizations in the last 12 months: Yes No

If yes, please list where, and reason, and date(s): _____

Any new physicians/specialists in the last 12 months: Yes No

If yes, please list name(s) and reason(s) for seeing: _____

Any new medication/supplement(s): Yes No

If yes, please list name(s) and reason for taking: _____

SIGNATURE: _____ DATE: _____

HIPPA Yearly Update

Marcella Bonnici, M.D.

ACKNOWLEDGEMENT OF PRIVACY PRACTICES AND INSTRUCTIONS FOR RELEASE OF PERSONAL HEALTH INFORMATION

PATIENT NAME: _____ DATE OF BIRTH: _____

I acknowledge that I have received a copy of the Dr. Marcella Bonnici's Notice of Privacy Practices.

I give permission to Marcella Bonnici, M.D. to release and discuss my personal health information to/with:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I give permission to Marcella Bonnici, M.D. To communicate messages regarding appointments as follows:

You may leave a message on my answering machine / Cell Phone

You may text message my appointment to: _____

You may leave a message with:

Name: _____ Relationship: _____

I give permission to Marcella Bonnici, M.D. to communicate messages regarding referrals to another physician as follows:

You may leave a message on my answering machine / Cell Phone

You may send a letter via U.S. mail

You may send an email to: _____

I give permission to Marcella Bonnici, M.D. to communicate messages regarding lab results, x-rays, and other tests as follows:

You may leave a message on my answering machine / Cell Phone

You may send a letter via U.S. mail

You may send an email to: _____

Other instructions for the release of personal health information:

My Preferred method of communication is (please circle one): U.S. Mail Email Phone

Patient/Legal Guardian's Name: _____

Patient/Legal Guardian Signature: _____ Date: _____