

PATIENT REGISTRATION

Patient Name:			Birth Date: _	/
Last	First	Middle		
Address:				
City:	State:	Country:	Zip C	ode:
Home Phone:	Work Phone:		Fax:	
Cell Phone:	E-mail:			
Social Security No.:/_	/ Driver's License N	No.:	State:	
Marital Status: Single Marri	ied 🗌 Widowed 🔲 Separated	☐ Divorced ☐ O	ther 🗌	Sex: M 🗌 F 🗌
Emergency Contact:	Relationshi	ip:	Phone:	-
Referred by:	Dr. 🗌 Friend 🗌 Othe	er 🗌	Phone:	
Primary Care Physician:			Phone:	
	RESPONSIBLE PARTY/PRIMARY I	NSURED /Parent or Gua	ardian (IF NOT PATIENT)	
Name:			Birth Date:	
Last	First	Middle		
Address:		Relationsh	ip:	
City:	State:	_ Zip Code:	Phone:	
Insurance Co.:	Policy No.: _		Phone:	
Address:	City:		State:Zip	Code:
	AUTHORIZATION TO RELEASE	INFORMATION AND CON	SENT FOR TREATMENT	
professional standards. The r release of patient health inform of Johnson Medical Associ services by one or more heal means the activities conducted claims management, collection different from the patient, this the original. Insurance Filing: Some of t medically necessary" and non		ks of all care and ser the treatment, paym the provision, coordir of a patient for hea ursement for healthca ance coverage, and behalf and is permiss of covered by most in medical records at th	vice have been explained the sent of healthcare operationation or management of lithcare from one providing services. This including pre-certification of servicion to use a copy of this surance companies, and request of your insurance request of your insurance companies.	d to me. I authorize to tion (TPO) to the pract of healthcare and relater to another. Paymores, among others, billingies. If I am a personauthorization in place may be deemed as "I ance company after the time of the practice of the practi
DAVMENT IS EVDECTED A	T TIME OF SERVICE. We wi		the necessary forms to	file with your incura-
provider. We accept VISA , notice. A cancellation fee of \$ MEDICARE POLICY: If Joh for coverage under Medicare;	MasterCard, American Exp 50 will be imposed upon violation nson Medical Associates, P.A. I verify that I received a MEDIC re charged the limiting charge for	press, and Discov i. determines that the CARE WAIVER informi	er. Appointment cancer services provided do noting me of this possibility	ellations require 24 ho ot meet the requireme v. As a non-participat
Patient or Guardian Signature				// Date



PATIENT CONFIDENTIALITY DIRECTIVE

Patien	t name (Please print)	_		Date
1.	Please list the family members o diagnosis. This also includes i operations.			
2.	Please list the family members or medical condition, but ONLY DU			
3.	Please print the address of who correspondence from our office to		•	•
4.	Please indicate <i>if you want</i> all comarked "CONFIDENTIAL":	orrespondence fron	n our office se	·
5.	Please print the telephone numl appointments, lab and x-ray reshome phone number: ()	sults or other healt	h care inform	ation <i>if other</i> than your
	*I am fully aware that a cell phor	ne is not a secure ar	nd private line.	
6.	Can confidential messages, such your home answering machine or		nfirmation, lab	
				☐ Yes ☐ No
Patient	or Guardian signature (if patient is under 1	18 years)		Date signed

NOTE: You, as the patient, have the right to change this directive at any time by filling out and signing a new form.

Tel: 972-479-0400 ● 997 Hampshire Lane ● Richardson, TX 75080 ● Fax: 972-479-9435

Pt Conf:Init: 10/09 crd



RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

20

		DATE:	/20
PATIENT'S PRINTED NAME:			
I have received a copy of JOHNSON MED n plain language. The notice provides in nformation that may be made by this pra- rights, and the practice's legal duties with re-	detail the uses an actice, my individu	d disclosures of mal rights, how I n	y protected health
I understand that the practice reserves the Practices, and to make changes regardicentrolled by, this practice. If changes to Notice of Privacy Practices upon request.	ing all protected	health information	n resident at, or
Signature of Patient or Representative			
DATE:/20			
Relationship to patient (if signed by a personal repres	sentative of patient.)		

Tel: 972-479-0400 - 997 Hampshire Lane, Richardson, Texas 75080 Fax: 972-479-9435



AFFIDAVIT FOR MEDICAL SERVCIES PROVIDED BY JOHNSON MEDICAL ASSOCIATES, P.A. OR HYPERBARIC CENTERS OF TEXAS.

I, the undersigned, do hereby consent and agree that Johnson Medical Associates, Hyperbaric Centers of Texas, their employees, or agents have the right to bill me for the professional medical services at the fee that is quoted.

I also understand that Medicare, Tri-Care or any other health insurance may not pay for these services and that I am responsible for the expense or liability incurred.

Name:	Date:
Address:	
Phone:	
Witness for the undersigned:	
Signature:	



PATIENT HEALTH HISTORY

This form will become part of your medical record and the contents will remain **CONFIDENTIAL.** Please put a 🗹 or an X in the checkbox. PRINT answers legibly. Fill in the information as completely as possible. This form is part of your basic chart; to help your physician to determine and evaluate the cause of your illness and symptoms. Your expenditure of time for accurate completion of this form is appreciated. Pages 8-9 are optional if you have no allergies. Patient: First Last Middle Nickname Birth date of: Patient Father Mother Occupation? Regular physician: Referred By: Highest Education Level Completed: Grade School High School Tech School College ☐ Graduate Degree Main reasons you're here: List your symptoms and problems concisely, with rating of 1 to 5, 1 the least bothersome, and 5 the most bothersome. What bothers you the most? Do symptoms recur at regular intervals? _____ If so, please explain: _____ Date you or others first recognized symptoms/problems: Other comments: TREATMENT GOALS: Please list generic and/or brand name, mg., mcg., I.U., pwd., liq. cap., tab., and current dose you take. VITAMIN, MINERAL & NUTRITIONAL SUPPLEMENTS: **MEDICATIONS:** 1 Date Form Completed: Filled out by: 997 Hampshire Lane JMA Patient History-Allergy Data: jjp/12/17 Tel: 972-479-0400

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Richardson, TX 75080

Fax: 972-479-9435

DIET, APPETITE, and FOOD REACTIONS
Current Diet: Rotation Vegetarian Atkins' Low Carb Low Fat Diabetic Hypoglycemic Vegan
Zone Blood Type South Beach Weight Loss Low Salt Ayurveda Macrobiotic Other:
Appetite: Good Increased Poor Picky Changes Bulimia Anorexia
Eat excessively, after a meal or snack? Yes No Unexplained weight loss Unexplained weight gain
Do you gain weight easily?
Foods crave, daily or more: Vegetables Carbs/bread Pastries Meat Sweet Dairy Fruit Fish Other:
Food(s) would miss the most if forbidden?
List any foods you avoid:
Explain why you avoid them:
Certain foods cause: Canker sores Hives Rash Mouth ulcer Post-nasal drip Other:
Feel worse after eating After 5 mins. In 1 hr. In 1-4 hrs. Tired after 8 hrs. sleep
Wake at:
Record AM (basal) temperature in bed:
Alcohol use: Whiskey Vodka/Gin Tequila Wine Beer Never Daily Weekly Monthly Rare
Weekends Alcoholic Any symptoms from alcohol? Irritable/angry Depressed Sleepy Red face Dizzy Quiet
Thirst: Normal Increased No thirst Extreme 1-3 oz. 8-16 oz. Water Tea Coffee Cola
Ever had allergy testing? Yes No Skin pricks Scratch Intradermal Elisa RAST Sublingual
Tested for: Foods Air Pollen Chemicals Mold Fungi Cat hair Dog hair Other:
When? 1-2 yrs ago 3-5 yrs ago 6 ⁺ yrs ago Dr's name(s): Please attach test copy, if available.
Dietary allergy treatment: Rotation Elimination Other:
Allergy shots: Past Now Weekly 1-3 per wk Bi-weekly Monthly Winter Spring Summer Fall
How long on allergy shots?
Improvement on shots No change
Comments:
GASTROINTESTINAL
Stomach: Aches Cramps Burp Bloated Hiccough Nausea Retching Vomiting Acid reflux
H. pylori Ulcer Hiatal hernia Endoscopy Upper GI Bad Breath Surgery: Describe
Burp & re-state food Which foods?
Abdomen: Gassy Full Fat Gas pain Swollen Flabby Pain/cramps Lower GI Irritable bowel
Hernia surgery? Inguinal Abdominal Colon surgery? Colostomy Illeostomy Tumors Other:
Rectal: Gas odor Anal fissure Itching Burning Hemorrhoidectomy Hemorrhoids Prolapse
Colon/Intest: Polyps Colitis Duodenal Ulcer Diverticulitis Celiac disease Constipation Diarrhea
Stool: Foul odor Brown Green Yellow Narrow Large Dry Hard
Liver: Gall bladder surgery Gallstones Positive Epstein Barr Mononucleosis Hepatitis Cirrhosis Jaundice Comments:
Confinents.
INFECTIOUS DISEASES and VENOMS etc.
AIDS Hemophilus Influenza Staph infection Strep infection Coxsackie virus Chlamydia
E. Coli Genital warts Gonorrhea Syphilis STD treated w/antibiotics? Yes No
☐ Encephalitis ☐ Malaria ☐ Meningitis ☐ Rheumatic fever ☐ Scarlet fever ☐ Poli ☐ Typhoid ☐ Yellow Fever ☐ Influenza
Measles: Rubeola (7-10 day) Rubella (German/3-day) Diphtheria Chicken pox Mumps Pertussis (whooping cough)
Small pox Tetanus Typhus Tropical disease; specify: Bite: Dog Spider Snake Other:
Rabies Lyme Disease Salmonella poisoning Botulism Bo Tox injections Other:
Medications:
Comments

SKIN, CANDIDA and RELATED SYMPTOMS	
Many antibiotics in the past When? Side effects: Hives Rash Diarrhea Stomach pa	in
Resulted in? Nausea Anaphylactic shock Vaginal yeast infection Prostate infection Rash/itching Thrush	
Have itchy: Nose tip Roof of mouth Rectum Scalp Between shoulder blades Nostrils Ear canals	
Itching: Bend of elbows or knees Rash in bend of elbows or knees Other:	_
Fungal infection: Toenails Fingernails Ringworm Pityriasis Athlete's foot	
Nails are: Split/crack Thick Thin Brittle Other: Ridged: Across Vertical	
Fingertips: Hang nails Warts Cracked Bleeding Eczema Callous Arthritic: Joints Node	es
Foot health: Bunions Plantar wart Cracked Bleeding Eczema Callous Corns Other:	
Skin disease: Eczema Poison ivy Psoriasis Dandruff Sores Vitiligo Oily skin Oily hair	
☐ Boils ☐ Rashes ☐ Impetigo ☐ Acne ☐ Flushed ☐ Pallor (white) ☐ Dry skin ☐ Excess or bad body odor	
Herpes: Mouth Lips or face Shingles (herpes zoster) Skin surgery Face Upper limbs Lower limbs	3
When? Where? Skin cancer: Explain	
Comments:	
OVERALL HEALTH HISTORY	
Please check any of the following that you have had . Please indicate yea r or age , even if it is close, rather than exact.	
Anemic Autistic Birth defect Blood disorder Cancer/malignant tumor Explain: Cerebral Pals	sy
Work stress: Mild Moderate Severe School stress: Mild Moderate Severe	
Home stress: Mild Moderate Severe Nervous breakdown When/why:	
☐ Blood transfusion for: ☐ Surgery ☐ Other: # Pints: Blood Type _ ☐ + ☐ ─	
Comments:	
HEART, VASCULAR and CIRCULATION	
Pulse: Rapid Irregular Slow Murmur Chest pain Congestive heart Pacemaker	
Rheumatic Heart Heart attack On Digitalis Other heart meds? Other:	
Palpitations Worse if: Walk Run Sit up fast Stand LYING ON: Left side Back Right side	
Sensitive: Cold air Draft of air Fan Wear more clothes than most? Bruise: Easily No cause	
Cold feet Cold hands Cold Nose SWELLING OF: Face Legs Hands Ankles Abdomen	
Phlebitis Cold Hot PERSPIRE: Much Little LYMPH GLANDS: Sore Swollen Hard	
Blood pressure: High Low Stroke(s) TIA(s) When? Effects: Comments:	
HEADACHE and RELATED SYMPTOMS	
Regular Severe Migraines Sinus Forehead Temples Eyes Top Back Sides Face	
Dizzy Nausea Vomiting Sleepy Weakness Go to Work HORMONAL: Menstrual Menopausal	
Worse from: Food Tobacco Odors Cold drinks Cold food Beer Wine Liquor	
Worse during: Spring Summer Autumn Winter Morning Daytime Evening Night	
Injury Concussion Brain scan MRI EEG X-rays Surgery Explain:	
Comments:	
CENTRAL NERVOUS SYSTEM and MEMORY	
Anxiety Confused Depressed Dizzy Feel Faint FATIGUE: On rising After meals Constant	<u>:</u>
Feelings of rage Forgetful Hallucinate Hyperactive Indifferent Insomnia Irritable Listless	
Dr Jekyll/Hyde personality Mood swings Restless Seizures: Grand Mal Petit Mal Nightmares	
Poor concentration Sensitive to: Light Noise Odors Spacey Panic state or disorder	
Numbness 🗌 Tingling 🔲 ADD/ADHD 🔲 Down Syndrome 🔲 Mentally Retarded 🔲 Learning Disorder 🔲 Slow Learner	
Emotionally up or down Slow neuromuscular reflex Multiple sclerosis Parkinson's Lou Gehrig's disease (ALS)	
Memory decreased for: Past Present Noticeable Moderate Mild Explain:	
Comments:	

EYES and VISUAL	
Burn Dry Itchy Red veins Painful Watery White of eyes: Gray Yellow	Murky
Eyelids: Discolored: Blue Brown Black Red Wrinkled Puffy: Above	Below
Injuries: Contacts GLASSES: Sunglasses Reading Near-vision Far-	/ision
Cataract Glaucom Macular Degeneration SURGERY: Cataract Lasik Other When?	
Comments:	
EARS and HEARING	
Feel full Earaches Fluid in ear Injury Hearing loss: Right ear Left ear Dizzy with inner ear inf	ection
Feel blocked Red outer ears Noise hurts Ear infections Surgery: When?	
Comments:	
NOSE, SMELL and SINUSES	
Itchy: Sore: Inside Outside Rub nose Hayfever Watery Post-nasal drip Sinus pr	
	d septum
Nose blocked on: Right Left Alternates WORSE: Warm room Upright Lie down Night	Day
Surgery: Deviated septum Sinus Polyps Cosmetic Sinus X-ray CAT scan When & why?	
Describe injury: When? How severe?	
Comments:	
MOUTH, TEETH, THROAT and VOCAL CORDS	_
Itchy Scratchy Sore often Swollen Difficult swallowing Choke: Pills Liquid	Food
Excess salivation Hoarse Clear throat often Mucus on vocal cords Pills LIPS Swoller	Dry
Tongue: Swollen Coated Cracked MOUTH: Bad Breath Canker sores GUMS: Recede	Bleed
TMJ Surgery: Oral Tonsils Adenoids Thyroid Gums Implant # Dental X-	rays:
Teeth extracted # Wisdom Other Impacted Cracked Gum disease Decay Amalgam/m	ercury fillings
Comments:	
RESPIRATORY SYSTEM	
Asthma 🔲 Bronchitis 🔲 Chest Tight 🔲 Cough frequently 🔛 Wheeze with resp. infection 🔲 Wheeze without resp.	
	infection
Pneumonia Quick, short breaths Feel lack of air: Walk Talk Climb stairs Climb hi	
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Emphysema Pleurisy Need fresh air Worse if run or walk fast Other: Coughs/colds: Linger Frequent Result of: Pollen Dander Seasons Weather changes]
Emphysema Pleurisy Need fresh air Worse if run or walk fast Other: Coughs/colds: Linger Frequent Result of: Pollen Dander Seasons Weather changes Surgery Describe: # Chest X-rays: #Pillows during sleep: Fluoroscope of chest]
Emphysema Pleurisy Need fresh air Worse if run or walk fast Other: Coughs/colds: Linger Frequent Result of: Pollen Dander Seasons Weather changes Surgery Describe: # Chest X-rays: #Pillows during sleep: Fluoroscope of chest Comments:]
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Emphysema Pleurisy Need fresh air Worse if run or walk fast Other: Coughs/colds: Linger Frequent Result of: Pollen Dander Seasons Weather changes Surgery Describe: # Chest X-rays: #Pillows during sleep: Fluoroscope of chest Comments: MUSCLES, BONES AND JOINTS Muscles: Weak Poor control Wasting Flabby Dystrophy Painful/sore TENSION: Neck Joints: Rheumatic Arthritis Stiff Loose Hurt before thunderstorm Bursitis Fibrositis Bones: Osteoporosis Osteopenia Spinal curvature Bone disease Fractures Explain:	II Sitting
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Emphysema	II Sitting Back

				FEMALE	SYSTEM				
Menses:	Normal	Regular	☐ Irregular	Long	Intermittent	t 🗌 Short	Too heavy	Light [Clotted
Age began:_		Age ceased:_		Result of	f: 🗌 Menopause	☐ Hystered	tomy	Excess weight I	OSS
Intercourse:	Painful	Very dry	Aversion	Libido	o: None	☐ Excess	Low	Normal	
Uterus:	Prolapse	Hysterect	omy 🔲 Fibroid	s 🔲 Infectio	n TUBES	S: 🔲 Tubal p	regnancy 🗀	Infection L	igation
Cervix:	Pap Smear	: Positive	☐ Negative	Cryosurg	ery 🔲 Erosion	Warts	Other:		
Labia:	Pimples	☐ Boils☐ Re	ed 🗌 Bartholin	cyst 🗌 Warts	Herpes	☐ Itches	☐ Scabs	Other:	
Vaginal:	Discharge?	White	Yellow	Thick	Burning	Itching	Yeast-like	!	
Ovaries:	Cysts	☐ Tumors	☐ Endomet	riosis	Surgery	Explain:		When?	
Breasts:	Cysts	☐ Tumors	Benign	Cancer	Surgery	☐ Mastecto	omy 🗌 Biopsy	Explain:	
Pre-mer	nstrual syndro	me: Swolle	en 🔲 Irritable	Weepy	Anxious	Sore bre	asts 🗌 Hea	dache 🔲 Cons	stipated
Pregnancies:	🗆	High-risk	Diabetes	Eclamps	ia Toxemia	Miscarrie	ed: 🗆 A	Aborted:	
Deliveries:	Twins	☐ Triplets	Prematur	e C-section	n 🗌 Vaginal	Breech	Live:	Stillborn:	
Comments:									
				MALES	SYSTEM				
Penis:	Scabs	Warts	Herpes	Chancres	DISCHARG	E: Yellow	Green	White	
Intercourse:	Aversion	Too quick	Incomple	te Painful	LIBIDO): Low	Excess	Normal	None
Erections:	Weak	Incomplet	e Short	Painful	During slee	ep Need Rx	sex enhancers		
Scrotum:	Weak	☐ Itches	Sores	Painful	Herpes	Pimples	Pustules	Jock Itch	
Surgery:	Prostate	Testicular	Urethra	Penis	Other:		When?		
Comments:									
				CHILD	HOOD				
Infant milk:	Breast	Bottle	Cow's	Goat's	Nutramige		Soy	Other:	
Weaned at:	mos.	yrs.		e Vomiting		lk regurgitation			_
	difficulties	Formula o		ls omitted	How long?	_ Improved?	Some	Much	None
	began eating		Juice	Sweet		_ Cereal	Meat	Vegg	jies
	food problem								
Food all	tolerance	Explain: Explain:							
First tooth:	mos.	Sat up:	mos. Crawled:	mos.	Walked:	mos. First wo	rd:mos.	Sentences:	mos.
Comments:	11103.	- Sut up	illosi Crawica.		waiked:	_11103. 11130 440	runos.	ochtenees	
Comments				VACCIN	ATIONS				
Hepatitis	В	Diphther	a Pertussis	s: whooping co		s Measles	Mumps	Rubella	Polio
☐ Hemoph	nilus influenza	e Chicken p	ох 🔲 ТВ	Small pox	Pneumonia	Influenza		Yellow Feve	er
☐ Vaccine	reaction:	Seizures	High feve	e Paralysis	High-pitche	ed screams	Other:		
Comments:									
			HOSPITAL	IZATION a	nd CHRONIC	ILLNESS			
Hospitali	zed for illness	other than sur	gery:			Surgical of	complications:_		
Long cor	nfinement fror	n illness	Work disa	ability	Mental Hospital	Length of sta	ay:	When?	
•	nt surgery	Describe:			Complications:			When?	
Additional an	nd pertinent in	formation:							

						FA	MILY	and	HEA	LTH H	HISTO	ORY						
Please put and										olood r	elative	listed	in fam	ily col	umn (on far	left).	
If you are ado	pted,	with r	no know	ledge	of bir	th par	ents cl	neck h	ere.									
Family		2	Birth			С	ОММ	ON E)ISE	ASES	AND	DISO	RDE	RS			Died from	n Age
Names of close living and deceased relatives	Brother Sister	G = Good F = Fair	Year	y drinker	na/sinus	hilia	hatism	ma		ds/thyroid		no	stroke		order			now or when died
		P= Poor		Alcoholic/heavy drinker	Allergies/asthma/sinus	Anemia/hemophilia	Arthritis/rheumatism	Lung/emphysema	Cancer/tumor	Diabetes/glands/thyroid	Stomach/colon	Heart/circulation	Hypertension/stroke	Kidney/bladder	Psychiatric disorder	Migraines		
Yourself	7																	
Mother	$\backslash /$																	
Father	<u> </u>																	-
																		_
																		_
																		_
Maternal grands																		-
Maternal grandf Paternal grandm																		-
Paternal grandfa																		-
5		1								I								
Check family d	lisease	es and	l list on	y bloc	od rela	tive af	fected	in spa	ace pr	ovided	, using	abbre	eviation	ns belo)W*.			
alcoholism					ncer			cephal	itis				rrhea			l ma	alaria	
Parkinson's				ро	lio		S	/philis			tu	ıberculc	osis			oth	ner:	
																200		15.11
*Abbreviations: PRENATAL						grana	r: rati			r A: auı							F: paternal gra vith you.	andratner

diabetic	∟ nyr	ertens				nin in u				ection		rman m		_		pregn		Потс
Tobacco us			how ma	_				amydia		gonori			philis		cess al		Meds: Rx	ОТС
crack/cocain		rijuana			eet dru		upper		down		other		tibiotic		aspir		hormones	1.12.1
cord around			eclamps		toxem		prema			Section		eech L	poster	_	face-u		_	al distress
multiple birt		es	- H 1 '	-		delivery	Bir	th weig	int:	lbs.	oz. L	Rh pro	oblem			hange		
vacuum/suc	.00 [other bi			-	d	-41	1-11	- L L C			<u></u>		ogram	_	near misc	
incubator If patient is a ch	ild or	ic dica	weeks		nths		uren m	otner (Jelivere	eu detoi	re you?		_				shortly after bi	<u>rm?</u>
In hancillis a Cu	iiiu Oi`l	ıs ulsa	vieu, WN	סווו כו ט	iiii caft	givei (I WOI I	папу С	muren	iive Wi	ui you:	

CURRENT and PAST MEDICATIONS:		DO	SAGE		LENG	ЭТН	of TIME	TAKEN	Allergic?
Acetaminophen (Tylenol)	☐ Daily	1-2	/wk	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Antacid	Daily	1-2	/wk	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Antidepressant(s)	☐ Daily	1-2/	wk 🛭	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Aspirin (Ecotrin or Bufferin)	Daily	1-2/	wk 🗀	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Ibuprofen (Advil, Nuprin, or Motrin)	Daily	1-2/	wk 🗀	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Laxative(s): Vegetable Herbal Other	☐ Daily	1-2/	wk 🗀	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	☐ Yes
Nebulizer	☐ Daily	1-2/	wk 🗀	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Nose drops or spray	☐ Daily	1-2	/wk 🗀	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Sinus or allergy medicine	Daily	1-2/	wk 🗀	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Skin ointment or cream	☐ Daily	1-2	/wk	As needed	1-6 mo.		6-12 mo.	2+ yrs.	☐ Yes
Oral steroids: Prednisone/Decadron/Medrol/Other	☐ Daily	1-2	/wk 📙	As needed	1-2 wks.		1 mo.	2+ mo.	Yes
IV steroids: Depo Medrol/Decadron/Kenalog/Other	Daily	1-2	/wk	As needed	1-2 wks.		1 mo.	2 ⁺ mo.	Yes
Birth control pill/estrogen/progesterone/testosterone	☐ Daily	1-2	/wk	As needed	☐ 1-6 mo.		6-12 mo.	2+ yrs.	☐ Yes
Ampicillin, Amoxicillin or Penicillin	Daily	1-2	/wk	As needed	1-6 mo.		6-12 mo.	2+ yrs.	Yes
Ceclor	Daily	1-2	/wk	As needed	☐ 1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Erythromycin	☐ Daily	1-2	/wk	As needed	☐ 1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Keflex	Daily	1-2,	/wk 🗀	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Streptomycin	Daily	<u> </u>	/wk	As needed	☐ 1-6 mo.		6-12 mo.	2 ⁺ yrs.	☐ Yes
Tetracycline(s)	☐ Daily	1-2,	/wk 🗀	As needed	1-6 mo.		6-12 mo.	2 ⁺ yrs.	Yes
Other:	☐ Daily	1-2	/wk	As needed	☐ 1-6 mo.		6-12 mo.	2 ⁺ yrs.	☐ Yes
REASONS FOR ANTIBIOTIC USE:	YEAR	or AG	ìΕ	LENGT	of TIME	TAK	EN	СОММ	ENTS
Acne or other skin infection				1-2 wks.	1-11 mc)5 🗌	1 ⁺ yrs.		
Bronchitis or pneumonia				1-2 wks.	☐ 1 mo.		2 ⁺ mo.		
Colds or sinus infection				1-2 wks.	1 mo.		2 ⁺ mo.		
Ear infection				1-2 wks.	1 mo.		2 ⁺ mo.		
Influenza or after-effects of flu				1-2 wks.	1 mo.		2 ⁺ mo.		
Kidney, bladder, prostate infection				1-2 wks.	1 mo.		2 ⁺ mo.		
Tonsillitis or strep throat infection				1-2 wks.	1 mo.		2 ⁺ mo.		
Surgical or dental-related problem				1-2 wks.	☐ 1 mo.		2 ⁺ mo.		
Do you experience symptoms in weather		1					СОММ	ENTS	
Clear, sunny days	Better	☐ Wo	rse	Don't know					
Cold, dry weather	Better	∏ Wo	rse	Don't know					
Cold, damp weather	Better	☐ Wo	rse	Don't know					
Warm or hot dry weather	Better	∏ Wo	rse	Don't know					
Warm or hot humid weather	Better	∏ Wo	rse	Don't know					
During rainy or humid weather	Bette	Wo	rse	Don't know					
Before or during a thunderstorm or storm front	Better	∏ Wo	rse	Don't know					
From wind: Cold Warm Stormy	Better	☐ Wo	rse	Don't know					
Outdoors: 7 to 10:00 AM	Better	☐ Wo	rse	Don't know					
Outdoors: 4:30 to 8:30 PM	Better			Don't know					
Outdoors: cool evening air	Better			Don't know					
Outdoors: hot weather	Better			Don't know					
Heavy (killing) frost (Sep-Nov)	Better			Don't know					
Weather change: Warm to cold Cold to war	_	_		Don't know					
Fall temperatures (Oct-Nov)	Better	Wo	rse	Don't know					
Comments:		ng 7 of							

How do you feel in situations listed below	w?	COMMENTS
Artificially heated air	Better Worse Don't know	
Indoors, especially if air-conditioned	☐ Better ☐ Worse ☐ Don't know	
Outdoors from air-conditioning	☐ Better ☐ Worse ☐ Don't know	
In a damp basement	Better Worse Don't know	
Damp or moldy (indoors or outdoors)	☐ Better ☐ Worse ☐ Don't know	
Dusting or sweeping	☐ Better ☐ Worse ☐ Don't know	
In certain homesPlease explain:	☐ Better ☐ Worse ☐ Don't know	
Thirty (30) mins after going to bed	Better Worse Don't know	
Around cats or where they have been	☐ Better ☐ Worse ☐ Don't know	
Around dogs or where they have been	Better Worse Don't know	
Around other animalsPlease specify:	Better Worse Don't know	
In a feed mill or barn	☐ Better ☐ Worse ☐ Don't know	
Rake or play in leaves	☐ Better ☐ Worse ☐ Don't know	
Does whole eyeball itch?	Yes No Don't know	
Do inner corners of eyes itch?	Yes No Don't know	
Have nasal symptoms if mow or play on grass?	Yes No Don't know	
Do you sneeze, have runny, or itchy nose?	Yes No Don't know	
Have nasal symptoms w/o itchy, watery eyes?	Yes No Don't know	
Please indicate the months you are better	er or worse.	COMMENTS
January	Better Worse Don't know	
February	☐ Better ☐ Worse ☐ Don't know	
March	Better Worse Don't know	
April	☐ Better ☐ Worse ☐ Don't know	
May	Better Worse Don't know	
June	☐ Better ☐ Worse ☐ Don't know	
July	☐ Better ☐ Worse ☐ Don't know	
August	☐ Better ☐ Worse ☐ Don't know	
September	☐ Better ☐ Worse ☐ Don't know	
October	Better Worse Don't know	
November	Better Worse Don't know	
December	Better Worse Don't know	
Spring	Better Worse Don't know	Least bothered Most bothered
Summer	Better Worse Don't know	Least bothered Most bothered
Autumn	Better Worse Don't know	Least bothered Most bothered
Winter	Better Worse Don't know	Least bothered Most bothered
Symptoms worse year-round	Yes No Don't know	
	HOME ENVIRONMENT	
Live in: House Wooded Area Apt.	Farmhouse Mobile Home YE	AR BUILT:
Type of dwelling: Single Duplex	Apt. One-Story Two-Story	Breezeway
Garage Attached Detached	Finished Unfinished Laundry A	rea 🔲 Water Heater
Basement: Damp Dry Musty	Unfinished Finished	Laundry Area
Foundation: Concrete slab Pier & Beam	Crawl space Plywood sub-flo	oor:
Floors: Kitchen & Dining: Wood Carpet	Tile Linoleum BEDROOMS:	Wood Carpet Tile
Living Areas: Tile Wood Carpet	Linoleum Finished concrete	e
New Carpet When?	Which rooms?	
Feel worse in one or more rooms Evolain:	n•	

HOME ENVIRONMENT (Cont.)
Water heater: Gas Electric Cook with: Gas Wood Electric DRY CLOTHES: Line Dry Electric Gas
Water source: Well City Store Plumbing: Lead pipes PVC DRINK: Distilled Filtered Deionized Other
Air Conditioner: Central air Attic blower Interior Closet Window Unit Swamp Cooler Other:
Heat type?
Insulation: Styrofoam Cellulose (ground-up paper) Fiberglass Sawdust Tyvek wrap Other:
UTTI (ureafoam) When was it insulated?
☐ Newly painted house When? PAINT: ☐ Regular Latex ☐ Hypoallergenic/Low Odor ☐ Oil-Based
Recently remodeled Describe work done:
☐ Ceiling fans ☐ Bedroom ☐ On during sleep ☐ Living areas
Air filter: HEPA Electronic Fiberglass Dozone Other:
☐ Humidifier ☐ On furnace or ☐ Room unit MOLD: ☐ Now ☐ Past Where?
Air Purifier Portable BRAND: Which rooms?
Tobacco use: Never Now Past Patient Spouse Father Mother Cigar Cigarette Pipe
Quit smoking? Short time Permanently How long? When?
Use moth balls/crystals Pest control Often Rare Cause symptoms Describe:
Flea spray: pets/house Cause symptoms Explain:
Patient or family hobbies: Ceramics Garden Wood Working Auto Repair Stain Glass Other:
List new furnishings:
MATTRESS: Latex Regular Cotton MATTRESS COVER: Cotton Polyester/Synthetic Hypo-allergenic
Bed pillows: Dacron Feather Cotton Polyester Other: BED SHEETS: Polyester Cotton Silk
Bedcover: Wool Cotton Down Polyester Allergy proof Other:
Stuffed animals Sleep with them Cause symptoms
Current pets: How long? yrs mos. From: to
Past pets: How long? yrs mos. From: to
Animals in the past By previous owner Explain:
Away from home environment recently? FELT: Same Some better Much better Explain:
Where did you go? Tropics Island Cool Hot Mountains Ocean Ski/Snow Humid Dry
Change in climate alleviated symptoms. Explain:
Comments:
WORK ENVIRONMENT
Symptoms at work? from: Machines Materials Tobacco smoke Which area(s)?
At work feel: Same Better Worse How long at job? mosyrs. Air travel times a year
How many miles to job? Miles VIA: Expressway Airplane City Streets Exposed to heavy exhaust
Exposures: Now Past Fumes Cotton dust Grain dust Chemicals Asbestos Agricultural Sprays
☐ Biologicals: Blood/Serum/Toxins ☐ Mold ☐ Petrochemicals ☐ Formaldehyde ☐ Phenol ☐ Spray paint ☐ Other:
Comments:
SOCIAL AND OTHER ENVIRONMENT
Feel sick in a: New car Older car Church School Gas station Shopping Mall Fabric store Home Center store
Barber or beauty shop Clinic or Hospital Clothing store Carpet or Furniture store Other:
Describe symptoms and probable cause:
List industries near home:
Feel sick from: Bleach Ammonia Asphalt Roof or road tar Asbestos Chlorine Cosmetics Disinfectant Spray
Gas/Petroleum Products Exhaust fumes Fabric Softeners Floor Wax or Polish Gas Hair Spray Insecticides
Moth Balls Newsprint/Books Perfume Rubber Products Soap or Detergent Tobacco Smoke Varnish or Paint
Metal allergy to: Costume jewelry Gold Silver Titanium Nickel Other:
Comments:

ADDITIONAL HEALTH HISTORY INFORMATION

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DEAR PATIENT,

I would like to personally thank you for your interest in Johnson Medical Associates and I'm looking forward to helping meet your medical needs. Enclosed in this packet are the following:

- PATIENT REGISTRATION FORM
- PATIENT HISTORY FORM
- NOTICE AND RECEIPT OF PRIVACY PRACTICES
- PATIENT CONFIDENTIALITY DIRECTIVE
- MEDICAL RELEASE FORM (FOR OPTIONAL USE)

Please allow sufficient time to fill out the enclosed forms and please **BRING THEM WITH YOU** to your appointment. This will make for a more complete, comprehensive medical assessment and diagnosis, as well as help our staff take care of you as efficiently as possible.

Because of the fact that many of our patients are highly sensitive to various environmental factors, we strive to create surroundings suitable for all patient requirements. Your adherence to the policies listed below as well as any sacrifices necessary on your part will be greatly appreciated by all. **LISTED BELOW ARE A FEW CLINIC POLICIES APPLICABLE TO ALL WHO ENTER THE CENTER.** Some may require changes in your normal routine on the day of your appointment, and while you are in the clinic:

PLEASE REFRAIN FROM THE USE OF THE FOLLOWING SCENTED PERSONAL CARE PRODUCTS:

✓ HAND SOAP WITH PERFUME

✓ SCENTED LAUNDRY DETERGENT

✓ FABRIC SOFTENER

✓ PERFUME

✓ SCENTED AFTERSHAVE

✓ SCENTED HAIR SPRAY

✓ SHAMPOO WITH FRAGRANCE

✓ CONDITIONER WITH FRAGRANCE

✓ SCENTED DEODORANT

✓ PERFUMED BATH POWDERS

✓ HAND LOTION WITH FRAGRANCE

✓ SCENTED COSMETICS

- PLEASE REFRAIN FROM SMOKING AND EXPOSURE TO TOBACCO SMOKE for at least ONE TO TWO HOURS before you arrive, as smoke clings to you, your clothes and hair. If you or anyone accompanying you to your appointment cannot "go without" tobacco that long, nicotine gum or a patch might help.
- **IF YOU ARE AN ALLERGY PATIENT** and have already been scheduled, or even anticipate that you will have a skin or challenge testing appointment, please:
 - ✓ AVOID TAKING ANTIHISTAMINES FOR 72 HOURS PRIOR TO THE APPOINTMENT
 - ✓ WEAR SHORT-SLEEVED GARMENTS TO YOUR SKIN-TESTING APPOINTMENT

APPOINTMENTS:

PATIENTS ARE SEEN BY APPOINTMENT ONLY. If you become ill and need to be seen right away, please call our office to arrange an appointment as soon as possible. Our office hours are:

- Monday—Thursday: 8:30 A.M.—5:00 P.M.
- Friday: 8:30 A.M.—12:30 P.M.



PLEASE CALL OUR MAIN OFFICE NUMBER FOR AN APPOINTMENT OR AN AFTER-HOURS EMERGENCY:

✓ 972-479-0400 ✓ 1-800-807-7555 (Toll-free)

FOLLOW THE PROMPTS ON THE AUTOMATED MESSAGE TO MAKE AN APPOINTMENT OR TO HAVE YOUR PHYSICIAN PAGED IN CASE OF AN EMERGENCY.

FINANCIAL POLICIES:

Payment is expected at the time of service. We accept checks, cash, Care Credit, VISA, MasterCard, Discover and American Express credit cards. We will provide you a Super bill for you to file with your insurance provider.

MEDICARE PATIENTS:

All physicians are required by law to file Medicare forms for all Medicare patients. JMA is categorized as a non-participating Medicare provider, and patients are charged the limiting charge for covered services at the time of their office visit. Non-covered services are charged at our standard office rates and payable at the time of service. We do not accept Medicaid as we are not a Medicaid provider.

Thank you again for choosing JOHNSON MEDICAL ASSOCIATES for your health needs. My staff and I will personally do all that we can to make your visit a positive and productive experience.

Sincerely,

Alfred R. Johnson, D.O. Medical Director Johnson Medical Associates



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
 We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item outof-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

 You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/ complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you	 We can use your health information and share it with other professionals who are treating you. 	Example: A doctor treating you for an injury asks another doctor about your overall health condition.
Run our organization	 We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	Example: We use health information about you to manage your treatment and services.
Bill for your services	 We can use and share your health information to bill and get payment from health plans or other entities. 	Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

• We can use or share your information for health research.

Comply with the law

 We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

• We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

 We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.



ALLERGY TESTING ROOM PROTOCOL

JOHNSON MEDICAL ASSOCIATES offers a **GROUP TYPE** of **ALLERGY SENSITIVITY TESTING** because it is the most cost-effective way of providing services to more patients at one time. This type of testing structure requires **SEVERAL PATIENTS** to be **IN THE SAME ROOM TOGETHER** over a period of hours and sometimes days or weeks. Consequently, we have developed protocol to facilitate your experience, and result in a productive, positive outcome in a healing atmosphere.

At **JMA**, we respect people of all races, ethnic backgrounds, religious beliefs, etc. and do our best to treat all equally. As our guest, your respectful treatment of others is much appreciated. Thank you for your cooperation, patience and understanding in this matter. Our testing supervisor will be happy to answer any questions you might have regarding the following:

- 1. **AVOID** the use of any scented products in the testing rooms and **JMA** clinic such as:
 - Clothes that were washed in scented detergent with fabric softener
 - Perfumed soap, scented hair spray/deodorant, powder, perfume or cologne
 - Clothes with tobacco, dry-cleaning or perfume residue
 - Please Refer To Our SAFE PRODUCTS LIST FOR UNSCENTED PRODUCTS AVAILABLE
- 2. If the odor is too strong for others, you may need to shower and change into scrubs.
- 3. Please schedule another appointment if the shower and scrubs do not help.
- 4. Bottled water is allowed; but all other food and drink is prohibited.
- 5. Newspapers or reading material with a strong smell of ink are not allowed.
- 6. **Personal Belongings** (purses, bags, briefcases) need to be in the **LOCKERS PROVIDED**.
- 7. Shoes must be worn at all times.
- 8. **CELL PHONES**, **COMPUTERS** and other electronic devices are limited to non-patient areas.
- 9. Please leave the testing room in the same condition as you found it.
- 10. **PLEASE DO NO LOITER IN THE JMA HALLWAYS** or at the **NURSE'S STATION**. Wait in the waiting room until you are called in to begin testing or for your appointment with the doctor.
- 11. Children and Testing:
 - Minor children (under 18) must be attended at all times
 - Only children who are being tested are allowed in the testing room
 - Siblings will need other arrangements for care
 - One Parent or Guardian with one child at a time is generally preferable
 - Running, jumping, and loud voices are not allowed
 - Parents: see that toys provided are picked up before leaving
 - Keep children's testing room door closed at all times

Tel: 972-479-0400 ●997 Hampshire Lane ● Richardson, Texas 75080 ● Fax: 972-479-9435 AllerTestRmProt: Rev 10/09:crd



SAFE PRODUCTS SUPPLY LIST

Products on this list are reportedly **tolerated by many of our patients**, and it is our hope that it will enable to find products you can use safely, although we neither endorse nor recommend them. We are aware that sensitivities are individual and what works for one person may not work for another. This list is provided as a courtesy to you, and may serve as a possible starting point in your efforts to find products for personal care that will at least cause no further problems. If you have knowledge about other safe products you have used, please let us know so we can try them and add them to our future lists. **NOTE OF ADVICE:** AVOID DEODORANT TYPE SOAP

SOAP: PERSONAL CARE	SPECIAL NOTES	Түре	DISTRIBUTOR	Sources
AVEENO SKIN RELIEF BODY WASH	FRAGRANCE FREE	Liquid	JOHNSON & JOHNSON	SUPERMARKET OR PHARMACY
Dove	SENSITIVE SKIN FORMULA ONLY!	Bar/Liquid	UniLever	SUPERMARKET OR PHARMACY
GREEN PERSONAL CARE CLEANER	HAND/BATH/DELICATE CLOTHES	Liquid	GOLDEN NEO-LIFE DIAM	JMA/uslink.net/~golden/order1.html
Ivory	Unscented	Bar/Liquid	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
MOISTURE SOAP (KISS MY FACE)	FRAGRANCE FREE	Liquid	kissmyface.com	HEALTH FOOD-SUPERMARKET-ONLINE
OLAY BEAUTY BAR	Unscented	Bar	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
SIMPLE GREEN	ALL PURPOSE CLEANER	LIQ/FM/SPRY	APACHE CHEMICAL	ACE HWDE, SAM'S & SUPERMARKETS
SOAP: LAUNDRY	SPECIAL NOTES	TYPE	DISTRIBUTOR	Sources
20 MULE TEAM BORAX	Boron, Sodium, water, oxygen	Powder	US Borax Inc.	SUPERMARKET OR PHARMACY
ALL FREE CLEAR	NO DYES OR FRAGRANCE	Liquid	Lever Bros	SUPERMARKET
ARM & HAMMER WASH	Unscented	Pwd/Liq	Church/Dwight	SUPERMARKETS
BASIC L	No Dye or Fragrance	Powder	SHAKLEE	LOCAL DISTRUTOR
CHEER COLOR GUARD FREE GENTLE	No dye or Fragrance	Liquid	Lever Bros.	SUPERMARKET OR PHARMACY
DREFT (SODIUM LAURYL SULFATE)	No Dye or Fragrance	Pwd/Liq	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
IVORY SNOW	No Dye or Fragrance	Liquid	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
NEO LIFE	No Dye or Fragrance	Powder	GOLDEN NEO-LIFE DIAM	SPECIAL ORDER
PUREX FREE CLEAR	No Dye or Fragrance	Liquid	DIAL CORP.	SUPERMARKET OR PHARMACY
SA8	No Dye or Fragrance	Liquid	QuixTar	LOCAL DISTRIBUTOR
TIDE-FREE	No Dye or Fragrance	Liquid	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
FABRIC SOFTENERS	SPECIAL NOTES	Түре	DISTRIBUTOR	Sources
APPLE CIDER VINEGAR	USE IN RINSE CYCLE	Liquid	Various	HEALTH FOOD OR SUPERMARKET
BAKING SODA	USE IN RINSE CYCLE	Powder	Various	SUPERMARKET OR PHARMACY
BOUNCE	Unscented	SHEETS	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
DOWNY FREE AND SENSITIVE	Unscented	Liquid	PROCTOR-GAMBLE	WALMART-TARGET-SUPERMARKET
SHAMPOO: HAIR	SPECIAL NOTES	Түре	DISTRIBUTOR	Sources
DHS SAL (3% SALICYLIC ACID)	SEBORRHEA/PSORIASIS/NO SCENT	Liquid	Person & Covey	Person & Covey, Inc.
DHS CLEAR	Unscented & Color Free	Liquid	Person & Covey	Person & Covey, Inc.
EVERCLEAN ANTI-DANDRUFF	Unscented	Liquid	HOME HEALTH PROD	HEALTH FOOD-SUPERMARKET-ONLINE
MILL CREEK	RINSE WELL	Liquid	MILL CREEK BOTANICALS	HEALTH FOOD-SUPERMARKET-ONLINE
RICH & RADIANT: GRANNY'S OLD F.	Unscented	Liquid	www.lassentech.com	HEALTH FOOD-SUPERMARKET-ONLINE
SUAVE NATURALS: ALOE VERA	Very Low Scent	Liquid	UniLever	SUPERMARKET OR PHARMACY
HAIR CONDITIONERS	SPECIAL NOTES	Түре	DISTRIBUTOR	Sources
Au Naturelle Org-Nature Clean	Fragrance Free	Liquid	www.franktross.com	HEALTH FOOD-SUPERMARKET-ONLINE
PURE ESSENTIALS	FRAGRANCE FREE	Liquid	EARTH SCIENCE INC.	HEALTH FOOD-SUPERMARKET-ONLINE
SOFT AND SILKY: GRANNY'S OLD F.	Fragrance Free	Liquid	www.lassentech.com	HEALTH FOOD-SUPERMARKET-ONLINE
SUAVE NATURALS: ALOE VERA	VERY LOW SCENT	Liquid	Suave	SUPERMARKET OR PHARMACY

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HAND AND BODY LOTION	SPECIAL NOTES	Түре	DISTRIBUTOR	Source
ALMAY PROBLEM SOL ANTI-IRRITANT	FRAGRANCE FREE	LOTION	ALMAY OR almay.com	SUPERMARKET OR PHARMACY
ALPHA ALOE OIL FREE (KISS MY FACE)	FRAGRANCE FREE	LOTION	kissmyface.com	HEALTH FOOD OR ONLINE
ST IVES INTENSIVE THERAPY	FRAGRANCE FREE	LOTION	St. Ives Corp	SUPERMARKET OR PHARMACY
St. Ives Collagen & Elastin	FRAGRANCE FREE	LOTION	St. IVES CORP	SUPERMARKET OR PHARMACY
ULTRA HEAL INTENS MOIST THERAPY	FRAGRANCE FREE	LOTION	Jergen's	SUPERMARKET OR PHARMACY
VASELINE CREAMY PROT. SKIN THER	Unscented	LOTION	VASELINE	SUPERMARKET OR PHARMACY
VASELINE INTENS CARE EXTRA STRENGTH	Unscented	LOTION	VASELINE	SUPERMARKET OR PHARMACY
DEODORANTS	SPECIAL NOTES	Түре	DISTRIBUTOR	Source
ALMAY	Unscented	Solid	ALMAY OR almay.com	SUPERMARKET OR PHARMACY
ARM & HAMMER	Unscented	SOLID	Church & Dwight	SUPERMARKET OR PHARMACY
Arrid 4X	Unscented	SOLID	Church & Dwight	SUPERMARKET OR PHARMACY
CRYSTAL: STICK/GEL/SPRAY	NO ALUMINUM CHLORHYDRATE	GEL/SPRAY	PT LTD	SUPERMARKET OR PHARMACY
MENNEN SPEED STICK ANTI-PERSPIRANT	UNSCENTED	SOLID	COALGATE PALMOLIVE	SUPERMARKET OR PHARMACY
MITCHUM: CLEAR GEL, & SOLID	Unscented	CLEAR GEL	REVLON	SUPERMARKET OR PHARMACY
OLD SPICE RED ZONE: ROLL-ON/GEL	Unscented	SOLID/SPRAY	-	SUPERMARKET OR PHARMACY
SECRET: ROLL-ON/SPRAY/GEL/SOLID	Unscented	VARIOUS	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
SURE: ROLL-ON/SPRAY/GEL/SOLID	Unscented	VARIOUS	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
Tom's Natural Deodorant	UNSCENTED	SOLID	TOM'S OF MAINE	SUPERMARKET OR HEALTH FOOD
SHAVING CREAMS/GEL	SPECIAL NOTES	TYPE	DISTRIBUTOR	Source
EDGE PRO GEL	FRAGRANCE FREE	Solid	SC JOHNSON	SUPERMARKET OR PHARMACY
KISS My FACE: EXTRA SENS SKIN	FRAGRANCE FREE	SOLID	kissmyface.com	HEALTH FOOD-SUPERMARKET-ONLINE
HAIR SPRAY	SPECIAL NOTES	TYPE	DISTRIBUTOR	Source
CLASSIC HAIR SPRAY	Unscented	SPRAY	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
FINESSE NON-AEROSOL & AEROSOL	Unscented	SPRAY	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
JHIRMACK EXTRA HOLD	UNSCENTED	SPRAY	PLAYTEX BEAUTY	SUPERMARKET OR PHARMACY
PANTENE PRO-V HAIR SPRAY	UNSCENTED	SPRAY	PROCTOR-GAMBLE	SUPERMARKET OR PHARMACY
RAVE	UNSCENTED	SPRAY	SUAVE	SUPERMARKET OR PHARMACY
Suave	UNSCENTED	SPRAY	SUAVE	SUPERMARKET OR PHARMACY
White Rain	UNSCENTED	SPRAY	GILLETTE	SUPERMARKET OR PHARMACY
HAIR GEL OR MOUSE	SPECIAL NOTES	TYPE	MADE BY	SOURCE
CLINIQUE HAIR GEL	FRAGRANCE FREE	GEL	CLINIQUE	DEPARTMENT STORE
ALL PURPOSE CLEANERS	SPECIAL NOTES	TYPE	DISTRIBUTOR	SOURCE
ALL PURPOSE CLEANER	ENVIRONMENTALLY SAFE	FOAM/SPRAY		SHAKLEE DISTRIBUTOR
SAFE CHOICE SUPER CLEAN	CLEANER & DEGREASER	LIQUID	AMF/AMER MANU FORM	SPECIAL ORDER
AT-EASE HEAVY DUTY SCOURING	OVENS, STOVETOPS, BBQ GRILL	PASTE	SHAKLEE	SHAKLEE DISTRIBUTOR
AT-LASE FILAVE DUTT SCOURING	OVENS, STOVETOPS, DDQ GRILL	FASIL	SHARLEL	SHARLLE DISTRIBUTOR
BACIC-I (CDEACE-CUTTING)	ENI/IDONMENTALLY CAETE	LIOUID	CHANIEE	SHAVI EE DICTRIBUTOR
BASIC-I (GREASE-CUTTING)	ENVIRONMENTALLY SAFTE	LIQUID	SHAKLEE SHAKLEE	SHAKLEE DISTRIBUTOR
SATIN-SHEEN CONC. DISHWASHING	Unscented/No Phos/Nitr	LIQUID	SHAKLEE	SHAKLEE DISTRIBUTOR
SATIN-SHEEN CONC. DISHWASHING COSMETICS	UNSCENTED/NO PHOS/NITR SPECIAL NOTES	LIQUID TYPE	SHAKLEE DISTRIBUTOR	SHAKLEE DISTRIBUTOR SOURCE
SATIN-SHEEN CONC. DISHWASHING COSMETICS FOUNDATION, LIPSTICK ETC.	UNSCENTED/NO PHOS/NITR SPECIAL NOTES FRAGRANCE FREE	LIQUID TYPE LIQ/PWD	SHAKLEE DISTRIBUTOR ALMAY OR almay.com	SHAKLEE DISTRIBUTOR SOURCE SUPERMARKET OR PHARMACY
SATIN-SHEEN CONC. DISHWASHING COSMETICS FOUNDATION, LIPSTICK ETC. FOUNDATION, LIPSTICK ETC	UNSCENTED/NO PHOS/NITR SPECIAL NOTES FRAGRANCE FREE FRAGRANCE FREE	TYPE LIQ/PWD LIQ/PWD	SHAKLEE DISTRIBUTOR ALMAY OR almay.com CLINIQUE	SHAKLEE DISTRIBUTOR SOURCE SUPERMARKET OR PHARMACY DEPARTMENT STORE
SATIN-SHEEN CONC. DISHWASHING COSMETICS FOUNDATION, LIPSTICK ETC. FOUNDATION, LIPSTICK ETC FOUNDATION, LIPSTICK ETC	Unscented/No Phos/Nitr SPECIAL NOTES FRAGRANCE FREE FRAGRANCE FREE FRAGRANCE FREE	TYPE LIQ/PWD LIQ/PWD LIQ/PWD	SHAKLEE DISTRIBUTOR ALMAY OR almay.com CLINIQUE CLARION	SHAKLEE DISTRIBUTOR SOURCE SUPERMARKET OR PHARMACY DEPARTMENT STORE SUPERMARKET OR PHARMACY
SATIN-SHEEN CONC. DISHWASHING COSMETICS FOUNDATION, LIPSTICK ETC. FOUNDATION, LIPSTICK ETC	UNSCENTED/NO PHOS/NITR SPECIAL NOTES FRAGRANCE FREE FRAGRANCE FREE	TYPE LIQ/PWD LIQ/PWD	SHAKLEE DISTRIBUTOR ALMAY OR almay.com CLINIQUE	SHAKLEE DISTRIBUTOR SOURCE SUPERMARKET OR PHARMACY DEPARTMENT STORE

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