1020 Kakala St. Unit 902
Kapolei, HI 96707
(808) 868-1230

Please Read Carefully

Pua Manu Medspa HIPAA Authorization for Use or Disclosure of Health Care Information

By signing this form, I, _____, authorize the use and disclosure of health information as described below:

- **Description of Information**: Submission of health and personal information to all insurance companies involved in the payment of the office visit or any other entity responsible for the payment of the visit.
- **Name or class of person(s) authorized to make the used or disclosure**: Any office employee directly involved in the care or claim submission to the insurance companies.

WE WILL NOT RELEASE YOUR PERSONAL HEALTH INFORMATION TO ANYONE WITHOUT YOUR CONSENT. Please list anyone you would like to authorize release of your Personal Health Information to below:

(ex: mother, father, legal guardian, caregiver, etc.)

- **Date or event when authorization expires**: Indefinite from the date of this signed document.
- **Description of each purpose of the requested use or disclosure**: Obtain payment from the insurance companies, pre-authorization and post-authorization reviews.

I understand that I have the right to revoke this authorization, in writing at any time, except (1) where uses or disclosures have already been made based upon my original permission, or (2) the authorization was obtained as a condition in securing insurance coverage and the insurer by law has the right to contest a claim or the insurance policy. I understand that the use and disclosures already made based upon my original permission cannot be taken back. To revoke the authorization, I must do so in writing and send it to: **Nancy Chen, M.D., Kapolei Eye Care, at P.O. Box 75625, Kapolei, HI 96707**.

I understand that it is possible that information used or disclosed with my permission may be redisclosed by the recipient and no longer protected by the Federal Privacy Standards. I may receive a copy of the full HIPAA disclosure for review upon my request.

Signature of Patient or Legal Guardian _____

Date _____

Print Name _____

Cancellation Policy

Effective August 1, 2016, we will implement the following cancellation policy:

A charge of $25 will apply to:

- **No shows or cancellations with less than 24 hours' notice**
- **Appointments made within the 24 hour period, but are then cancelled within 2 hours of appointment time.**

Our cancellation policy allows us the time to inform standby clients of any availability, as well as optimizing our team member schedules. Thank you for your understanding.

Signature of Patient or Legal Guardian _____

Date _____

Print Name _____

Confidential Medical History

Patient: _____ **DOB:** _____

Are you allergic to any medications? If yes, which ones? _____

Please list all medication(s) you are currently taking (include prescriptions, over-the-counter medications, vitamins, and herbal supplements:

Do you have or have you ever had diseases or conditions of:

LUNGS:	**YES**	**NO**
Bronchitis	☐	☐
Emphysema	☐	☐
Asthma	☐	☐
Chronic cough	☐	☐
Morning cough	☐	☐
Shortness of breath	☐	☐
Wheezing	☐	☐

CARDIOVASCULAR:		
High blood pressure	☐	☐
Chest pain	☐	☐
Heart murmur	☐	☐
Heart attack	☐	☐
Irregular heartbeat	☐	☐
Phlebitis	☐	☐
Inflammation of vein	☐	☐
Pacemaker	☐	☐
Blood clots	☐	☐

OTHER SYSTEMIC:	**YES**	**NO**
Diabetes	☐	☐
Excessive thirst/hunger	☐	☐
Thyroid	☐	☐
Kidney	☐	☐
Bladder	☐	☐
Urinary frequency/burning	☐	☐
Gastrointestinal	☐	☐
Stomach absorptive disorder	☐	☐
Nausea, vomiting, diarrhea when taking antibiotics	☐	☐
Yeast infection when taking antibiotics	☐	☐
Arthritis/joint deformity	☐	☐
~Joint Pain	☐	☐
~Limited Motion	☐	☐
~Artificial Joint	☐	☐
Convulsions, epilepsy, seizures	☐	☐
Fainting	☐	☐
Cancer	☐	☐

When exposed to the sun, do you: ☐Tan only ☐Tan and burn ☐Burn

Have you ever had skin cancer? ☐YES ☐NO

Has anyone in your family had skin cancer? ☐YES ☐NO ☐Who: _____

Do you have a history of skin disease? ☐YES ☐NO ☐What: _____

Do you develop skin rashes in reaction to: ☐Food ☐Medication ☐Environment ☐Light

List any other diseases or conditions: _____

List any surgical procedure(s) you have had within the past 6 months: _____

SOCIAL HISTORY:	**YES**	**NO**	
Do you drink alcohol?	☐	☐	If YES, # of drinks per day: _____
Do you use IV drugs?	☐	☐	If YES, what & how often: _____
Do you smoke?	☐	☐	If YES, how much per day: _____
Do you have or have you been exposed to HIV (AIDS??	☐	☐	
Do you exercise regularly?	☐	☐	If YES, what & how often: _____

Please answer the following:	**YES**	**NO**
Do you bleed easily?	☐	☐
Are you pregnant?	☐	☐

What is your occupation? _____

What are your hobbies? _____

(*To Be Used As Advised By Staff*) If there are any changes, please let the Pua Manu staff know. If no changes, please sign below:

Signature of Patient _____ **Date** _____
Signature of Patient _____ **Date** _____
Signature of Patient _____ **Date** _____
Signature of Patient _____ **Date** _____
Signature of Patient _____ **Date** _____
Signature of Patient _____ **Date** _____
Signature of Patient _____ **Date** _____

Skin Typing Matrix

Please answer the following questions by circling the number which best describes you.

My ethnic origin is closest to:	Very fair (Celtic and Scandinavian)	☐
	Fair-skinned Caucasian with light hair and light eyes	☐
	Pale-skinned Caucasian with dark hair and dark eyes	☐
	Olive-skinned (Mediterranean, some Asian, some Hispanic)	☐
	Dark-skinned (Middle Eastern, Hispanic, Asians, some African)	☐
My eye color is:	Light blue	0
	Blue / Green	1
	Green / Gray / Golden	2
	Hazel / Light brown	3
	Brown	4
My natural hair color at age 18 was:	Red	0
	Blonde	1
	Light brown	2
	Dark brown	3
	Black	4
The color of my skin that is not normally exposed to sun is:	Pink to reddish	0
	Very Pale	1
	Pale with a beige tan	2
	Light brown	3
	Medium to dark brown	4
	Dark brown - black	5
If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:	Burn, blister and peel	0
	Burn, then when burn resolves there is little or no color change	1
	Burn, but then turns to tan in a few days	2
	Get pink, but then turns to tan quickly	3
	Just tan	4
	Just gets darker	5
	My skin color is so dark I can't tell	6
When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?	Longer than one month ago	0
	Within the past month	1
	Within the past two weeks	2
	Within the past week	3

Total Score: _____

If your score is:	Your skin type is:
0 – 3	1
4 – 7	2
8 – 11	3
12 – 15	4
16 – 19	5
20 – 24	6

Additional skin response questions:

If you sustain an injury to your skin such as a cut, burn, or bruise, how long does it take to fully resolve without any hyperpigmentation?

_____

What happens if you get an insect bite?

_____