10343 Siegen Lane, Bldg. #1-A
Baton Rouge, LA 70810
225.757.8450
Fax 225.757.8454

719 E Airport Ave, Ste A
Baton Rouge, LA 70806
225.924.3369
Fax 225.924.3387

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowedgement*

I, ______________________________, have received a copy of this office's Notice of Privacy Practices.

____
Please Print Name

X ______________________________
Signature

____
Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)

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- - -OVER---

Medical History

Patient Name ____________________________

Medications Currently Taking: ____

Please check if you have, or have ever had, any of the following conditions:

____Heart Condition:
 ____ Rneumatic Fever
 ____ Heart Murmur
 ____ Pacemaker
 ____ Other
____Artificial: ☐Joint ☐Rod ☐Pins
____Herpes I or II
____AIDS / HIV
____High Blood Pressure
____Low Blood Pressure

____Prolonged Bleeding
____Deafness
____Epilepsy Seizures
____Tuberculosis
____Hepatitis: ☐A ☐B ☐C ☐D
____Chemo / Radiation Therapy
____Cancer / Malignancy/Tumor
____Mentally Challenged/Autistic
____Nervous / Psychiatric Problems
____Major Surgery

____Diabetes
____Asthma
____Allergic to:
 ____Aspirin
 ____Penicillin
 ____Codeine
 ____Novocain
 ____Latex
 ____Other

Other Conditions: ____
____

Signature ____________________________________ Date __________________