



Joseph B. DeLozier III M.D., F.A.C.S.

209 23rd Avenue North, Nashville, TN 37203

Phone (615) 565-9000 Fax (615)-565-9005

Date_____

Patient Full Name_____

Last	First	M.I
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Patient Preferred Name (if different than above) _____

Patient Address_____

City _____ State _____ Zip Code _____

Home # (____) _____ Cell # (____) _____ Work # (____) _____

Sex M or F Birth Date ____/____/____ Age _____ Social Security # _____

Place of Employment _____ Occupation _____

Marital Status _____ Spouse's Name (if applicable) _____

E-Mail Address _____ May we contact you via e-mail? Yes or No

What would you like to discuss with Dr. DeLozier today? _____

How did you hear about our practice? **Facebook** _____ **Instagram** _____ **Google** _____

Is there someone we may thank for your referral? _____

Medical History

Patient Name: _____ Date of Birth: _____

Primary Care Provider: _____

Phone Number: _____ Fax Number: _____

Pharmacy Name _____ Pharmacy Phone # _____

Pharmacy Address _____

Medication allergies with associated reactions: _____

Do you have a latex allergy? _____ **Do you have a tape allergy?** _____

Height: _____ Weight: _____

Do you smoke? _____ How much? _____

List any nicotine products used (ie: tobacco, vaping, e-cigarettes, patches, gum): _____

Do you drink alcohol? _____ How much? _____

What is your daily pain score? (0=no pain, 10=severe pain) _____

Medications

Do you take a blood thinner? _____ (ie: Coumadin/warfarin, Lovenox, Xarelto, Pradaxa, Plavix)

If so, which one? _____ For what condition? _____

Who prescribes and manages your blood thinner? _____ (if different from above)

Phone Number: _____ Fax Number: _____

Please list your current medications (include any over-the-counter medications, vitamins, etc.)

Have you taken any prescription or over-the-counter weight loss pills in the last three weeks? _____

If so, please list _____

Do you currently have or have you ever had any of the following conditions? (circle)

- | | | |
|-------------------------------|---------------------------|----------------------|
| Heart attack | Pneumonia | Cancer |
| Chest pain | Other disease of lung | Healing problems |
| High blood pressure | Stroke | Staph/MRSA infection |
| High cholesterol | Sleep apnea or snoring | Visual problems |
| Heart murmur | Diabetes Type 1 | Hearing impairment |
| Other heart disease | Diabetes Type 2 | Migraines |
| Blood clots | Hypothyroidism | Fever blisters |
| Pulmonary embolus | Fibromyalgia | Hepatitis B |
| Bleeding or clotting disorder | Lupus | Hepatitis C |
| Emphysema/COPD | Other autoimmune disorder | HIV/AIDS |
| Asthma | Arthritis | Anemia |

If you circled yes to any of the conditions, or if you have a condition *not* listed, please explain:

Please list all surgeries that you have ever had:

Patient Disclosures

Patient Name: _____ Date of Birth: _____

May we leave a detailed message on your voicemail? _____ May we send a text message? _____

Emergency contact: _____ Phone: _____

May we discuss/disclose your account of medical information with members of your family or other persons known to you? If yes, you **must** list their name(s) below. We will only discuss information with those listed below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

By signing below, I authorize the discussion of my plan of care with the individuals listed above.

Patient signature: _____

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Patient Agreement

Limitation of Practice: Patient understands that the practice of Joseph B. DeLozier, III, MD, PLLC is limited to **Plastic and Reconstructive Surgery**.

Patient Consent: Patient hereby gives consent, if needed, for drawing blood samples for diagnosis or in case of accidental puncture or exposure to medical personnel during my course of treatment either in the offices or in the hospital. These tests may include AIDS testing.

Tennessee Controlled Substance Monitoring Database (CSMD): Joseph B. DeLozier, III, MD, PLLC abides by the rules and regulations set forth by the State of Tennessee regarding the CSMD as required by law. Patient hereby gives consent for the practice to access any and all records held by the Department of Health relating to Schedule II-V controlled substances dispensed to the patient.

Privacy Policy

All patients have a right to review our Notice of Privacy Practices. Any employee of the practice can provide you a copy of the Notice of Privacy Practices. If you would like to restrict access or request modifications be made to your Personal Health Information, please request the required form from a member of our staff.

Collection Policy

Assignment and Release: The service(s) you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. All cosmetic fees are due PRIOR to surgery or at the time cosmetic laser and skin care services are rendered.

Patient authorizes release of information necessary to process insurance claims. Patient authorizes photographs to be restricted for medical, education or insurance purposes and information released to other practitioners in good faith effort for my medical care.

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Maximum 30-Day Period for Unpaid Balances

In the alternative, the patient must make acceptable payment arrangements by contacting the Billing Department at Joseph B. DeLozier, III, MD, PLLC. Balances may be paid via cash, check, Visa, or MasterCard.

Unpaid Balances

If for any reason the patient cannot make scheduled payments, the patient must immediately contact the Office at Joseph B. DeLozier, III, MD, PLLC to make acceptable arrangements. Joseph B. DeLozier, III, MD, PLLC reserves the right to refer all unpaid accounts to collection agencies. Any fees associated with collection, including collection agency contingency fees and court costs, will be added to the patient's account balance. After accounts are placed with collection agencies, all patient visits and procedures will be on a cash only basis.

Service Charge

Joseph B. DeLozier, III, MD, PLLC reserves the right to assess a service charge, not to exceed \$20 per month, to a patient account for any unpaid balance over 30 days. No service charges will be assessed to patient account where the patient has made payment arrangements with the Billing Department and payments are being made as agreed.

Provider Signature _____ Date _____

Patient Signature _____ Date _____

All questions concerning these policies should be directed toward the administrator.

Directions to Our Office

Directions from North (Portland/Hendersonville/Gallatin)

Take 65 South towards Nashville

Take Huntsville/Memphis (65 South/40 West) then Knoxville/Huntsville (40 East/65 South)

Follow 40 East

Take Exit #209- Church Street- Turn right off of exit

Stay on Church Street until you come to 23rd Avenue North- Turn right

Take your first left onto Brandau- then you will see a fence and a sign that says "Dr. DeLozier's Office Parking"- turn right. The office is the coral colored house and parking is behind the building.

Directions from Northwest (Clarksville)

Take 24 East to 65 South towards Nashville

Take Huntsville/Memphis (65 South/40 West) then Knoxville/Huntsville (40 East/ 65 South)

Follow 40 East

Take Exit #209- Church Street- Turn right off of exit

Stay on Church Street until you come to 23rd Avenue North- Turn right

Take your first left onto Brandau- then you will see a fence and a sign that says "Dr. DeLozier's Office Parking"- turn right. The office is the coral colored house and parking is behind the building.

Directions from Southeast (Smyrna/Laverne/Murfreesboro)

Take 24 West to 40 West

Take Exit #209- Church Street- Turn left off of exit

Stay on Church Street until you come to 23rd Avenue North- Turn right

Take your first left onto Brandau- then you will see a fence and a sign that says "Dr. DeLozier's Office Parking"- turn right. The office is the coral colored house and parking is behind the building.

Directions from South (Brentwood/Franklin)

Take 65 North to 440 West towards Memphis

Take the West End exit (Exit #1) - Turn right off of exit

Follow West End to 23rd Avenue North- Turn left

Go through the light (of 23rd and Elliston)

Take your first left onto Brandau- then you will see a fence and a sign that says "Dr. DeLozier's Office Parking"- turn right. The office is the coral colored house and parking is behind the building.

Directions from West (Dickson/Kingston Springs)

Take 40 East

Go to 440 East towards Knoxville

Take Exit #1- Murphy Road- Turn left

Follow until you come to the light for West End- Turn left at this light

Follow West End until you come to 23rd Avenue North- Turn left

Go through the light (of 23rd and Elliston)

Take your first left onto Brandau- then you will see a fence and a sign that says "Dr. DeLozier's Office Parking"- turn right. The office is the coral colored house and parking is behind the building.

Directions from East (Mt. Juliet/Lebanon)

Take 40 West towards Nashville

Take Exit #209- Church Street- Turn left off of exit

Stay on Church Street until you come to 23rd Avenue North- Turn right

Take your first left onto Brandau- then you will see a fence and a sign that says "Dr. DeLozier's Office Parking"- turn right. The office is the coral colored house and parking is behind the building.