

PLEASE FILL OUT BOTH SIDES COMPLETELY

Patient Name \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

Where is the problem located? \_\_\_\_\_ When did it start? \_\_\_\_\_

What symptoms are you having? \_\_\_\_\_ Severity:  Mild  Moderate  Severe

What makes condition better or worse? \_\_\_\_\_

What medications have you used? \_\_\_\_\_

PLEASE NOTE THAT MULTIPLE PROBLEMS MAY REQUIRE MORE THAN ONE VISIT

Have you had skin cancer? If yes, describe: \_\_\_\_\_

Please list your allergies to medications: \_\_\_\_\_

CURRENT MEDICATIONS: PRESCRIPTION AND NON PRESCRIPTION

[ ] NONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAST MEDICAL HISTORY

Illnesses (List any serious or chronic illness):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operations (List all previous surgery):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAMILY HISTORY

Is there a family history of melanoma  Y  N If yes, who? \_\_\_\_\_

Are there any skin diseases that run in your family?  Y  N If yes, please list \_\_\_\_\_

PLEASE ANSWER THESE QUESTIONS

Have you had a blistering sunburn?  Y  N

Do you spend long hours in the sun?  Y  N

Do you take antibiotics for dental procedures?  Y  N If yes, why? \_\_\_\_\_

Do you drink alcohol?  Y  N If yes, how much? \_\_\_\_\_

Do you smoke?  Y  N Packs per day? \_\_\_\_\_

Are you allergic to local anesthesia?  Y  N Which one? \_\_\_\_\_

Are you latex intolerant or allergic?  Y  N Please let staff know if you are latex allergic before you are examined

**Women Only**

Are you pregnant?  Y  N **Women: If you answered yes to these questions, please let the doctor and the staff know as soon as you enter the room.**

Are you trying to become pregnant?  Y  N

Are you breast feeding?  Y  N

**Review of Systems:**

Are you currently having trouble with any of the following organ systems:

**If Yes, Please describe:**

Eyes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Ears/ Nose/ Throat/ Mouth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Heart	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Lungs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Stomach/ Bowel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Kidneys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Arthritis/ Muscles/ Joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Headaches/ Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Psychological disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Endocrine/ Hormonal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Fever/ Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

I certify that both pages are true and correct. I realize that withholding information about my medical history could result in serious injury to me or harm to those involved in my care.

Patient Signature: \_\_\_\_\_ DATE \_\_\_\_\_  
Reviewed by Provider \_\_\_\_\_

**WHAT IS NEW?**

- Ultherapy: Ultrasound assisted skin tightening device that tightens skin around the face, neck, jawline, brows and chest. All without surgery!
- Barba Skin Clinic: Barba Skin Clinic is an extension to Barba Dermatology that focuses on all the beauty needs of Barba Dermatology clients. Visit us for beauty products, clinical facials, chemical peels, acne treatments and permanent hair removal with electrolysis, lasers or both. Open Monday thru Saturday. Ask for a \$50 Gift Card good for your first visit to Barba Skin Clinic.
- Voluma: The **first** FDA approved filler for cheek enhancement. May last up to 2 years.
- Teoxane Skincare: containing "resilient hyaluronic acid"- the same hyaluronic acid found inside injectable fillers. Now in topical skincare! This product will be used to prep your face before filler injections. Ask us about it.
- The Facial Membership: Facials and Peels under \$200 at a fixed price of \$125 for 14 months with 10% Off on skincare and cosmetic services.

Ask us for details about each program.

# Barba Dermatology

ALICIA BARBA, MD PA    DR. PATRICIA RIVAS    IRENE CUESTA PA-C    ANITA BARBA, FNP

## EASY PAY FORM

### REQUIRED

Alicia Barba MD PA (DBA Barba Dermatology) has simplified the collection of balances. We will bill your insurance for services rendered. Once the insurance company responds and it is determined that there is a balance on your account, the balance will be paid with your credit card on file. If you do not want to provide a credit card, you may  
1) provide a signed check made out to Alicia Barba M.D. PA (will be cashed only if there's a balance on your account), or  
2) pay cash for the visit (your money will be refunded when insurance pays for services).

What is the Easy Pay Form? Why is it necessary?

Insurances have changed considerably and the majority of people now have deductibles or co-insurances: costs you are responsible for before the insurance "kicks in." Having medical insurance does not guarantee full payment to your providers for services provided. Rarely, services may not be covered or may be denied by your insurance company, leaving a balance on your bill. **It is your responsibility to know your benefits.** If you are not sure of benefits, please call your insurance company before your doctor visit. We want to empower our patients to know their benefits.

**Alicia Barba MD PA/ Barba Dermatology does not mail invoices or statements to patients for balances.**

Please complete the square below to authorize future payment for any balance which will be an out of pocket expense, as determined by your insurance company only. Your information is kept in a PCI compliant system offered by First Data, a national leader in credit card merchant services. Once entered in the system, all numbers get "scrambled" and only the last 4 numbers are visible to us.

I authorize ALICIA BARBA MD PA AND BARBA DERMATOLOGY GROUP to keep my signature on file and to charge my credit card for the patient responsibility portion of any balances incurred by me, such as:

- a deductible that has been applied by insurance & was not collected on the day of service
- refusal by insurance company to pay for services/procedures rendered
- a bounced check
- a balance due to insurance being cancelled or is not active

### LAST FOUR NUMBERS ON CREDIT CARD. PLEASE PRESENT CARD FOR VERIFICATION

X	X	X	X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Please write in your credit card number in the boxes above

Expiration. Date: _____ Customer Code _____ Visa    Master Card    American Express	[ ] I prefer to keep a signed check on file made payable to Alicia Barba MD PA. The check will be processed only if I have a balance. We do not call to ask for permission. Your signature below is permission to cash the check for balances.
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[ ] I will be paying cash for services and prefer to be reimbursed when insurance pays

[ ] Keep on file for skincare purchased over the phone, via email, via text or for express check out\* \_\_\_\_\_initial\*

Name on Credit Card/Check: \_\_\_\_\_

**You are entitled to a refund should your insurance company later pay for services initially denied. We occasionally find that patients get upset at us for balances/expenses set forth by insurance companies. Please know we are on your side and will help provide you with any documents so that you fight any and all denials with your insurance company.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THIS INFORMATION IS PART OF YOUR HIGHLY CONFIDENTIAL MEDICAL RECORD AND FILED IN LOCKED CABINETS**

# Barba Dermatology

Cosmetic Interest Questionnaire: Check All That Interests You

Cosmetic Procedures Are Not Covered by Insurance

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Botox or Dysport for Wrinkles</li> <li><input type="checkbox"/> Chemical Peels for <input type="checkbox"/> Acne <input type="checkbox"/> Rejuvenation</li> <li><input type="checkbox"/> Restylane, Perlane, Juvederm Fillers</li> <li><input type="checkbox"/> Voluma, Radiesse or Sculptura Filler for Facial Volume Enhancement/Cheek augmentation</li> <li><input type="checkbox"/> Latisse for Longer, Thicker, Darker Lashes</li> <li><input type="checkbox"/> Lip Augmentation: (just a dab looks amazing!)</li> <li><input type="checkbox"/> IPL: Intense Pulse Light/ Photofacial</li> <li><input type="checkbox"/> Wrinkle Reduction/ Therapy</li> <li><input type="checkbox"/> Natural Cheek Augmentation</li> <li><input type="checkbox"/> Ulthera Skin Tightening (non-invasive ultrasound )</li> <li><input type="checkbox"/> Electrolysis</li> <li><input type="checkbox"/> Skin Care or Sunscreen Advice</li> <li><input type="checkbox"/> Photodynamic Therapy with Levulan for Acne</li> <li><input type="checkbox"/> Clinical Facials</li> <li><input type="checkbox"/> Oxygen Facial for Hydration and Skin Glow</li> <li><input type="checkbox"/> Ear Lobe Repair for enlarged or torn piercing</li> <li><input type="checkbox"/> Other: .....</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Laser Treatments for             <ul style="list-style-type: none"> <li><input type="checkbox"/> Permanent Hair Removal</li> <li><input type="checkbox"/> Facial Rejuvenation</li> <li><input type="checkbox"/> Brown Spots/Age Spots</li> <li><input type="checkbox"/> Skin Resurfacing</li> <li><input type="checkbox"/> Facial veins</li> <li><input type="checkbox"/> Facial Redness/ Rosacea</li> <li><input type="checkbox"/> Scars</li> <li><input type="checkbox"/> Skin Tightening: face, neck, chest, body, belly</li> <li><input type="checkbox"/> Stretch Marks</li> <li><input type="checkbox"/> Acne</li> </ul> </li> <li><input type="checkbox"/> Acne Scar Reduction</li> <li><input type="checkbox"/> Birthmarks</li> <li><input type="checkbox"/> Excessive Sweating in Axillas</li> <li><input type="checkbox"/> Fractional Resurfacing</li> <li><input type="checkbox"/> Mole/Growth/ Skin Tag Removal</li> <li><input type="checkbox"/> Microdermabrasion</li> <li><input type="checkbox"/> Chest rejuvenation <span style="float: right;"><input type="checkbox"/> Hand Rejuvenation</span></li> </ul> |
|--|--|

I am looking for a procedure that can give me:

- Small improvement with Minimal downtime
- Moderate improvement with some downtime
- Significant improvement with longer downtime

My Budget is:

<input type="checkbox"/> \$250- \$500	<input type="checkbox"/> \$2000-\$5000
<input type="checkbox"/> \$500-\$1000	<input type="checkbox"/> I'm Flexible
<input type="checkbox"/> \$1000-\$2000	

Which products do you currently use? AM - LIST NAMES	(List specific brands and topical medications) PM - LIST NAMES
Cleanser: _____	Cleanser: _____
Toner _____	Toner _____
Treatment/Serum _____	Treatment/Serum _____
Moisturizer _____	Moisturizer _____
Scrub/Mask _____	Scrub/Mask _____
Eye Cream _____	Eye Cream _____
Sunscreen _____	Sunscreen _____
Acne _____ Meds _____	Acne _____ Meds _____
Lightening/ Bleaching / Other _____	Lightening/ Bleaching / Other _____

[ ] YES, we may call you to answer questions      [ ] YES, I want to receive emails about the procedures above

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ (for internal use only)

Signature: \_\_\_\_\_