Wilson Surgicenter
4315 28th St.
Lubbock, Texas
806-792-2104

Sex: F_____ M_____

Race: _____

Your Height: _____

Your Weight: _____

PATIENT HISTORY
(Ink Only)

Patient's Name _____ Spouse's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ SS# _____

Phone _____ CellPhone _____

Business Phone _____ 2nd Phone # (Friend or Relative) _____

Medicare# _____ Medicaid# _____

Is Medicare your Primary Insurance: **Yes** or **No** Name on Medicare Card _____

Other Medical Insurance _____ Policy# _____

Is this non-Medicare insurance: **Primary** or **Secondary** (circle one)

Does your insurance require a referral or a second opinion? _____

Does your insurance require pre-certification? **Yes** or **No** Pre-Certification phone# _____

Name of Insured: _____ Insured's SS# _____

Insured's Date of Birth: _____

Insured's Employer (or employer retired from) _____

Are you in a skilled nursing facility or on hospice care? **Yes** or **No**

Name and address of above _____

Are you a new patient today? **Yes** or **No** Referred By _____

Family Doctor _____ Optometrist: _____

What problems do you have with your eyes (vision, dryness, etc.)? _____

_____

List any previous or current eye injuries, eye diseases, or eye surgeries, including: LASIK, PRK, RK, treatments or surgery for Glaucoma, Macular Degeneration, or Retina. _____

Medications (include supplements, vitamins, over the counter drugs)	Strength / how often taken	Reason For Taking

USE OTHER SIDE IF NEEDED

Have you ever been hospitalized or had surgery?

Please list below with approximate date.

Drug Allergies: _____

_____

_____

_____

Do you smoke? _____ How many years? _____ How recently did you quit? _____

Family History:	Living/Age	General Health Status or Cause of Death	History of Eye Problem(s)
Father			
Mother			
Siblings			

Have you ever had:	Yes	No
Rheumatic Fever	❑	❑
Heart Disease	❑	❑
High blood pressure	❑	❑
Congestive heart failure	❑	❑
Stroke (date:_____)	❑	❑
Asthma	❑	❑
Emphysema	❑	❑
Pneumonia	❑	❑
Tuberculosis	❑	❑
HIV Positive	❑	❑
Hepatitis	❑	❑
Diabetes	❑	❑
Kidney disease	❑	❑
Cancer	❑	❑
Thyroid disease	❑	❑
Liver disease	❑	❑
Arthritis	❑	❑
Nervous disorder	❑	❑
Headaches	❑	❑

Do you currently:	Yes	No
Drink alcohol	❑	❑
Wear dentures	❑	❑

Do you currently experience:		
Hearing loss	❑	❑
Dizziness	❑	❑
Short of breath	❑	❑
Coughing	❑	❑
Wheezing	❑	❑
Chest pains	❑	❑
Skipped heart beats	❑	❑
Tremor or seizures	❑	❑
Gastric Disease	❑	❑
Blood or pain with urination	❑	❑
Swollen feet or legs	❑	❑
Snoring	❑	❑
Sleep with CPAP or Oxygen	❑	❑
Sleep Apnea	❑	❑

Please describe briefly any items marked "yes."

_____

_____

_____

_____

_____

_____

Please list and describe briefly any other medical problems.

_____

_____

_____

_____

Patient Signature: _____ Date: _____

PLEASE SIGN

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Do you have difficulty, even with glasses with the following activities?

1. Reading small print such as labels on medicine bottles, a telephone book or food labels?	If yes, how much difficulty do you currently have?
❑ Yes ❑ No ❑ N/A	❑ A Little ❑ A Moderate Amount ❑ A Great Deal ❑ Unable to do activity
2. Reading a newspaper or book?	If yes, how much difficulty do you currently have?
❑ Yes ❑ No ❑ N/A	❑ A Little ❑ A Moderate Amount ❑ A Great Deal ❑ Unable to do activity
3. Seeing steps, stairs or curbs?	If yes, how much difficulty do you currently have?
❑ Yes ❑ No ❑ N/A	❑ A Little ❑ A Moderate Amount ❑ A Great Deal ❑ Unable to do activity
4. Reading traffic, street or store signs with or without glare?	If yes, how much difficulty do you currently have?
❑ Yes ❑ No ❑ N/A	❑ A Little ❑ A Moderate Amount ❑ A Great Deal ❑ Unable to do activity
5. Doing fine handwork like sewing, knitting, crocheting or carpentry?	If yes, how much difficulty do you currently have?
❑ Yes ❑ No ❑ N/A	❑ A Little ❑ A Moderate Amount ❑ A Great Deal ❑ Unable to do activity
6. Writing checks or filling out forms?	If yes, how much difficulty do you currently have?
❑ Yes ❑ No ❑ N/A	❑ A Little ❑ A Moderate Amount ❑ A Great Deal ❑ Unable to do activity
7. Playing games such as bingo, dominos, card games or mahjong?	If yes, how much difficulty do you currently have?
❑ Yes ❑ No ❑ N/A	❑ A Little ❑ A Moderate Amount ❑ A Great Deal ❑ Unable to do activity
8. Watching television?	If yes, how much difficulty do you currently have?
❑ Yes ❑ No ❑ N/A	❑ A Little ❑ A Moderate Amount ❑ A Great Deal ❑ Unable to do activity

Patient Signature: _____ Date: _____

Wilson Surgicenter Grievance Program

Patient Complaints and Grievances

Any person may make a complaint at Wilson Surgicenter. A complaint is a verbal or written patient issue or problem that can be resolved at the time of the complaint and involve staff who are present (such as nurses, administration, reception or physicians) at the time of the complaint. Complaints typically involve minor issues that do not require investigation. The staff of Wilson Surgicenter wants to provide the best care possible for our Patients. Please ask a staff member for help if you have a complaint or concern. We are happy to assist you. You may give a "Verbal Complaint" to any of our staff at any time. If the staff member cannot immediately resolve your complaint for any reason, they must file a written grievance. You may also register a complaint or a grievance by using the "Complaints" box in the Wilson Surgicenter Lobby, by writing it on the Patient Survey form given to the patient after surgery, or by contacting the Administrator directly. You may ask to see the Administrator at any time. The Administrator's contact information is:

Robin Williamson, 4315-28th Street, Lubbock, Texas 79410

(806)-559-3949 or (806)-792-2104 or wilsurg@aol.com

A Grievance is a formal or informal written or verbal complaint that is made to Wilson Surgicenter by a patient, a patient's representative or surrogate, regarding a patient's care or lack of care (when such complaint is not resolved at the time of the complaint by the staff present). A written complaint is always considered a grievance. Emails or faxes are considered written complaints. Whenever a patient or a patient's representative or surrogate requests that his or her complaint be handles as a formal complaint or grievance, or when that patient requests a response from Wilson Surgicenter, the complaint is considered a grievance. Billing issues are not usually considered grievances. A complaint from someone other than a patient or a patient's representative or surrogate is not a grievance. A complaint that is presented to the staff and resolved at that time is not considered a grievance. If a patient care complaint cannot be resolved at the time of the complaint by the staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires additional actions for resolution, the complaint is then considered a grievance.

Any allegation of mistreatment such as verbal, mental, physical or sexual abuse, neglect, or lack of compliance with Local, State, or Federal laws or regulations that endangers a patient is a "Mandated Grievance". Mandated Grievances must be reported immediately to the Administrator. The Administrator is responsible for notifying the Grievance Committee that same day, requiring a decision that the mandated grievance is substantiated or unsubstantiated within 72 hours of the complaint. If the Mandated Grievance is substantiated, Wilson Surgicenter shall notify the proper Local, State and/or Federal authorities within 10 days of the compliant. A patient, a patient's representative or surrogate filing a complaint or grievance may receive assistance from any other person or organization at any stage of the grievance process and use of the Patient Grievance Program does not limit the right of a patient, a patient's representative or Surrogate to seek remedy for a complaint in the legal system. No person shall be punished or retaliated against for making a complaint or grievance.

If a patient, the patient's representative or surrogate files a grievance with Wilson Surgicenter, the Administrator will contact that person within three days. The Administrator shall take the grievance to the Patient Grievance Committee for investigation within 3 days of receipt of the grievance. The Grievance Committee shall investigate the grievance and make a written notice either by letter or email of its decision within 7 days of the receipt of the grievance, unless the grievance involves complex issues, extensive investigation and/or the contributions of numerous individuals. In the event that the grievance investigation is so complex that it cannot be completed within 7 days, the Administrator shall send the patient an interim notice explaining that the grievance is being investigated and that the patient will receive a final written response in a time frame specified in the letter. The time frame shall be 30 days or less. The decision shall contain the Name and contact information of the Administrator, how the grievance was addressed, the steps taken to investigate the grievance, the result of the grievance process, and the date the grievance process was completed.

A patient, a patient's representative or surrogate has the right to forward their complaint or grievance to The Texas Department of Health Services at any time. You may contact Local, State and Federal authorities as follows:

Local: Texas Health and Human Services Commission Lubbock, 5806-34th Street, Lubbock, Texas 79407 Phone: (806)791-7502

State: **Mailing Address:** Health Facility Compliance Group (MC1979),Texas Department of State Health Services, PO Box 149347, Austin, Texas 78714-9347 **Fax:** (512)834-6653 **Email:** **Health Facility Complaints** **Complaint Hotline:** (888)973-0022

Federal: Medicare Ombudsman: http://www.cms.hhs.gov/center/ombudsman.asp

Patient Rights and Responsibilities

•If a patient is adjudged incompetent under applicable Texas State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under Texas State law to act on the patient's behalf.

•If a Texas State court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with Texas State law may exercise the patient's rights to the extent allowed by Texas State law.

You, as a patient, have the right to:

- Be free from all forms of abuse and harassment.
- Choose your physician.
- Receive care in a safe setting.
- Receive from your physician current information, in language that you can understand, about your illness, treatment and/ or procedures, and expected outcome before treatment or procedures are performed.
- Make informed decisions about your health care before treatment or procedures including the right to refuse medical treatment, procedures, or other components of care and to be informed of the medical consequences of such a decision.
- Have all communications and records regarding your care treated as confidential.
- Personal privacy.
- Know the identity of the physician responsible for coordinating your care and all other physicians and health care professionals involved in your care.
- Agree to refuse to participate in any clinical research study or experiment related to your care or treatment.
- Receive prompt and reasonable responses to your requests for service.
- Review your bill and discuss any questions that you may have about it.
- Designate a legal representative or surrogate in accordance with Texas law to exercise your rights to the extent allowed under the law.

- Be free from any act of discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished, abuse or harassment and to have such grievances fully investigated by Wilson Surgicenter, local, state or federal authorities as appropriate. All complaints will be kept confidential, and anonymous complaints may be registered.

You may report complaints to:

Robin Williamson, c/o Wilson Surgicenter, 4315-28th Street, Lubbock, Tx 79410 (806)792-2104 or Wilsurg@aol.com.

You may also voice your complaint to any staff member or submit it via the complaint box in the Surgicenter lobby. Even if you have not made a complaint to Wilson Surgicenter; you may make a complaint about Wilson Surgicenter at any time to the following:

- The Texas Department of State Health Services, Health Facility Compliance Group (MC1979) P.O. Box 149347, Austin, Texas 78714-9347, Telephone (888) 973-0022. Fax: 1(512)834-6653
- The Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/center/ombudsman.asp

You, as a patient, have the responsibility to:

- Fully participate in decisions involving your own health care and to accept the consequences of these decisions if complications occur.
- Follow your doctor's instructions.
- Communicate pertinent health care information.
- Seek clarification if you do not fully understand your health problems and the proposed plan of care.
- Respect the rights of others.
- Provide accurate information for insurance claims.
- Pay your bills.

Wilson Surgicenter is wholly owned by Dr. Patrick D. Reeves.

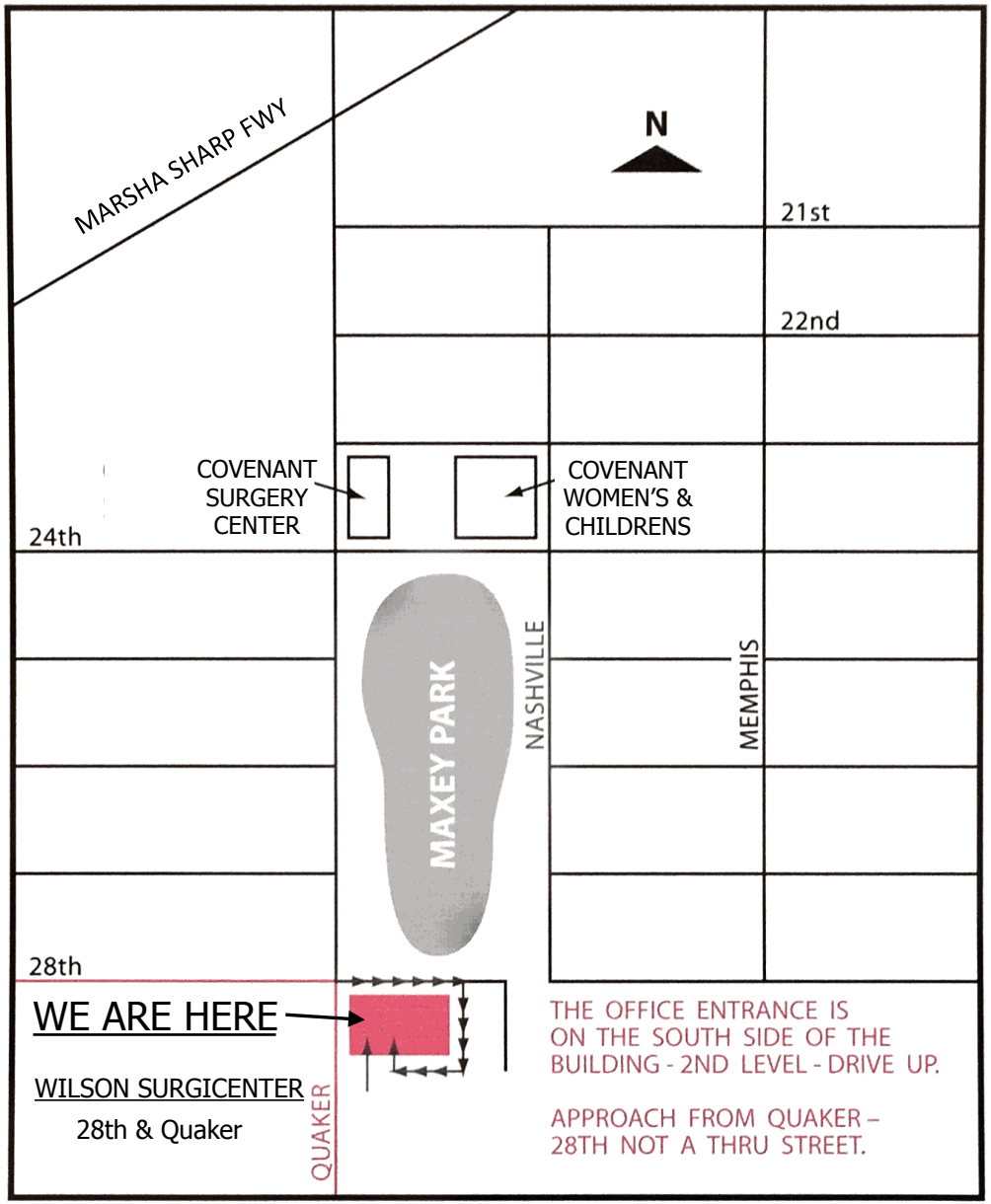
WILSON SURGICENTER DISCLOSURE OF INFORMATION

1. THE SURGICENTER HAS PROVIDED YOU WITH AN ESTIMATE OF CHARGES FROM THE SURGICENTER FOR YOUR PROCEDURE. HOWEVER, THE ACTUAL CHARGES FROM THE SURGICENTER WILL VARY BASED ON YOUR MEDICAL CONDITION AND OTHER FACTORS ASSOCIATED WITH THE PERFORMANCE OF THE PROCEDURE.

2. THE ACTUAL CHARGES FOR THE SURGICAL PROCEDURE MAY DIFFER FROM THE AMOUNT TO BE PAID BY YOU OR YOUR THIRD PARTY PAYOR, AND FURTHER, YOU MAY BE PERSONALLY LIABLE FOR PAYMENT FOR THE SURGICAL PROCEDURE DEPENDING ON YOUR HEALTH BENFIT PLAN COVERAGE.

3. IT IS YOUR RESPONSIBILITY TO CONTACT YOUR HEALTH BENEFIT PLAN FOR ACCURATE INFORMATION REGARDING THE PLAN STRUCTURE, BENEFIT COVERAGE, DEDUCTIBLES, COPAYMENTS, COINSURANCE, AND OTHER PLAN PROVISIONS THAT MAY IMPACT YOUR LIABILITY FOR PAYMENT FOR THE SURGICAL PROCEDURE.

4. A PHYSICIAN OR OTHER HEALTH CARE PROVIDER (SUCH AS A NURSE ANESTHETIST) THAT MAY PROVIDE SERVICES TO YOU WHILE YOU ARE A PATIENT IN WILSON SURGICENTER MAY NOT BE A PARTICIPATING PROVIDER WITH THE SAME THIRD PARTY PAYORS AS WILSON SURGICENTER.



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