

Patient Last Name	First Name	MI
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Health Screening (Date, was the result normal?):

Last Physical Exam _____	Last Cholesterol _____	Last Complete Blood Test _____
Last Colonoscopy _____	Last Prostate Exam _____	Last PSA _____
Last Mammogram _____	Last Pap Smear _____	Last Angiogram _____
Last Stress Test _____	Last Flu Vaccine _____	Last Pneumovax _____

Current Review of Systems (Circle Yes or No):

General

Weakness Y/N
 Unexplained Weight Loss Y/N
 Persistent Fever Y/N

Skin

Jaundice Y/N
 Hives, Eczema or Rash Y/N
 Frequent Boils or Infections Y/N
 Abnormal Pigmentation Y/N
 Easy to Bruise Y/N

Head-Eyes-Ears-Nose-Throat

Double Vision or Blurry Vision Y/N
 Floaters Y/N
 Loss of Hearing Y/N
 Ringing in Ear Y/N
 Loss of Smell Y/N
 Frequent Nosebleeds Y/N
 Headaches Y/N
 Hoarseness Y/N

Breast

Lumps Y/N
 Discharge Y/N
 Tenderness Y/N

Cardiovascular

Chest Pain during Exertion Y/N
 Short of Breath Lying Down Y/N
 Decrease Exercise Tolerance Y/N
 Swelling of Hands or Ankles Y/N
 Palpitations Y/N
 Heart Murmurs Y/N
 Legs Cramp with Walking Y/N
 Lightheadedness or Syncope Y/N

Respiratory

Chronic Cough Y/N
 Asthma or Wheezing Y/N
 Blood in Sputum Y/N

Gastrointestinal

Heartburn or Indigestion Y/N
 Nausea or Vomiting Y/N
 Diarrhea Y/N
 Constipation Y/N
 Blood in Stool Y/N
 Abdominal Pain or Cramps Y/N
 Belching or Excessive Gas Y/N
 Abdominal Distention Y/N
 Early Satiety Y/N
 Loss of Appetite Y/N

Genitourinary

Frequent Urination Y/N
 Painful Urination Y/N
 Loss of Urine Control Y/N
 Difficulty Initiating Urine Y/N
 Blood in Urine Y/N
 Impotence Y/N
 Loss of Libido Y/N
 Pain with Intercourse Y/N

Loco motor-Musculoskeletal

Muscle Cramps Y/N
 Painful Joints Y/N
 Swollen Joints Y/N
 Morning Stiffness Y/N
 Weakness or Numbness Y/N

Endocrine

Thyroid Problems Y/N
 Excess Thirst Y/N
 Excess Urination Y/N
 Heat Intolerance Y/N
 Cold Intolerance Y/N
 Hot Flashes Y/N

Neurologic

Convulsions Y/N
 Memory Loss Y/N
 Poor Coordination or Frequent Falls Y/N

Advance Directive Status

Patient Last Name	First	MI	Date of Birth
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This form is optional. If you should choose to have an Advance Directive, additional forms and information will be made available upon request.

By signing this form, I have acknowledged that I have been informed of my right to formulate an Advance Directive. Information is available to me regarding the execution of an Advance Directive.

Please initial one of the following:

- _____ **I have previously completed an Advance Directive and have provided a copy for inclusion on my record.**
- _____ **A copy of my Advance Directive is on file with _____.**
Name of Physician or Facility
- _____ **I have not included my Advance Directive and I am not interested in any further information.**
- _____ **I am interested in the formulation of an Advance Directive and will discuss my options with my primary care provider.**

Additional Comments Pertaining to Advance Directive:

Patient Signature	Date
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Office Use Only*****

_____ The patient was given a brochure/additional information regarding Advance Directive.

Staff/Witness Signature	Date
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Privacy Policy Statement
Tri-Valley Internal Medicine Group
39765 Date Street Ste 102
Murrieta, Ca 92563
Privacy Officer: Lauren Hopewell, Office Manager

Purpose: The following privacy policy is adopted to ensure that this medical practice complies fully with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to this organization. Violations of any of these provisions will result in severe disciplinary action including termination of employment and possible referral for criminal prosecution.

Effective Date: 09/23/2013

It is the policy of this medical practice that we will adopt, maintain and comply with our Notice of Privacy Practices, which shall be consistent with HIPAA and California Law.

Notices of Privacy Practices

It is the policy of this medical practice that a notice of privacy practices must be published, that this notice be provided to all subject individuals at the first patient encounter if possible, and that all uses and disclosures of protected health information be done in accord with this organization's notice of privacy practices. It is the policy of this medical practice to post the most current notice of privacy practices and to have copies available for distribution at our reception desk.

Assigning Privacy and Security Responsibilities

It is the policy of this medical practice that specific individuals within our workforce are assigned the responsibility of implementing and maintaining the HIPAA Privacy and Security Rule's requirements. Furthermore, it is the policy of this medical practice that these individuals will be provided sufficient resources and authority to fulfill their responsibilities. At a minimum it is the policy of this medical practice that there will be one individual or job description designated as the Privacy Official.

Deceased Individuals

It is the policy of this medical practice that privacy protections extend to information concerning deceased individuals.

Minimum Necessary Use and Disclosures of Protected Health Information

It is the policy of this medical practice that for all routine and recurring uses and disclosures of PHI (except for uses or disclosures made 1) for treatment purposes, 2) to or as authorized by the patient or 3) as required by law for HIPAA compliance such uses and disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the use or disclosure. It is also the policy of this medical practice that non-routine uses and disclosures will be handled pursuant to established criteria. It is also the policy of this organization that all requests for protected health information (except as specified above) must be limited to the minimum amount of information needed to accomplish the purpose of the request.

Material Change

It is the policy of this medical practice that the term "material change" for the purposes of these policies is any change in our HIPAA compliance activities.

Sanctions

It is the policy of this medical practice that sanctions will be in effect for any member of the workforce who intentionally or unintentionally violates any of these policies or any procedures related to the fulfillment of these policies. Such sanctions will be recorded in the individual's personnel files.

Retention of Records

It is the policy of this medical practice that the HIPAA Privacy Rule records retention requirement of seven years will be maintained in a manner that allows for access within a reasonable period of time. This records retention time requirement may be extended at this organization's discretion to meet with other governmental regulations or those requirements imposed by our professional liability carrier.

Regulatory Currency

It is the policy of this medical practice to remain current in our compliance program with HIPAA regulations.

Cooperation with Privacy Authorities

It is the policy of this medical practice that oversight agencies such as the Office of Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of health information with this organization. It is also the policy of this organization that all personnel must cooperate fully with all privacy compliance reviews and investigations.