EVAN SOROKIN, MD
BOARD CERTIFIED PLASTIC SURGEON
DELAWARE VALLEY PLASTIC SURGERY, PA

Patient Registration

Date _____

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Employer: _____

Telephone numbers
Home: _____ Work: _____ Cell: _____

Email Address: _____

Electronic devices have become a part of everyday life and make communication between physician, practice, and patient easier and efficient. I understand that Delaware Valley Plastic Surgery communicates with patients via email and/or text messaging. While every effort is made to maintain your privacy including using encrypted email communications, no electronic communication is completely secure. For example text messages used to confirm appointments are one example of potentially non-secure electronic technology. I understand this and voluntarily accept to have communications via electronic forms including but not limited to email and text/SMS messaging. I also understand that in an emergency situation I will use voice telephone to contact the physician as the only guarantee to no delay in message transmission. I consent to using electronic communications and understand that texting fees from my carrier may apply. I can opt out of these communications by notifying the practice at any time in writing. We would also like to invite you to our email list.

- I agree to use electronic communications Yes ○ No ○
- I would like to opt-in to your email list Yes ○ No ○

What brings you to the office today? _____

Who referred you to (or how did you find) our office? _____

Is it ok if we send them a note to say thank you for the referral? Yes ○ No ○

Have you seen any other surgeon for this issue? Yes ○ No ○ Who? _____

1734 Marlton Pike East (Route 70) – Cherry Hill, New Jersey 08003
415 South Second Street - Philadelphia, Pennsylvania 19147
Telephone 856.797.0202 Fax 856.751.7700
Email contact@delawarevalleyplasticsurgery.com

Personal history:

Marital Status: Single ○ Married ○ Widowed ○ Divorced ○ Partner ○

Age_____ Height_____ Weight_____ Female ○ Male ○

Do you have any children? Yes ○ No ○ If so, how many?_____ Ages _____

Emergency Contact
Name:_____ Number:_____

Primary Physician
Name:_____ Number:_____

Pharmacy
Name:_____ City: _____ Number: _____

Allergies to any medicines or foods: _____

List all current **medications** (including birth control, aspirin, herbs, vitamins):

_____

_____

Do you smoke or vape tobacco?	Yes ○	No ○
Do you drink alcohol?	Yes ○	No ○
Do you use any drugs such as marijuana, cocaine, etc?	Yes ○	No ○
Do you take diet pills?	Yes ○	No ○
Have you ever had a mammogram?	Yes ○	No ○
Have you ever had any surgery, including any cosmetic procedures?	Yes ○	No ○

If yes, please list:

_____

_____

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Review of systems:	Yes	No		Yes	No
Anemia	○	○	Herpes	○	○
Anesthesia Problems	○	○	High Blood Pressure	○	○
Anxiety	○	○	HIV Positive	○	○
Asthma	○	○	Inflammatory Bowel Disease	○	○
Back Problems	○	○	Irregular Heart Beat	○	○
Blood Clots (DVT)	○	○	Keloids	○	○
Blood Pressure Issues	○	○	Kidney Problems	○	○
Bleeding Disorder	○	○	Lupus Anticoagulant	○	○
Bruising Problems	○	○	Migraines	○	○
Chest Pain	○	○	Nervous Breakdown	○	○
Cholesterol (High)	○	○	Nose or Throat Problems	○	○
Colitis	○	○	Passing Out with Exercise	○	○
Corrective Glasses	○	○	Pneumonia	○	○
Depression	○	○	Prothrombin 20210A	○	○
Diabetes	○	○	Psychiatric Problems	○	○
Dry Eyes	○	○	Recurrent Abortions	○	○
Ear Problems	○	○	Rheumatic Fever	○	○
Eye Problems	○	○	Scarring Problems	○	○
Factor Five Leiden	○	○	Seizures	○	○
Family Anesthesia Problems	○	○	Shortness of Breath	○	○
Family History Blood Clot	○	○	Skin Cancer	○	○
Heart Attack	○	○	Stomach Problems	○	○
Heart Murmur	○	○	Stroke	○	○
Heart Palpitation	○	○	Thyroid Problems	○	○
Heart Problems	○	○	Transfusion history	○	○
Heartburn	○	○	Tuberculosis	○	○
Hepatitis	○	○	Weight Gain/Loss	○	○
Heparin Allergy (HIT)	○	○	Unexplained Stillborn	○	○

Anything else you are treated for? _____

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COSMETIC SURGICAL CENTER
OF SOUTHERN NEW JERSEY, LLC.

EVAN SOROKIN, MD
BOARD CERTIFIED PLASTIC SURGEON
DELAWARE VALLEY PLASTIC SURGERY, PA

Patient Bill of Rights

The following bill of rights is taken from the New Jersey Hospital Bill of Rights for Hospitalized patients yet also applies to the rights of patients at Cosmetic Surgery Center of Southern New Jersey, LLC and to Delaware Valley Plastic Surgery, PA, and patients of Evan Sorokin, MD

By P.L. 1989, c. 170 , the New Jersey Legislature in recognition that a hospitalized patient often feels overwhelmed and uncertain as to his condition and course of treatment, and because the declaration of a bill of rights for hospital patients may lead to fuller understanding and greater security on the part of patients, as well as greater sensitivity by the providers of medical care required that notice of those rights be provided to patients. While these "rights" are not strictly applicable to other settings, they serve as good reminders to healthcare providers of patient needs, and to patients as to their reasonable expectations. Every person admitted to a general hospital licensed by the State Department of Health pursuant to P.L.1971, c.136 (C. 26:2H-1 et seq.), shall have the right:

A. To considerate and respectful care consistent with sound nursing and medical practices;
B. To be informed of the name of the physician responsible for coordinating his care;
C. To obtain from the physician complete, current information concerning his diagnosis, treatment, and prognosis in terms he can reasonably be expected to understand;
D. To receive from the physician information necessary to give informed consent prior to the start of any procedure or treatment;
E. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action;
F. To privacy to the extent consistent with providing adequate medical care to the patient;
G. To privacy and confidentiality of all records pertaining to the patient's treatment, except as otherwise provided by law or third party payment contract, and to access to those records;
H. To expect that within its capacity, the hospital will make reasonable response to the patient's request for services, including the services of an interpreter in a language other than English if 10% or more of the population in the hospital's service area speaks that language;
I. To be informed by the patient's physician of any continuing health care requirements which may follow discharge and to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge;
J. To be informed by the hospital of the necessity of transfer to another facility prior to the transfer and of any alternatives to it which may exist;
K. To be informed, upon request, of other health care and educational institutions that the hospital has authorized to participate in the patient's treatment;
L. To be advised if the hospital proposes to engage in or perform human research or experimentation and to refuse to participate in these projects;
M. To have pain assessed throughout the care cycle and adequate pain relief provided as needed;
N. To examine and receive an explanation of the patient's bill, regardless of the source of payment, and to receive information or be advised on the availability of sources of financial assistance to help pay for the patient's care, as necessary;
O. To expect reasonable continuity of care;
P. To be advised of the hospital rules and regulations that apply to his conduct as a patient; and,
Q. To treatment without discrimination as to race, age, religion, sex, national origin, or source of payment.

Please note:

- If you believe the care provided to you in a hospital by a doctor was improper, you may file a complaint with the Board of Medical Examiners. However,
- Because the regulation of health and human services is under the jurisdiction of the New Jersey Department of Health and Senior Services (DHSS), if you believe you received improper care at a hospital, you should contact the DHSS Complaint section at (800) 792-9770.

Please sign and acknowledge receipt of this Patient's Bill of Rights x _____

Signature

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NOTICE OF PRIVACY PRACTICES - Evan Sorokin MD

The misuse of Personal Health Information (PHI) has been identified as a national problem causing inconvenience, aggravation, and money. At Cosmetic Surgery Center of Southern New Jersey, Delaware Valley Plastic Surgery, PA, and Evan Sorokin, MD we want you to know that all of our employees, managers, and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding privacy. As a medical practice that does not bill insurance companies and is a cash transaction based practice we are not mandated to follow some federal HIPAA regulations. That being said, we strive to achieve the very highest standards of ethics and integrity when performing services to our patients. Confidentiality is an utmost priority.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws, and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We realize there is always room for improvement! It is our policy to listen to our employees and our patients. If you feel your privacy has been compromised in any way, please ask to speak with our compliance office or express your concern to your physician.

Please read the following "Notice of Privacy". After reading, sign and return this form to the receptionist. If you have any questions, please ask. Thank you.

NOTICE OF PRIVACY

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum amount of necessary information to only those we feel are in need of your health care information. We strive to provide the best health care that is in your best interest.

We cannot be responsible for patient initiated revelations of private information. For instance if a patient posts information on social media, or sends an insecure email or text, we cannot be responsible for this. In addition if a patient posts on social media and we respond, this is a patient violation of their own privacy we are simply replying in a format that this type of patient prefers and understands the risks.

We also want you to know that we support your full access to your personal medical records. If you want to request restrictions pertaining to parties you do not want PHI released to please tell our compliance officer and it will be documented in your chart. You will be asked to authorize release of PHI to any party that is directly connected to your treatment, payment, or health care operations.

If you have any questions, comments, or objections to the privacy policy on this form, please ask to speak with our compliance officer. You have the right to review our entire privacy policy manual upon request. Please sign this form to acknowledge that you have read this patient notice of privacy.

Signature : _____ Date : _____

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