



NEW PATIENT INFORMATION

SAMY M. SHAROBEEEM, MD

A. IDENTIFYING INFORMATION

Today's date _____

Name _____

Age _____

Date of birth _____

Phone number(s) _____

Sex ☐ male ☐ female

Soc. sec. # _____

Email _____

Driver license # _____

Address _____

Referred by _____

Marital status ☐ single ☐ married ☐ divorced ☐ widowed

B. EMERGENCY CONTACT INFORMATION

Name _____

Address _____

Relationship to patient _____

Phone number _____

C. INSURANCE INFORMATION

Primary insurance _____

DOB of person insured _____

Name of insured _____

Relationship to patient _____

ID # _____

Address of ins. co. _____

Group # _____

Secondary insurance _____

DOB of person insured _____

Name of insured _____

Relationship to patient _____

ID # _____

Address of ins. co. _____

Group # _____

I hereby authorize payment of any medical and surgical insurance benefits to Samy Sharobeem, MD. I understand I am financially responsible for any charges whether or not paid by said insurance. If co-payment and/or deductibles are designated by my insurance company or health plan, I agree to pay them to Samy Sharobeem, MD. I authorize Samy Sharobeem, MD to release any medical information required to process any claims for reimbursements on my behalf. A copy of this authorization may be used in place of the original.

Patient Signature _____ Date _____



NEW PATIENT INFORMATION

SAMY M. SHAROBEEB, MD

D. REASON FOR VISIT

- ☐ Establish care with a new primary care doctor ☐ Pre-operative evaluation
☐ Kidney evaluation ☐ Other: _____

Any specific concerns today? _____

E. MEDICAL HISTORY

	Date of diagnosis	Other medical conditions:	Date of diagnosis
☐ Renal Disease	_____	_____	_____
☐ High cholesterol	_____	_____	_____
☐ Diabetes	_____	_____	_____
☐ Atrial fibrillation	_____	_____	_____
☐ Congestive heart failure	_____	_____	_____
☐ Coronary artery disease	_____	_____	_____
☐ High blood pressure	_____	_____	_____

F. SURGICAL HISTORY

Surgery	Date	Surgery	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. SOCIAL HISTORY

Number of children: _____

Tobacco use (choose one): ☐ Current smoker: Number of cigarettes and/or cigars per day _____
Number of years smoking _____
☐ Former smoker: Number of cigarettes and/or cigars per day _____
Number of years smoked _____
Quit date _____
☐ Never smoked

Alcohol use: Number of drinks per week: _____ IV/Illicit drug use: ☐ No ☐ Yes: _____

Occupation: _____

H. HEALTH MAINTENANCE

Have you ever had any of the following? When was your most recent?

☐ Colonoscopy _____ (year) ☐ Mammogram _____ (year) ☐ Bone density _____ (year)



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I. REVIEW OF SYSTEMS

Have you recently had any of the following?

- | | | | |
|--|--|---------------------------------------|--|
| ☐ Chest pain | ☐ Dizziness | ☐ Joint pain | ☐ Changes in urinary habits |
| ☐ Palpitations | ☐ Loss of consciousness | ☐ Back pain | ☐ Changes in bowel habits |
| ☐ Shortness of breath | ☐ Heartburn | ☐ Asthma | ☐ Viral symptoms |
| ☐ Ankle or leg swelling | ☐ Abdomen/flank pain | ☐ Cough | ☐ Weight loss or gain (5 lbs) |
| ☐ Headaches | ☐ Leg/arm numbness | ☐ Other: _____ | |

J. ALLERGIES

Name of medication, food, or material

Reaction

_____	_____
_____	_____
_____	_____
_____	_____

K. MEDICATIONS

Name

Dose

Frequency

E.g, Diovan

E.g, 80mg

E.g, Once daily

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

L. FAMILY HISTORY

Age

Alive/Deceased

Medical problems & cause of death (if applicable)

Mother

Father

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



NEW PATIENT INFORMATION

SAMY M. SHAROBEEEM, MD

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Samy Sharobeem, MD. (a professional corporation, aka "the practice") uses health information about you for treatment, to obtain payment for treatment, for administration purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Samy Sharobeem, MD. This disclosure is mandated by the HIPPA law.

How the practice may use or disclose your health information:

For treatment: We may use your health information to provide you with medical treatment or services. For example, information obtained by health care provider, such as physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For payment: We may use and disclose your health information to others for purposes of receiving payment for treatment and services. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For health care operations: We may disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff
- Assess the quality of care and outcomes in your case and similar cases
- Learn how to improve our facilities and services
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments: Samy Sharobeem, MD. may use your information to provide appointment reminders or information about treatment alternatives or other health- related benefits and services that may be of interest to you.

Required by law: Samy Sharobeem, MD. may use and disclose information about you as required by law. For example, Samy Sharobeem, MD. may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties.

Public health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to protect or control disease, injury, or disability, or for other health oversight activities.

Decedents: Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/tissue donation: Your health information may be used to disclose for cadaveric organ, eye, or tissue donation purposes.

Research: Samy Sharobeem, MD. may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government functions: Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.



NEW PATIENT INFORMATION

SAMY M. SHAROBEEEM, MD

YOUR HEALTH INFORMATION RIGHTS:

YOU HAVE THE RIGHT TO:

- Request a restriction on certain uses and disclosures of your information as provided by 45 C.F.R 164.522; however, Samy Sharobeem, MD is not required to agree to a requested restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy of your health record as provided in 45 C.F.R 164.524;
- Amend your health record as provided in 45 C.F.R 164.526;
- Request in writing that communication of your health information by alternative means or at alternative locations;
- Revoke in writing that communications of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- Receive an accounting or disclosures made of your health information as provided by 45 C.F.R 164.526

COMPLAINTS:

You may complain to Samy Sharobeem, MD and the US Department of Health and Human Services. If you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

OBLIGATIONS of Samy Sharobeem, MD:

Samy Sharobeem, MD is required to:

- Maintain the privacy of protected health information;
- Provide you with this note of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Samy Sharobeem, MD reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you at your next appointment after that change.

CONTACT INFORMATION

If you have any questions or complaints, please contact:

Samy Sharobeem, MD
150 N. Robertson Blvd, Suite 150
Beverly Hills, CA 90211
(310) 203-0222

Acknowledgement of receipt of Notice of Privacy Practices

By Signing this document, I acknowledge I have read and received a copy of Notice of Privacy Policies.

Patient Name (print)

Patient Signature

Date



NEW PATIENT INFORMATION

SAMY M. SHAROBEEB, MD

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name: _____ **Date:** ____/____/____

Samy Sharobeem, MD. is authorized to release protected health information about the above-named patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

ENTITY TO RECEIVE INFORMATION

Check each person/ entity that you approve to receive information

☐ VOICEMAIL (provide #)

☐ SPOUSE (provide name)

☐ PARENT (provide name)

☐ OTHER (provide name)

DESCRIPTION OF INFORMATION TO BE RELEASED

Check each that can be given to person/ entity on the left in the same section.

☐ Results of lab tests/ x-rays

☐ Other _____

☐ Financial

☐ Medical as follows below:

☐ Financial

☐ Medical as follows below:

☐ Financial

☐ Medical as follows below:

Patient Information:

I understand that I have the right to revoke this authorization at any time.

I understand that this authorization shall be in effect until revoked by patient.

Patient Signature

Date



NEW PATIENT INFORMATION

SAMY M. SHAROBEEH, MD

MISSED APPOINTMENT AND CANCELLATION POLICY

Dr. Samy Sharobeem sees patients by appointment only. We are sensitive to the busy schedules of our patients and strive to make every effort to provide prompt medical care and services. We will make every effort to maintain appointment times and commitments and request you extend the same courtesy to us by adhering to the following policies:

MISSED APPOINTMENT ("NO SHOWS")

Any cancellation must be made **24 hours in advance** of your scheduled appointment by calling the office. Failure to cancel an appointment 24 hours in advance or any appointment you do not attend will be considered a missed appointment. Missed appointments affect our ability to provide timely attention to our patients, there will be a **\$75 fee for every missed appointment** (this fee is not covered by insurance). The card on file will be charged within 24 hours of any missed appointment.

LATE ARRIVALS

If you are running late to the appointment, please call our office to inform us. If it is more than 15 minutes late, to help avoid delays in appointments and extensive wait times, **we may ask you to reschedule**. If you are continually arriving late to your scheduled appointments, a **\$75 fee** will be charged on the third occurrence to the card on file.

ACCOUNT BALANCES

We request that patients with balances pay their account balances to zero (\$0) prior to receiving further services by our practice. Patients who have questions regarding billing issues can contact our billing department at (310)870-0341 to review their account.

I have read and understand Dr. Samy Sharobeem's Cancellation/ Late and Account Balance Policy.

Patient Name (print)

Patient Signature

Date

With the above-stated policy, we require a credit card number to keep on file.

Name On Card: _____

Card Number: _____

Expiration Date: _____

CV code: _____ Card Type: VISA MASTERCARD AMEX DISCOVER

I authorize Samy Sharobeem, MD to charge my credit card on file accordingly for any missed, late appointments, or account balances as described above.

Patient Name (print)

Patient Signature

Date