Ernest M. Sussman, MD
9280 W. Sunset Rd., Ste. 400
Ph: (702) 293-0176; Fax: (702) 293-0938

PATIENT INFORMATION: PLEASE PRINT **DATE:** _____

Name: _____Date of Birth: _____Age: _____Marital Status: ____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email:_____

Employer: _____Work Phone: _____ Social Security #:_____

Emergency Contact: _____Relation: _____Phone:_____

MEDICATIONS:_____

ALLERGIES: _____ BLEEDING DISORDERS: _____

OPERATIONS:_____

FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT:

I hereby authorize medical treatments for myself and fully acknowledge that all office visits including procedures are on a no-insurance (self-pay) basis. Payment in full is expected at the time of service, unless other arrangements have been made prior. **I further understand that Dr. Sussman does not participate in Medicare, Medicaid, or other commercial insurance companies so am responsible for all fees incurred.**

Please initial at each 'X' below and sign:

X_____ I understand that all deposits made to hold my appointment times are non-refundable, unless the office is given notice at least 5 business days prior. In the event of default on any payment due to **Dr. Sussman**, I agree to pay the costs of collection and/or attorney fees.

X _____I hereby authorize the office of **Dr. Sussman** to release all pertinent medical records necessary to facilitate insurance billing or medical care. I also authorize the creditor or higher agent to make any employment, or insurance verification and release all information to process claims.

Signature: _____ Date: _____

PAST MEDICAL, FAMILY, SOCIAL HISTORY (CHECK AND *CIRCLE WHICH APPLY*)	**YOU**	**FAMILY**
High blood pressure, heart attack, heart failure, irregular heart rhythm	____	_____
Breathing problems (asthma, COPD, emphysema, chronic bronchitis)	____	[redacted]
Blood thinners (aspirin, coumadin, Eliquis, ibuprofen, Plavix, Xarelto)	____	[redacted]
Prosthetic or implant surgery (heart valves, pacemaker, orthopedic, penile)	____	[redacted]
History of diabetes, tuberculosis or hepatitis	____	_____
Cancer of prostate, bladder, kidney, or other_____	____	_____
Risk for HIV (homosexual, blood transfusions, hemophilia)	____	[redacted]
Do you or have you ever smoked? If you quit, when? _____	____	[redacted]
Alcohol or drug _____ use (social, moderate, heavy)	____	_____