Welcome or Welcome Back to our Practice!

Dear Patient:

Dermcare Physicians & Surgeons are dedicated to providing our patients with the best care and customer service. Enclosed please find patient information and release forms. Before your visit, please carefully read and complete these forms and bring them with you to your scheduled appointment.

The packet includes:
- Patient Gateway (Portal) Sign up form
- Patient Registration & HIPAA Privacy Form
- Medical/Surgical History Form (if applicable)
- Directions to our office

Appointment Tips:
- Write down and bring with you to your visit any questions you want to ask
- Bring a list of your medications & over the counter medications
- Please feel free to bring a family member or friend for support

We participate with many insurance companies; however, it is your responsibility to check with your insurance company to ensure that we participate and whether or not a referral is required for your visit.

Your appointment is scheduled with Dr. Ma Katrina Dy in our Arlington office.

We do ask that you arrive to your appointment 20 minutes prior to your appointment time to allow us to process your paperwork. Arriving later than your arrival time could result in your appointment being rescheduled. Please allow ample time for parking.

If for any reason, you are unable to make it to the scheduled appointment, it is imperative that you call us 24 hours in advance to cancel or reschedule so that we can offer your appointment to another patient. New patient "NO SHOW" visits will not be rescheduled.

Please visit our website www.dermcare.us for more information about our practice and a copy of all of our forms.

If you would like to correspond with our office via email regarding your care and treatment, please sign up to our Patient Gateway, www.patientgateway.org. We look forward to seeing you!

The Physicians and Staff of Dermcare Physicians and Surgeons

22 Mill Street, Suite 304
Arlington, MA 02476
P 781.641.4900 F 781.641.4904

27 Village Square
Chelmsford, MA 01824
P 978.244.0060 F 978.244.2522

154 East Central Street, 3rd floor
Natick, MA 01760
P 781.431.0060 F 781.431.0062

9 Hope Avenue, Suite 151
Waltham, MA 02453
P 781.810.9998 F 781.831.0062

Members of:
- Newton-Wellesley Physician Hospital Organization
- Mount Auburn Cambridge Independent Practice Association
- Beth Israel Deaconess Care Organization
- MetroWest Accountable Healthcare Organization
- Emerson Hospital Independent Physician Association
- Lowell General Physician Hospital Organization
- Steward Healthcare
**GENERAL PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Patient Name</td>
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<tr>
<td>Preferred name</td>
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<td>Date of Birth</td>
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<td>Marital Status</td>
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<td>Zip</td>
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<tr>
<td>Check preferred contact method</td>
<td>Home Phone</td>
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<tr>
<td>Email Address</td>
<td>(Email address to be used to communicate health events, practice news, cosmetic specials and events only generated by the practice administrator. Email addresses are kept securely within our practice management system only)</td>
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<tr>
<td>Primary Care Physician</td>
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<tr>
<td>Town</td>
<td>Phone</td>
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<tr>
<td>Specialist physician who referred you</td>
<td></td>
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<td>Town</td>
<td>Phone</td>
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<tr>
<td>Your Cardiologist (if seeing one)</td>
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<td>Town</td>
<td>Phone</td>
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<tr>
<td>Race</td>
<td>White</td>
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<tr>
<td>Ethnicity</td>
<td>Hispanic or Latino</td>
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<td>Employment Status</td>
<td>Full-time</td>
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**MEDICAL EMERGENCY CONTACT INFORMATION**

| Contact Name | Relationship | |
| Home Phone | Cell Phone | |

**AUTHORIZATION TO BILL INSURANCE**

I hereby authorize and request my insurance company to pay Dermcare directly the amount due on my claim for services provided to my dependent or me. I also agree that should the amount be insufficient to cover the entire medical and/or surgical expense, I will be responsible for the payment of the difference and if the service provided is considered a non-covered service; I will be responsible for payment of that service.

I authorize any holder of medical or other information about me to release to the Social Security Administration and the Center for Medicare and Medicaid Services or its intermediaries any information needed for this or related claim. I permit a copy of the authorization to be used in place of the original and request payment or medical services to be made to the party who accepts assignment. I certify that this information is true and correct to the best of my knowledge.

Responsible for the Balance – Although you may have health coverage through another person, all billing/payment information will always be sent directly to you and will be your responsibility. I have reviewed a copy of the office financial policy which is available at [www.dermcare.us](http://www.dermcare.us).

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<tbody>
<tr>
<td>Patient Signature</td>
<td>Print Name</td>
</tr>
<tr>
<td>Guardian Signature</td>
<td>Print Name</td>
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**HIPAA PRIVACY INFORMATION** - Acknowledgement of Receipt of Notice of Privacy Practices

Privacy notice of the privacy practices at Dermcare available at [www.dermcare.us](http://www.dermcare.us) and posted in the office.

I (patient initials) understand that if I email photos or protected health information to this office, Dermcare is only responsible for the content once received in this office and it will become part of your permanent electronic medical record. I also understand that when I leave the practice with my own personal health information such as my visit summary, pre/post operative instructions, etc, it is my responsibility to keep this information private and in safe-keeping.

- We will leave appointment reminders on the preferred contact phone number that you provided at the time of the appointment.
- May we leave other medical information on/with?
- Home Answering Machine | Yes | No |
- Cell Phone Voicemail | Yes | No |
- Automated Appointment/Reminder Calls | Yes | No | Opt out |

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<td>Date</td>
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<tr>
<td>Print Name</td>
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- Authorization to discuss my appointments and Health information with:
- Name:
  - Relationship:
- Name:
  - Relationship:
- Name:
  - Relationship:

- I decline to give anyone permission to have access to my medical information

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<tr>
<td>(Patient initials)</td>
<td>(Guardian initials)</td>
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Partners Health Care Patient Gateway

www.patientgateway.partners.org

Would you like to sign up for our patient gateway?  Yes _____ No _____

Email address ____________________________________________

What does our patient portal do for you???

- You can reach your doctor’s office – online
- Stop using the phone for your routine requests
- Request appointments, medicine or referrals
- View lab results
- Ask questions to the doctor, nurse or front desk staff
- Set appointment reminders
- Upload photos to your chart for phone consultation or wound care concerns

You can access Patient Gateway 24/7 from the convenience of your PC, laptop, cell phone or tablet at your convenience. The MOBILE APP is now available!
Medical History Form

Name ___________________________________________ DOB ______________________________
First ___________ Middle ___________ Last ___________
Preferred Name: ___________________________________

Address________________________________________ City_________ State_________ Zip_________
Your Pharmacy Name_____________________________ City_________ Phone ________________

Chief complaint: What is the main reason for your visit?
☐ My doctor referred me for a consultation.

List all medications: (Include names and dosages of prescribed medication, OTC medications, vitamins & supplements)

☐ Medication list attached

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<thead>
<tr>
<th>#</th>
<th>Medication/Food</th>
<th>Reaction</th>
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<tbody>
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Need more room? Continue on bottom of page 2.

List allergies to medications and/or food:

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Past history:

Do you have a pacemaker? ☐ Yes ☐ No

Have you ever had non-melanoma skin cancer? ☐ Yes ☐ No ☐ No

If yes, type? ______________________________________________________

Do you have a family history of melanoma? ☐ Yes ☐ No ☐ No

If yes, type? ______________________________________________________

Do you have a history of melanoma? ☐ Yes ☐ No ☐ No

If yes, type? ______________________________________________________

If yes, is this being monitored by another provider? ☐ Yes ☐ No

If Yes 7010F with 3P ☐ Yes ☐ No 7010F with 8P ☐ No

If yes, do you have a regularly scheduled follow up appointment to monitor the diagnosis? ☐ Yes 7010F ☐ No 7010F with 8P ☐ No

If yes, has imaging been ordered in regards to the diagnosis? ☐ Yes due to additional reason ☐ No 3320F

Do you have a bleeding disorder? ☐ Yes ☐ No

Do you have a history of: (Check if yes)

☐ Tanning ☐ X-ray/Ultraviolet treatments ☐ Immunosuppression/organ transplant

Major illnesses or hospitalizations: ____________________________________________

Do you have any artificial joints or take antibiotics prior to dental procedures? ☐ Yes ☐ No

Social history:

Are you Pregnant? (Women only) ☐ Yes ☐ No

Are you planning a Pregnancy? (Women only) ☐ Yes ☐ No
Tobacco Use:
Please choose the option that best describes your tobacco use:

Ages 21+
- ☐ Non-smoker 1036F
- ☐ Current smoker 4004F
- ☐ Smoking Cessation Education Provided

Ages 20 & under
- ☐ Non-smoker G9459
- ☐ Current smoker G9458
- ☐ Smoking Cessation Education Provided

Vaccinations:
Between August 1st and December 31st of this calendar year, did you receive the following vaccinations?

Flu Vaccine
- ☐ Yes G8482
- ☐ No G8483
If no, why not? ☐ Too early ☐ Received it last year
- ☐ Other ____________________________

Ages 65+ only
Pneumonia Vaccine
- ☐ Yes 4040F
- ☐ No 4040F 8P

Do you currently have an Advanced Care Plan/Health Care Proxy?
- ☐ Yes 1123F
- ☐ No 1124F
If yes, who? ____________________________ Contact # ____________________________
What is their relation to you? ____________________________

Review of symptoms:
Do you have any current or past problems with: (If yes, explain)

Eyes/Glaucoma/Cataracts
- ☐ Yes ☐ No
Ears/Nose/Throat/Mouth
- ☐ Yes ☐ No
Heart/Hypertension
- ☐ Yes ☐ No
Lungs/Asthma
- ☐ Yes ☐ No
Stomach/Gastrointestinal
- ☐ Yes ☐ No
Kidneys
- ☐ Yes ☐ No
Arthritis/Muscles/Joints
- ☐ Yes ☐ No
Headaches/Stroke/Seizures
- ☐ Yes ☐ No
Anxiety Disorder/Depression
- ☐ Yes ☐ No
Thyroid/Diabetes
- ☐ Yes ☐ No
Anemia/Bleeding Disorder
- ☐ Yes ☐ No
Hepatitis/HIV/Tuberculosis
- ☐ Yes ☐ No

I have reviewed all information on this form. Patient Signature: ____________________________ Date __________
If form filled out by someone other than patient, list relationship to patient: ____________________________

Medications Continued:

7. ____________________________________________________________
8. ____________________________________________________________
9. ____________________________________________________________
10. ____________________________________________________________
11. ____________________________________________________________
12. ____________________________________________________________
13. ____________________________________________________________
14. ____________________________________________________________

All information from this form is entered into your electronic medical record.

Updated 3/14/18
Directions to our Arlington Office:
22 Mill Street
Suite 304
Arlington, MA 02476
Phone: (781) 641-4900
Fax: (781) 641-4904
www.dermcare.us

The 22 Mill Street Professional building is one block off Massachusetts Avenue in Arlington Center. Mill Street is one traffic light west of where Rte. 60 crosses Mass. Ave in Arlington Center and just east of the Food Master supermarket.

~ Parking at Mill Street is available for the rate of $2.00 per hour in the 22 Mill Street visitor parking lot across the street from the building's main entrance on Mill Brook Drive. You may also park without charge on Massachusetts Avenue, and on Mill Street itself. (Credit and debit cards are the only form of payment accepted)

~ From Route 2 East: Take the Route 60 exit off Route 2, which will read Belmont Center/Arlington Center. At the end of the exit ramp, turn left toward Arlington Center. At the third light, turn left onto Massachusetts Avenue. At the next light, turn right onto Mill St. The 22 Mill Street Professional Building will be one block down on your left. Turn left in front of the building onto Mill Brook Drive to gain access to the visitor parking lot across the street from the building's main entrance. You will enter the building at the first floor. Our suite is located on the Third Floor (suite 304).

~ From Route 93 South: Take the Route 60 exit for Medford. Follow Rt. 60 all the way through Medford Center and until you come to the intersection of Rt. 60 and Massachusetts Avenue in Arlington. Turn right onto Mass. Ave. At the next light, turn right onto Mill St. The 22 Mill Street Professional Building will be one block down on your left. Turn left in front of the building onto Mill Brook Drive to gain access to the visitor parking lot across the street from the building's main entrance. You will enter the building at the first floor. Our suite is located on the Third Floor (suite 304).

~ From Route 16 through Somerville to Massachusetts Avenue at the Cambridge/Arlington Line, turn right onto Mass. Ave. and travel for about 2 miles, through Arlington Center and the light where Route 60 crosses Mass. Ave. At the next light, turn right onto Mill St. The 22 Mill Street Professional Building will be one block down on your left. Turn left in front of the building onto Mill Brook Drive to gain access to the visitor parking lot across the street from the building's main entrance. You will enter the building at the first floor. Our suite is located on the Third Floor (suite 304).

~ From Route 3 South - Travel down Route 3 South. Take exit 25A 95N/128N toward Boston/Peabody. Take exit 32B Middlesex Turnpike toward Burlington/Arlington, turn left off ramp onto Lowell St. Continue on Lowell St approximately 2.4 miles, Lowell St becomes Summer St continue 2.1 miles, Turn Right onto Mill St. 22 Mill St will be on your right. Turn left in front of the building onto Mill Brook Drive to gain access to the visitor parking lot across the street from the building's main entrance. You will enter the building at the first floor. Our suite is located on the Third Floor (suite 304).

~ From 128/95 North - Take Route 2 east to Exit 29A towards Arlington/Cambridge to Exit 59 (route 60). At the end of the exit ramp, turn left toward Arlington Center. At the third light, turn left onto Massachusetts Avenue. At the next light, turn right onto Mill St. The 22 Mill Street Professional Building will be one block down on your left. Turn left in front of the building onto Mill Brook Drive to gain access to the visitor parking lot across the street from the building's main entrance. You will enter the building at the first floor. Our suite is located on the Third Floor (suite 304).
**Patient Parking**

$2.00 per hour *(Debit & credit cards, ONLY)*

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**Mass Ave**

**Mill Street**

---

**NEW Apartment Complex**

**Driveway to back of building**

**Tenant Parking**

**Patient Drop Off**

**22 Mill Street**

**Main Entrance**

**Patient Drop Off**

**Millbrook Rd**

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**Mass Ave**