



PATIENT DEMOGRAPHICS

PERSONAL

Patient Name _____

Date of Birth (DOB) _____

Social Security Number (SSN) _____

Address _____

Home Phone Number _____

Work Phone Number _____

Mobile Phone Number _____

Email _____

MEDICAL

Primary Care Physician _____

Referring Doctor _____

FINANCIAL

[] **Self Pay**

Primary Insurance Carrier _____

Policy Holder's Name _____ **DOB** _____

Relation to patient _____

Policy Number _____

Secondary Insurance Carrier _____

Policy Holder's Name _____



PATIENT HISTORY INTAKE FORM

Patient Name _____

Reason for today's visit _____

Drug Allergies Yes No

If yes, please list allergies: _____

Please List All Current Medications

Preferred Pharmacy Name and Location _____

Surgeries Yes No

If yes, please list Condition and Date _____

Any ER/Urgent Care visits in the last 6 months (if yes, please describe)

Any reaction to IV contrast? Yes No N/A

Pacemaker or defibrillator Yes No

Heart stents Yes No

Do you smoke or have a history of smoking? Yes No

Are you on a daily Aspirin regimen? Yes No

Please indicate if there is a family history of the following:

Bladder Cancer Mother Father Other

Breast Cancer Mother Father Other

Prostate Cancer Father Other

Testicular Cancer Father Other

Renal (kidney) Cancer Father Other



Patient Name _____

Patient Date of Birth _____

Symptoms (check all that apply)

General

- decreased appetite
- chills
- fever
- fatigue
- night sweats
- weight gain or loss

HEENT

- headache
- head injury
- blurred vision
- double vision
- eye pain
- glaucoma
- vision disturbance
- decreased hearing
- earache
- ringing in the ears
- nose bleeds
- facial numbness
- hoarseness

Musculoskeletal

- joint pain
- joint redness
- muscle cramps
- muscle weakness
- joint replacement

Breasts

- breast mass
- history of breast cancer

Cardiovascular

- chest pain
- leg swelling
- fainting
- dizziness
- history of bypass
- history of stent
- palpitations
- rapid heart rate
- slow heart rate
- calf cramps
- congestive heart failure
- P.A.D.
- aneurysm

Gastrointestinal

- abdominal pain
- black stool
- bloody stool
- change in bowel habits
- constipation
- diarrhea
- difficulty swallowing
- hemorrhoids
- heartburn
- gallstones
- jaundice
- hepatitis
- nausea
- acid reflux (G.E.R.D)

Neck

- swollen glands

Psychiatric

- depression
- disorientation
- early awakening
- frequent crying
- hallucinations
- panic attacks
- suicidal thoughts
- memory loss

Skin

- bruising
- excessive
- hair loss
- rash
- skin ulcers
- psoriasis

Respiratory

- chronic cough
- snoring
- pulmonary fibrosis
- C.O.P.D
- asthma
- shortness of breath

Endocrine

- cold intolerance
- hot intolerance
- excessive thirst
- change in libido
- thyroid problems
- diabetes

Neurological

- decreased memory
- difficulty speaking
- dizziness
- falls
- numbness
- seizures
- stroke
- T.I.A.

Genitourinary

- prostate cancer
- blood in urine
- kidney stones
- kidney cancer
- difficulty emptying
- nocturia
- bladder cancer
- painful urination
- urgency of urination
- excessive menstrual bleeding
- non-menstrual bleeding
- blood in semen
- testicular issues

Hematology

- anemia
- hemophilia
- blood clots
- abnormal bleeding
- easy bruising
- enlarged lymph nodes
- sickle cell disease



OFFICE POLICIES AND PROCEDURES FOR PATIENTS

(Updated February 2025)

Thank you for choosing Dr. Edmunds and Capitol Urology. We realize you have a choice in medical providers, and we are pleased you've chosen to seek care with us.

We are a privately owned business and take pride in our ability to provide personalized care and attention to our patients. In a world of corporate medicine, we strive to exceed expectations and make your experience with us as comfortable and stress-free as possible.

Our commitment to you is to provide expert urological care in a timely manner. To do so, we expect all patients to understand and agree to follow our policies for appointments and financial obligations. Please contact us at any time if you have questions regarding our policies.

Office Hours

Monday: Closed

Tuesday: 7am-12pm

Wednesday: 7am-12pm

Thursday: 7am-12pm

Friday: 7am-11am

We are not in the office every day and do our best to return messages as quickly as possible. If you are experiencing a life-threatening emergency, please go to the closest emergency department or call 911.

Appointments are required for all patients.

Appointments

Your appointment time is reserved just for you. We do not overbook appointments and strive to run our schedule on time and see you promptly. Please arrive ten minutes prior to your appointment time to allow enough time for check-in.

If your appointment is for surgery, please review and comply with all pre-operative instructions. Due to our limited office hours, it's important not to wait until the last minute for questions or prescription issues as we may not be available.

Appointment Cancellation

To respect the medical needs of all patients, please keep your original appointment time unless an emergency occurs. Unexpected appointment cancellations prevent us from serving other patients in need of medical care.

If it is necessary to cancel your appointment, we require you contact our office 48 hours in advance by phone or email. Failure to cancel an office visit without 48 hours' notice will result in a \$50 charge applied to the patient account.

Missing an appointment without prior communication inconveniences the office and other patients who need access to medical care in a timely manner. A failure to present at the time of an office visit without prior communication will result in a \$100 charge.

Office procedures and surgeries include cystoscopy, prostate biopsies and vasectomies and require additional time and resources set aside just for you. Rescheduling or canceling of a procedure/surgery without a five-day notice will result in a \$250 charge to the patient account. Same-day changes, cancellations or no-shows will result in a \$500 charge to the patient account.

**Appointment cancellation and no-show charges are the patient responsibility and will not be billed to your insurance company.

Insurance and Medicare Patients

The cost of service is your responsibility, so it is important for you to understand your individual insurance policy and coverage. As a courtesy to you, we will file an electronic claim with your primary insurance. For us to file with your insurance, we require a current insurance card for all appointments. We are unable to see you for a scheduled appointment if you arrive without your current insurance card.

For Medicare patients, we accept Government Medicare only. We are not in network with Medicare Advantage, Humana or Blue Cross Medicare.

With so many insurance companies and policies available, we are unable to know all the details of your individual plan. It is your responsibility to understand your insurance and our billing policies.

Paying For Your Visit

Payment is required at the time services are rendered, which includes any coinsurance, copayments or insurance deductible. We accept cash and most major credit cards. A 3.5% charge is applied for all credit card transactions.

Vasectomy consultations require a \$100 non-refundable deposit, which will be applied to vasectomy procedure costs.

Refunds

Patient/guarantor credits will be retained on account to be credited toward future balances. A written request for a refund may be considered if the patient has no future appointments scheduled.

Referral Forms, Managed Care Pre-Authorizations and Pre-Certifications

We require all written referral forms and information before the visit begins for us to determine that all anticipated services will be covered. If you do not have this information when you check in for your appointment, you may be responsible for some or all the visit charges that insurance does not cover. Your health insurance plan makes all final determinations of coverage. The patient is responsible for any services not covered by your health plan.

**A \$25 fee may be charged for prior authorizations performed on your behalf.

Medical Records

The information contained in your medical record is strictly confidential. We value the trust you place in us to keep this information confidential and will not release information without your signed permission. If you wish to have a copy of your medical records, you will need to first sign and send us the required [HIPAA Release Form](#).

You may fax this signed form to our office or bring it by in person. For records more than 50 pages, a \$25 charge applies.

Test Results

Results from procedures, x-rays, or tests ordered by Dr. Edmunds are generally returned to our office within one week. Results are available in the patient portal, and if further conversation or follow-up is needed, we will call to schedule an appointment for Dr. Edmunds to review results with you.

Prescriptions

If Dr. Edmunds submits a prescription for you, it's important to pick up the prescription as soon as possible. Even if your prescription is for a procedure or surgery weeks away, many prescription orders expire after a few days. Any repeat prescription requests due to lack of timely filling will incur a \$20 charge to the patient account.

Our practice is happy to provide an in-office pharmacy for Viagra and Cialis. An appointment is required for prescription requests, and we will get you on the schedule quickly!

Noncompliance

Noncompliance with treatment recommendations, multiple missed appointments, late arrivals and/or nonpayment for services may result in dismissal from the practice. If this occurs, you will be notified in writing that you have 30 days to find alternative care and you will be provided 30 days of emergency coverage. It is unfortunate when we must make this decision and is not something we do lightly. We simply are unable to provide the necessary care you need if you do not keep your appointments.



CAPITOL UROLOGY

OFFICE POLICIES AND PROCEDURES FOR PATIENTS

By signing below, I acknowledge that I have received, reviewed, understand and will comply with the policies and procedures provided to me in the Capitol Urology Office Policies and Procedures for Patients information.

Printed Name

Signature

Date

Thank you!

Capitol Urology, PA



MEDICAL INFORMATION RELEASE FORM

The HIPAA Privacy Rule exists to ensure the privacy of patients is protected while allowing health data to flow freely between authorized individuals for certain healthcare activities.

RELEASE

Patient Name _____ Date of Birth _____

I authorize the release of information including treatment, diagnosis, records and claims to:

Name _____ Relationship _____

Name _____ Relationship _____

Information is not to be released to anyone.

This **Release of Information** will remain in effect until terminated by the patient in writing.

MESSAGES

Please call home _____ work _____ cell _____

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

The best time to reach me is (day) _____ between (times) _____.

Signed _____ Date _____



FINANCIAL AGREEMENT

I give permission to Capitol Urology to file my claim with my insurance company for today's visit. I have given Capitol Urology a copy of my most recent insurance card and attest that the information is true and accurate.

I agree that if for any reason my insurance company does not pay the Provider's fee, I am personally responsible for the bill.

Patient Name _____

Patient Signature _____

Date _____