



# SHERMAN

## AESTHETIC CENTER

### Welcome to our practice!

Dr. Deborah Sherman and Dr. Mark Melson are national experts who are Board Certified in oculofacial plastic surgery specializing in plastic and reconstructive surgery of the eyelids and upper face, orbit and lacrimal system. They have the highest level of training to treat conditions and concerns around your eyes.

Included in this packet you will find our medical forms. **It is very important that you review these forms and provide all the information requested.** To avoid longer waiting time at check-in, we kindly ask that you include full name, address as well as phone and fax numbers of all doctors listed. If necessary, please call their office to gather any information you might need.

**We strongly recommend** that you call the number on the back of your insurance card and ask if the doctor you are scheduled with (Dr. Deborah Sherman or Dr. Mark Melson) is 'In Network' with your particular plan. This simple call will help you and us have certainty that your consultation will be covered.

\*\*If you have traditional Medicare Red White & Blue card or if you are visiting us for a cosmetic procedure, please ignore the previous recommendation.

We look forward to meeting you, please arrive 15 mins early and bring your photo ID, insurance card (s) & list of current medications.

Sincerely,

Dr. Deborah D. Sherman, Dr. Mark R. Melson and staff

Board Certified \* Fellowship Trained in Eye Plastic Surgery  
[www.nashvillelidsurgery.com](http://www.nashvillelidsurgery.com)

28 White Bridge Pike, Ste 205 Nashville, TN 37205 \* PHONE 615-297-5798 FAX 615-383-6646

# PATIENT INFORMATION

FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ F / M

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MARITAL STATUS: S M D W

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Please send email/text updates & cost saving specials on treatments offered here YES / NO Please text appointment reminders YES / NO

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

RESPONSIBLE PARTY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

NAME OF SPOUSE OR PARENT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_ SECONDARY INSURANCE \_\_\_\_\_

WHO REFERRED YOU TO THIS OFFICE? \_\_\_\_\_

## MEDICAL/FAMILY HISTORY

PRIMARY CARE DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

EYE CARE DOCTOR \_\_\_\_\_ OD \_\_\_\_\_ MD \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CARDIOLOGIST \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

SPECIALIST \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIALTY/ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

HAVE YOU EVER HAD AN EYE INJURY OR EYE SURGERY? Y / N IF SO, PLEASE EXPLAIN \_\_\_\_\_

DO YOU CURRENTLY OR HAVE YOU EVER HAD A SERIOUS ILLNESS OR INJURY? Y / N IF SO, PLEASE EXPLAIN \_\_\_\_\_

PLEASE LIST ALL MEDICATION, VITAMINS, AND OVER THE COUNTER MEDS YOU CURRENTLY TAKE AND TAKE OCCASIONALLY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, please use the back of this form)

ARE YOU ALLERGIC TO ANY MEDICATION? Y / N IF SO, PLEASE LIST \_\_\_\_\_

DO YOU TAKE? Aspirin Y / N Blood Thinners Y / N Name of Med \_\_\_\_\_

Anti-inflammatory Y / N Name of Med \_\_\_\_\_

DO YOU HAVE A FAMILY HISTORY OF? CATARACT Y / N GLAUCOMA Y / N SKIN CANCER Y / N

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION AND MEDICAL OR LEGAL REPORTS NECESSARY TO PROCESS INSURANCE CLAIMS. I ALSO AUTHORIZE MY INSURANCE COMPANY TO MAKE DIRECT PAYMENTS TO THE PHYSICIAN. I UNDERSTAND THAT ANY COSTS INCURRED ON MY BEHALF THAT ARE NOT PAID BY INSURANCE ARE MY RESPONSIBILITY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*MUST BE SIGNED IN ORDER FOR US TO BILL YOUR INSURANCE COMPANY

PATIENT ELIGIBILITY WAIVER & FINANCIAL RESPONSIBILITY FORM

PATIENT NAME: \_\_\_\_\_

CHART #: \_\_\_\_\_

The purpose of this form is to help our patients understand about the medical insurance, eligibility, coverage, our office policy and medical services.

It must be understood that:

- We render our services on the basis that insurance companies may or may not pay for all, or a portion of our charges.
- Authorizations for medical treatment from your insurance company/doctor do not guarantee full payment of services.
- Not all insurance companies/third party payors pay for all services, each policy has its own particular stipulations regarding covered services, or amount of coverage.
- All insurance companies state that verification of coverage is not a guarantee of coverage or payment, Actual benefits are determined by your insurance company after a claim is received.
- Patients are personally responsible for knowing and understanding their own insurance policy, including co-payment, deductible, eligibility and coverage.
- Patients are responsible for payments of outstanding deductibles and co-payments at the time of service.
- Patients are financially responsible for payments of all non-authorized procedures and non-covered services.
- Changes in insurance coverage must be reported to our staff promptly to avoid financial responsibility.

The Patients or Patient Legal Representative hereby acknowledges that he/she is eligible for health insurance benefits and coverage. That in the event of ineligibility for coverage of plan benefits, as well as all non-authorized procedures and non-covered services, he/she understands and agrees to be fully financially responsible for payment of all costs incurred during the delivery of health services and agrees to pay all charges to the physician accordingly.

\_\_\_\_\_  
Signature or Patient or Guardian

\_\_\_\_\_  
Date

**Deborah D. Sherman, M.D. & Mark R. Melson, M.D.**  
**28 White Bridge Pike, Ste 205**  
**Nashville, TN 37205**  
**(615)297-5798**  
**(615)383-6646 Fax**

## **HIPAA PRIVACY FORM**

To our Valued Patients:

As our patient, we want you to know that we respect the privacy of your personal medical records, and we will do all we can to secure and protect that privacy. The Department of Health and Human Services has established a "Privacy Rule" to help insure that the privacy of personal health information is protected. The Privacy Rule was also created in order to provide a standard for health care providers and allows the use and, as necessary, the disclosure of health information about the patient for the purpose of treatment, payment, education or health care operations.

We strive to always take reasonable precautions to protect you and your privacy and have developed a Notice of Privacy Practices for this office, which you may review at the front desk. The consent below allows us, in accordance with the Privacy Rule, to use your protected health information for the purpose of treatment, payment, education or health care operations.

### **PATIENT CONSENT:**

- I will allow Dr. Deborah Sherman and Dr. Mark Melson and their staff to use my protected health information for the purpose of treatment, payment, education and health care operation and have been given the opportunity to review the office's Notice of Privacy Practices
- I agree to have my photographs and videos used without identification on the website/internet for the purpose of medical education
- Please list below any additional persons with whom you authorize us to discuss your medical records:

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I understand that any charges for procedures that are considered contract exclusions by my insurance company will be my financial responsibility.

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**PATIENT SIGNATURE**

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**DATE**

# PATIENT MEDICAL HISTORY FORM

(To be completed by Patient)

Name \_\_\_\_\_

**Ocular History**

<u>Complaints</u>	NO	YES
Dry Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Retinal Detachment	<input type="checkbox"/>	<input type="checkbox"/>
Cataracts	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Eye Injury	<input type="checkbox"/>	<input type="checkbox"/>
Other		

**Eyes/Review of Systems**

<u>Complaints</u>	NO	YES
Loss of Vision	<input type="checkbox"/>	<input type="checkbox"/>
Redness	<input type="checkbox"/>	<input type="checkbox"/>
Tearing	<input type="checkbox"/>	<input type="checkbox"/>
Burning	<input type="checkbox"/>	<input type="checkbox"/>
Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Diplopia (Double vision)	<input type="checkbox"/>	<input type="checkbox"/>

**Medical History**

Please list systemic illnesses, previous surgeries (including eye), and/or hospitalizations

Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Review of Symptoms**

	NO	YES
<u>Constitutional</u>		
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>
<u>Cardiovascular</u>		
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
<u>Respiratory</u>		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
<u>Gastrointestinal</u>		
GI Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
<u>Integumentary</u>		
Skin Cancers	<input type="checkbox"/>	<input type="checkbox"/>
Previous Skin Peels	<input type="checkbox"/>	<input type="checkbox"/>
<u>Allergy/Immune</u>		
HIV	<input type="checkbox"/>	<input type="checkbox"/>
Other		

Pertinent = 1 Sys Reviewed

Extended = 2-9 Sys Reviewed

Complete = 10+ Sys Reviewed

	NO	YES
<u>Musculoskeletal</u>		
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
<u>Neurologic</u>		
Strokes	<input type="checkbox"/>	<input type="checkbox"/>
Bell's Palsy	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic Illness	<input type="checkbox"/>	<input type="checkbox"/>
<u>Psychiatric</u>		
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
<u>Endocrine</u>		
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
<u>Heme-Lymph</u>		
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other Systemic Illness</u>		
<u>Obstetrical</u>		
Are you Pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

**Social History**

Alcohol Intake Per Day \_\_\_\_\_  
 (including wine, beer, mixed drinks)

Smoker \_\_\_\_\_ PPD \_\_\_\_\_ Years \_\_\_\_\_

Current Occupation \_\_\_\_\_

Household \_\_\_\_\_ Lives Alone \_\_\_\_\_ Lives with Family \_\_\_\_\_ Other \_\_\_\_\_

**Family Medical History (Do any members of your family have the following medical and/or ocular conditions?)**

Medical	NO	YES
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>

Ocular	NO	YES
Ptosis (Droopy Lid)	<input type="checkbox"/>	<input type="checkbox"/>
Tear Duct Blockage	<input type="checkbox"/>	<input type="checkbox"/>
Other		

### **From Chattanooga to 28 White Bridge Pike:**

1. Go toward I-24 West, toward Nashville/Birmingham
2. Follow I-24 all the way down to Exit 53 toward Memphis and onto I-440
3. Take Exit 1 onto US-70S W (West End Avenue)
4. Turn right onto White Bridge Road
5. Turn right at the Belle Meade Medical Plaza parking lot, right after the Target parking lot.

### **From Bowling Green to 28 White Bridge Pike:**

1. Take I-65 toward Nashville.
2. Continue on and take exit toward Huntsville/I-40 W/Memphis onto I-65 S.
3. Take left exit 84B toward Memphis onto I-40 W.
4. Take left exit 206 toward Knoxville onto I-440 E.
5. Take exit 1A toward West End Ave onto US-70S W (West End Ave).
6. Turn right onto White Bridge Road
6. Turn right at the Belle Meade Medical Plaza parking lot, right after the Target parking lot.

### **From Knoxville to 28 White Bridge Pike:**

1. Take I-40W toward Nashville and keep right.
2. Take left exit onto I-24E toward Memphis/I-440 W/Chattanooga.
3. Take exit 53 toward Memphis onto I-440 W
4. Take Exit 1 onto US-70S W (West End Ave).
5. Turn right onto White Bridge Road
6. Turn right at the Belle Meade Medical Plaza parking lot, right after the Target parking lot.

### **From Memphis to 28 White Bridge Pike:**

1. Take I-40E toward Nashville
2. Continue on and take Exit 204B toward White Bridge Road
3. Turn right off the interstate onto White Bridge Road
4. Continue past Nashville State Community College and turn left into Belle Meade Medical Plaza parking lot.

### **From Clarksville to 28 White Bridge Pike:**

1. Take I-24E toward Nashville
2. Take exit toward Huntsville/I-40 W/Memphis onto I-65 S.
3. Take left exit 84B toward Memphis onto I-40W.
4. Take left exit 206 toward Knoxville onto I-440E.
5. Take exit 1A toward West End Ave onto US-70S W (West End Ave).
6. Turn right onto White Bridge Road
7. Turn right at the Belle Meade Medical Plaza parking lot, right after the Target parking lot.



**I-40**

Tennessee  
College of  
Applied  
Technology

**Premier Radiology Building**

**Sherman Aesthetic Center  
28 White Bridge Pike, Suite 205  
Nashville, TN 37205**

WIN Bubble Tea  
White Bridge

Fountains at Belle Meade

Target

Trader Joe's

Brookwood Terrace

J. Alexander's

Sushi Train

Plato's Closet Nashville

Lion's Head  
Condominiums

Parker's Paws  
Animal Hospital

Half Price Books

Chuy's

Mary Queen of  
Angels Assisted

**I-440**



Greenway - Lots...

Richland Creek

Post Pl

Post Pl

Red Oak Dr

Near Top Dr

155

155