Dr. Randolph grew up in the Bloomington/Normal area. She earned her undergraduate degree in biology with honors at Illinois Wesleyan University and her medical degree from Loyola University Medical Center in Chicago, and then completed accredited residencies in both general surgery and plastic & reconstructive surgery at Loyola University Stritch School of Medicine in Chicago. Dr. Randolph has practiced in Bloomington/Normal since 2004. She became board certified in General Surgery in 2001 and Plastic Surgery by The American Board of Plastic Surgery in 2006.

Dr. Randolph specializes in facial cosmetic surgery, general and reconstructive plastic surgery, aesthetic and reconstructive breast surgery, liposuction, abdominal and body contouring, reshaping following massive weight loss, "Mommy Makeovers," as well as Botox and injectable fillers. In addition, she also performs trauma, burn and skin cancer reconstructive surgery.

Dr. Randolph is married and has three children. She enjoys spending time with her family and, as time permits, enjoys tennis, photography and fitness.

Patient Information Form

Patient Name: ______________________ Preferred Language: ______________

Address: ______________________ City: ______________ State: ______ Zip: ________

Home Phone: ____________ Cell Phone: ____________ Carrier: ______________________

DOB & Age: ______________ SSN: ______________ Email Address: ____________________

Sex: ____________ Race: ______________ Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other ☐

Employer Name: ______________________ Address: ______________________________

Occupation: ______________________________ Work Phone: ________________

Who is your primary care physician? ____

How did you hear about our clinic?

☐ Internet ____________ ☐ Patient Referral: ____________
☐ Dr. Refferal ☐ Friend: ______________
☐ Other ______________

What is the nature of your visit? ____

Emergency Contact

Name: ______________________ Relationship: ☐ Spouse ☐ Parent/Guardian ☐ Other:

Home Phone: ______________ Cell Phone: ______________ Work Phone: ______________

Primary Insurance

Name: ______________________ Policy #: ______________ Group ID: ______________

Secondary Insurance

Name: ______________________ Policy #: ______________ Group ID: ______________

Assignment and Release

I, Patricia Test, have insurance coverage and assign directly all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

______________________________________ ______________

Signature of Insured / Guardian Date

Section I: Surgery and Anesthesia History

1. Have you ever had surgery? ☐ No ☐ Yes, please describe:

___

___

2. Do you have a blood relative who had anesthesia complications of any kind? ☐ No ☐ Yes, please describe:

___

___

Section II: Specific Medical History

Age: ______ Height: ________ Weight ________

1. Are you pregnant? ☐ No ☐ Yes

Have you or do you still have:

#	Condition	No	Yes	Description
2.	Asthma	☐	☐	
3.	Emphysema	☐	☐	
4.	High Blood Pressure	☐	☐	
5.	Heart Trouble	☐	☐	
6.	Hepatitis or Liver Trouble	☐	☐	
7.	Kidney Trouble	☐	☐	
8.	Diabetes	☐	☐	
9.	Epilepsy or Seizures	☐	☐	
10.	Stroke	☐	☐	
11.	Problem Scarring	☐	☐	
12.	Arthritis	☐	☐	
13.	Hypothyroidism	☐	☐	
14.	Pneumonia	☐	☐	
15.	Tuberculosis	☐	☐	
16.	Hyperthyroidism	☐	☐	
17.	Stomach Ulcers	☐	☐	
18.	Neurologic Disease	☐	☐	
19.	Peripheral Disease	☐	☐	
20.	HIV/AIDS	☐	☐	
21.	Urinary Tract Infection	☐	☐	
22.	Gastro Esophageal Reflux	☐	☐	
23.	Sleep Apnea	☐	☐	
24.	Pacemaker/defibrillator	☐	☐	
25.	Blood Clotting Problems	☐	☐	
26.	Others Not Listed:			

Section III: Social History

1. Do you smoke? ☐ No ☐ Yes, how much? ____________
2. Have you ever been a smoker? ☐ No ☐ Yes, how long ago? ____________
3. Do you drink? ☐ No ☐ Yes, how much? ____________
4. Do you drink caffeine? ☐ No ☐ Yes, how much? ____________
5. Do you have children? ☐ No ☐ Yes, how many? ____________

Section IV: Family History

	Have any blood relatives had any of the following?	No	Yes	Description
1.	Cancer	☐	☐	
2.	Bleeding Tendency	☐	☐	
3.	Leukemia	☐	☐	
4.	Heart Disease	☐	☐	
5.	High Blood Pressure	☐	☐	
6.	Repeated Infections	☐	☐	
7.	Chronic Lung Disease	☐	☐	
8.	Tuberculosis	☐	☐	
9.	Asthma	☐	☐	
10.	Severe Allergies	☐	☐	
11.	Kidney Disease	☐	☐	
12.	Arthritis	☐	☐	
13.	Mental Illness	☐	☐	
14.	Convulsions or Fits	☐	☐	
15.	Migraine Headaches	☐	☐	
16.	Diabetes	☐	☐	
17.	Gout	☐	☐	
18.	Thyroid Trouble	☐	☐	
19.	Heart Surgery	☐	☐	
20.	Obesity	☐	☐	

Section V: Medications

Are you taking any medications, vitamins or herbal supplements? ☐ No ☐ Yes, please list with dose and frequency:

____

____

____

Section VI: Allergies and Sensitivities

Are you allergic to any medications, latex or local anesthesia? ☐ No ☐ Yes, please list with the reaction:

____

____

Review of systems

Constitutional:
Recent weight loss: ☐Yes ☐ No
Fever: ☐Yes ☐ No
Weakness of Fatigue: ☐Yes ☐ No

Eyes:
Blurred Vision: ☐Yes ☐ No
Visual Loss: ☐Yes ☐ No
Double Vision: ☐Yes ☐ No

Ears,Nose,Throat:
Hearing Loss: ☐Yes ☐ No
Sneezing: ☐Yes ☐ No
Congestion: ☐Yes ☐ No
Runny Nose:☐Yes ☐ No
Sore Throat:☐Yes ☐ No

Skin:
Itchy Skin: ☐Yes ☐ No
Rash: ☐Yes ☐ No
Hives: ☐Yes ☐ No

Cardiocascular:
Chest Pain: ☐Yes ☐ No
Shortness of Breath: ☐Yes ☐ No
Cough: ☐Yes ☐ No

Genitourinary:
Painful Urination: ☐Yes ☐ No
Urination Inncotence: ☐Yes ☐ No

Neurological:
Dizziness: ☐Yes ☐ No
Numbness/Tingling in Arms or Legs: ☐Yes ☐ No
Frequent Headaches: ☐Yes ☐ No

Hematologic:
Anemia: ☐Yes ☐ No
Bruising: ☐Yes ☐ No
Bleeding: ☐Yes ☐ No

Musculoskeletal:
Muscal Pain: ☐Yes ☐ No
Back Pain: ☐Yes ☐ No
Joint Pain: ☐Yes ☐ No

Lymphatics:
Enlarged Lympnodes: ☐Yes ☐ No

Psychiatric:
Depression: ☐Yes ☐ No
Anxiety: ☐Yes ☐ No

Endocrinologic:
Night sweats: ☐Yes ☐ No
Hot/Cold Intolerance: ☐Yes ☐ No

Gastrointestinal:
Anorexia:☐Yes ☐ No
Nausea/Vomitting: ☐Yes ☐ No
Abdominal Pain: ☐Yes ☐ No

Consent to Communicate

Patient Name:

Please mark the ways that you consent to us communicating with you:

Method	Ok to Leave Voicemail	Ok to Leave Message with Another Person	Preferred Contact Method(s)	Best Time to Call*
☐ Call Work Phone	☐Yes ☐No	☐Yes ☐No	☐	
☐ Call Cell Phone	☐Yes ☐No	☐Yes ☐No	☐	
☐ Call Home Phone	☐Yes ☐No	☐Yes ☐No	☐	
☐ Send Email	-	-	☐	-
☐ Email Appt Reminders				
☐ Email Medical Info				
☐ Email Marketing Info				
☐ Send Regular Mail	-	-	☐	-
Mail to which Address: ☐ Home ☐ Other (please list):				
☐ Send Text Page	-	-	☐	-
☐ Text Appt Reminders – if so, list cell carrier:				
☐ Text Marketing Info – if so, list cell carrier:				

*Best Time to Call Examples: morning, afternoon, daytime, evening, emergency only, do not call, or do not leave a message

If it's ok to leave a message with another person, please list them:

Name	DOB	Relationship	OK to Release Results	Any Comments
			☐Yes ☐No	
			☐Yes ☐No	

Signature: ______________________________ Date: ______________

PRIVACY POLICY

This is the privacy policy of Twin City Plastic Surgery, Paige C. Holt, MD, Laura C. Randolph, MD, and Chad D Tattini, MD. The staff of Twin City Plastic Surgery works diligently every day to respect the privacy of your personal information. Please take a moment to familiarize yourself with what information we collect, how we protect it, and how we use it.

- The staff has been trained in the importance of maintaining your confidentiality and enforces the facility's privacy rules.
- We only collect information which is pertinent to providing you with quality care.
- We will maintain physical, electronic, and procedural safeguards to protect personal information we obtain about you.
- We will respect your expressed desire not to share certain information. You may so direct at any time.
- If at any time you should feel that your privacy is being compromised, please let the Practice manager know immediately.

Thank you for allowing Dr. Paige Holt, Dr. Laura Randolph, Dr. Chad Tattini and the staff of Twin City Plastic Surgery the opportunity to assist you in achieving your plastic and reconstructive surgery goals.

I acknowledge that I have received or been offered the **HIPAA Notice of Privacy Practices** of Twin City Plastic Surgery effective July 1, 2013. I understand that the Notice describes the uses of my protected health information by the Covered Entities which collectively constitute Twin City Plastic Surgery and informs me of my rights with respect to my protected health information.

____

Name of Patient Date of Birth

____

Signature of Patient or Personal Representative Date

____

Printed Name of Patient or Personal Representative

If Personal Representative, indicate relationship:

____

Declinations

________ The Individual declined to accept a copy of the Notice of Privacy Practices.

________ The Individual received a copy of the Notice of Privacy Practices, but declined to sign an Acknowledgement of Receipt.

TWIN CITY
PLASTIC SURGERY
Laura C. Randolph M.D. Chad Tattini M.D.
Paige Holt M.D.

OASIS
MEDICAL SPA
& WELLNESS

Directions to Our Office

From I-55N:

Take Veterans Parkway exit on the left – Exit 167. Stay on Veterans Parkway towards Bloomington-Normal Airport. Take a left on Route 9 or Empire St. Go about 1 mile east on Empire. Twin City Plastic Surgery is attached to McLean County Orthopedics. Pull into that parking lot but park in the most **east portion of the building;** Dr. Holt, Dr. Randolph and Dr. Tattini's office is located on the second floor of that building.

From I-55S:

Take Veterans Parkway exit – Exit 157. Stay on Veterans Parkway towards Bloomington-Normal Airport. Take a right on Route 9 or Empire St. Go about 1 mile east on Empire. Twin City Plastic Surgery is attached to McLean County Orthopedics. Pull into that parking lot but park in the most **east portion of the building;** Dr. Holt, Dr. Randolph and Dr. Tattini's office is located on the second floor of that building.

From I-74E:

Take I-55N exit on left toward Chicago – Exit 127. Merge onto I-55S/Veterans Parkway Exit 167. Stay on Veterans Parkway towards Bloomington-Normal Airport. Take a left on Route 9 or Empire St. Go about 1 mile east on Empire. Twin City Plastic Surgery is attached to McLean County Orthopedics. Pull into that parking lot but park in the most **east portion of the building**; Dr. Holt, Dr. Randolph and Dr. Tattini's office is located on the second floor of that building.

From I-74W:

Take the US-51/US-51-BR exit toward Bloomington/Main Street – Exit 135. Take the US-51 BR N ramp toward Chicago. Stay straight to go onto I-55 BL/N Veterans Parkway towards Bloomington-Normal Airport. Take a right on Route 9 or Empire St. Go about 1 mile west on Empire. Twin City Plastic Surgery is attached to McLean County Orthopedics. Pull into that parking lot but park in the most **east portion of the building;** Dr. Holt, Dr. Randolph and Dr. Tattini's office is located on the second floor of that building.

From I-39N:

Take I-55N exit on left toward Chicago. Merge onto I-55S/Veterans Parkway Exit 167. Stay on Veterans Parkway towards Bloomington-Normal Airport. Take a left on Route 9 or Empire St. Go about 1 mile east on Empire. Twin City Plastic Surgery is attached to McLean County Orthopedics. Pull into that parking lot but park in the most **east portion of the building**; Dr. Holt, Dr. Randolph and Dr. Tattini's office is located on the second floor of that building.