



THE
ROXBURY
INSTITUTE
SCIENCE ARTISTRY HEALTH BEAUTY

450 NORTH ROXBURY DRIVE, SUITE 400
BEVERLY HILLS, CA 90210
PHONE: (424) 394-1610

DR. DAVID AMRON

DR. JASON EMER

DR. JENNIFER AHDOUT

Welcome to our practice. We are honored you have chosen The Roxbury Institute. We are committed to making your experience with us the finest possible. We respect your time and will do whatever we can to stay on schedule. We realize circumstances may keep you from your scheduled appointment, therefore:

If you can't make your appointment, please give us at least 72 hours notice. If you fail to do so, you will be charged a standard **\$150 Cancellation fee.**

Existing patients who **do not show up** to their appointment or **do not cancel 24 hours prior** will be charged a **\$150 no-show fee.**

Please be on time. If you arrive more than 15 minutes late, it is likely we will need to reschedule you for a later time or date. This allows us to give each patient our undivided attention.

Please sign and date to indicate that you agree:

Print Name: _____ Date: _____

Signature: _____

Thank you for your cooperation.



THE
ROXBURY
INSTITUTE
SCIENCE ARTISTRY HEALTH BEAUTY

450 NORTH ROXBURY DRIVE, SUITE 400
BEVERLY HILLS, CALIFORNIA 90210

Patient Screening for Aerosol Transmissible Diseases (ATD)

Patient Name: _____ **Date:** _____

Do you have:

A history of tuberculosis? Yes No If yes, explain: _____

Tuberculosis Symptoms

Productive cough (>3 weeks): Yes No If yes, explain: _____

Bloody sputum Yes No If yes, explain: _____

Night sweats Yes No

Fatigue Yes No

Malaise Yes No

Fever Yes No

Unexplained weight loss Yes No

Flu & other Aerosol transmissible diseases, including pertussis, measles, mumps, rubella, chicken pox, meningitis:

Do you have:

How long? Please explain:

Fever? Yes No _____

Body Aches? Yes No _____

Runny nose? Yes No _____

Sore throat? Yes No _____

Headache? Yes No _____

Nausea? Yes No _____

Vomiting or diarrhea? Yes No _____

Fever and respiratory symptoms? Yes No _____

Severe coughing spasms? Yes No _____

Painful, swollen glands? Yes No _____

Skin rash, blisters? Yes No _____

Stiff neck, mental changes? Yes No _____



THE
ROXBURY
INSTITUTE
SCIENCE ARTISTRY HEALTH BEAUTY

In compliance with California OSHA Title 8, Section 5199, health care facilities must prescreen patients for aerosol transmissible diseases. Procedures are not performed on patients suspected or identified as having aerosol transmissible diseases.

Chronic Respiratory Diseases (NOT ATD's, and not considered infectious) do not disqualify a patient from treatment under California OSHA Title 8, Section 5199:

Do you have:

Asthma?	Yes	No
Chronic upper airway cough syndrome "postnasal drip"?	Yes	No
Allergies?	Yes	No
Gastroesophageal reflux disease (GERD)?	Yes	No
Emphysema?	Yes	No
Chronic obstructive pulmonary disease (COPD)?	Yes	No
Bronchitis?	Yes	No
Dry cough from ACE inhibitors?	Yes	No

I have read this screening and disclosed my information to the best of my knowledge.

**Patient
Signature:**

Date:
