New Patient Form

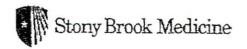


Name:	
Today's Date:	
Phone Number	

		roday o Dato.
~ 1	JOINT REPLACEMENT CENTER	Phone Number:
Main pro	oblem(s) you would like to tal	k about today (tell me how/ when it started):
What is	the degree of pain you usual	ly have (please circle a number 0-10);
No	Pain [0 - 1 - 2 - 3 - 4 - 5 - 6	- 7 - 8 - 9 - 10] Worst Pain
Tell me	about the location of the pair	origin:
	,	
Tell me	where the pain radiates to (d	oes it travel anywhere):
2 8		.*
What is	the character of the pain:	Sharp Aching Burning Tight Stiff
What ha	ave you found make your pại	n less severe?
What m	akes you experience more p	ain?
Do you explain:	experience any catching, loc	king, or giving way of the joint (include falls), if so please

Tell me what activities of your daily living are limited due to your pain:

Tell me if you have or are seeking	any of the following due to this pa	ain (mark all that apply):
litigation	workers compensation clair	m [full disability
Physical therapy (if so tell Arthritis medication or sup	at is your current weight an me when)	
	steroid/cortisone or was it a gel/hya stive devices (canes/walkers) s painful joint	aluronic acid)
Home Environment: Live all Are you currently Working: What is your occupation? Tobacco use? How often do you consume alco	one Live with family/friend L Yes No Retired hol (more than two drinks)? siblings (please detail any family h	Live in assistive livingOther
Review of systems-check any p	roblems area from your medical hi	story:
_CanerF	Recent weight loss/gain	_Neurologic
_Pulmonary0	Cardiac/MI	_Diabetes/thyroid
_Bowel/bladder(Gout/RA	_Bleeding/blood clots
_Psoriasis/ rashes _F	Psychiatric	_Auto-immune disease
(doc sig): I	have personally reviewed this intake f	orm and ACSL on date of service



Department of Radiology

Hospital Radiology Services

Dear Patient,

Thank you for choosing Stony Brook Medicine for your care and treatment. Please be advised that the Radiological Services provided here during this office visit are a Stony Brook University Hospital Service.

If you are having x-rays taken as part of today's visit, your insurance carrier will be billed separately for the professional and technical portions of the x-ray as a <u>Hospital Service</u>. The technical portion of the bill covers the costs of equipment, supplies, the radiology technician and other hospital personnel. The professional portion covers the personal professional services of the radiologist (physician) who will interpret the radiological test.

In addition to your usual co-payment for your doctor office visit, you may incur another co-payment for the hospital based x-ray services or based on your insurance carrier, the fees could be applied towards your Hospital Deductible.

Please call your insurance carrier to determine your benefits related to outpatient hospital diagnostic services.

Please acknowledge that you have read the above statement by signing below:

SIGNATURE	NAME OF PATIENT			
PRINT NAME	·			
DATE OF SERVICE		u		

NARCOTIC MEDICATION POLICY

Please note that Stony Brook Orthopedics is a consultation and treatment center. We are here to diagnose and treat orthopedic conditions. We are not a Pain Management Center. Our physicians will only dispense narcotic medication to post-operative patients, or patients with acute conditions such as fractures. These patients will then be weaned off of narcotic medications over a period of weeks. If you require narcotic medications on a regular basis, we suggest you seek the services of a pain management service or obtain them from your Primary Care Physician.

Print Name.	MR#:	_	Date:		
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Print Namo.					
rint Name:	Print Name:				

Signature:

Please acknowledge that you have read the above statement by signing below.