

Dear Patient,

We look forward to evaluating you. At the time of your initial appointment, please bring with you the following:

1. The enclosed Questionnaire, fully completed. If there isn't enough room on the form, please use the back or bring a copy of your own list of medical problems, surgical procedures, medications, and allergies.
2. The most recent Spinal Xray or MRI films/disks, if performed
3. Your insurance card, and specialist copay that must be received for each office visit, at the time of service.

Thank You,

John Paggioli, M.D. and Staff

Patient Questionnaire

Name _____
Address _____
Home Phone _____ Work Phone _____
Age _____ Date of Birth _____
Social Security # _____ Marital Status _____
Height _____ Weight _____
Referring Physician _____
Phone _____ Fax _____
Primary Care Physician _____
Phone _____ Fax _____

Insurance

Primary _____ Subscriber _____
ID# _____ Group # _____
Secondary _____ Subscriber _____
ID# _____ Group# _____
Third _____ Subscriber _____
ID# _____ Group # _____
Workers Comp? _____
Company Address _____
Date of Injury _____ Claim # _____
Adjuster _____
Phone _____ Fax _____

Pain Complaints (include when/how pain began)

Treatments (Please list all that you have tried)

Have you had physical therapy? _____

Medical Problems

Operations

Present Medications (dose, frequency, and herbs)

Medications for pain tried in the past

Allergies (include drugs/reaction)

Are you allergic to Penicillin? _____

Are you allergic to contrast dye or shellfish? _____

Social

Employer _____ Job _____

If not working, when did you work last? _____

How is your sleep? _____

How is your mood? _____

How much do you smoke? _____

How much do you drink? _____

What recreational drugs do you use? _____

