

**Federico P. Girardi, M.D., P.C.**

**Spinal Surgery**

**New Patient Intake Request Sheet**

**Date:**

<b>Name:</b>	<b>Telephone Numbers:</b> Home: Cell: Work
<b>Address:</b>	<b>Optional:</b> Race: Ethnicity: Language:
<b>Sex:</b> Male                      Female	<b>Email:</b>
<b>Date of Birth:</b>	<b>SS#:</b>
<b>Pharmacy:</b> Name: Address: Zip Code: Phone Fax	<b>Marital Status:</b> M    W    S    D Spouse name: DOB: SS#:
<b>Is this visit related to:</b> Workman's Comp    Yes            No Attach required documentation	<b>Is this visit related to:</b> No Fault                      Yes            No Attach required documentation
<b><u>INSURANCE DATA:</u></b>	
<b>Primary:</b> Name of Insurance: ID #: Group#: Policy Holder's Name: Policy Holder's DOB: <b>Secondary:</b> Name of Insurance: ID#: Group#: Policy Holder's Name: Policy Holder's DOB:	PLEASE NOTE: It is the patient's responsibility to obtain a referral from your insurance carrier if one is required. Please check with your insurance company prior to your appointment to ensure you have proper coverage. <hr/>
<b>Primary Care Physician: Name:</b> Address:	<b>Phone:</b>
<b>Emergency Contact: Name:</b>	<b>Relationship:</b> <b>Phone:</b>
<b>Referred By :</b>	



If so, what type?	
Physical Therapy:	How long did you go for?
Are you currently taking any pain medication? If so, please list ALL pain medicine:	List:
<b><u>Have you had any of these studies? List type below.</u></b>	<b><u>Please bring images to appointment</u></b>
X-rays:	Date:
MRI Scan:	Date:
CT Scan:	Date:
Myelogram:	Date:
EMG/Bone Scan:	Date:
<b><u>Below is for MD use only</u></b>	<b><u>Below is for MD use only</u></b>
<b>LUMBAR SPINE:</b> <input type="checkbox"/> L/S Series  <input type="checkbox"/> Flexion & Extension  <input type="checkbox"/> Standing AP/Lat Long cassette  <input type="checkbox"/> Other Views:	<b>CERVICAL SPINE:</b> <input type="checkbox"/> C/S Series  <input type="checkbox"/> Flexion and Extension  <input type="checkbox"/> Other View:
<b><u>Scheduling Urgency:</u></b> <input type="checkbox"/> Urgent <input type="checkbox"/> ASAP	<b><u>Scheduling Urgency:</u></b> <input type="checkbox"/> Next Available
<b><u>Need to Obtain:</u></b>	
<b><u>Physician's Recommendation:</u></b>	
<b><u>Intake sent to patient by:</u></b> <b><u>Chart prepared by:</u></b> <b><u>Date chart was given to MD to review:</u></b>	

