

**MARK P. FIGGIE, M.D.**

**THE HOSPITAL FOR SPECIAL SURGERY  
535 EAST 70<sup>TH</sup> STREET  
NEW YORK, NY 10021**

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**TEL: (212) 606-1932**

Dear Patient,

Thank you for scheduling an appointment with our office. In order to provide you with a high level of quality care and make your appointment run smoothly, we need your assistance with the following:

- **Please complete the enclosed forms and bring them with you on the day of your appointment.**
- **Please wear loose fitting clothing so the doctor can examine you easily and comfortably.**
- **Please bring your health insurance cards with you.**

Thank you for your cooperation, and do not hesitate to call us at the above number if you have any questions or concerns.

Kindly give our office 48 hours advance notice prior to cancellation.

Yours very truly,

The Office Staff of  
Mark P. Figgie, M.D.

Date of appointment \_\_\_\_\_ Time of X-Ray \_\_\_\_\_ Time of appointment \_\_\_\_\_

Hospital for Special Surgery (535 East 70 St, btw York and 1<sup>st</sup> Ave., 3<sup>rd</sup> Floor, Blue Area) \_\_\_\_\_  
Burke Rehabilitation Center (785 Mamaroneck Ave White Plains, NY 10605, Bldg 8) \_\_\_\_\_

Enclosures:

\_\_\_\_ Patient Data Base Form (0301-05)  
\_\_\_\_ Registration Form (HSS 0937)

**Mark P. Figgie, MD**

**Patient Registration Form**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance Information**

Primary Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

Dr. Figgie does not participate with commercial carriers except Medicare. If you have private insurance please call your insurance and make sure you have out of network benefits.

ASSIGNMENT AND RELEASER OF INFORMATION STATEMENT – I certify that the information given by me is correct. I understand that this information is entered into the database, and I hereby authorize the sharing of such information with Hospital-affiliated physicians who are responsible for my care and their offices.

MEDICARE PATIENTS – I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I understand that I am responsible for insurance deductibles on all services, 20% co-insurance on ancillary services. When Medicare is deemed the secondary insurance, I will follow payment terms under Hospital policies.

PATIENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEDICAL HISTORY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Internist/Referring MD: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

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**History of Present Illness:**

Chief Complaint: \_\_\_\_\_ Affected Side: Right /Left /Both

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| Did you have an accident or injury?      | Yes | No |
| Do you use a cane / walker / wheelchair? | Yes | No |
| Do you have back pain?                   | Yes | No |
| Do you have locking or giving way?       | Yes | No |
| Do you wear a brace?                     | Yes | No |
| Have you had injections into your joint? | Yes | No |
| Have you had physical therapy?           | Yes | No |

What medications have you taken for this pain? \_\_\_\_\_

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**Allergies:** (Please list any allergies and the type of allergic reaction experienced)

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**Current Medications and Supplements:**

Medication	Dose/Strength	Medical Need

**Past Medical History:** (Check all that apply)

- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Bleeding Tendency                 | <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Seizures             | <input type="checkbox"/> Gout       |
| <input type="checkbox"/> Pneumonia                         | <input type="checkbox"/> Stroke/TIA                       | <input type="checkbox"/> High Blood Pres.     | <input type="checkbox"/> Ulcers     |
| <input type="checkbox"/> Heart Attack (date: _____)        | <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Diverticulitis       | <input type="checkbox"/> Blood Clot |
| <input type="checkbox"/> Diabetes: (date diagnosed: _____) | <input type="checkbox"/> Hepatitis                        | <input type="checkbox"/> Tuberculosis         |                                     |
| <input type="checkbox"/> Arrythmia                         | <input type="checkbox"/> Mital Valve Prolapse/Replacement | <input type="checkbox"/> Depression           |                                     |
| <input type="checkbox"/> Emphysema                         | <input type="checkbox"/> Urinary infections               | <input type="checkbox"/> Lupus                | <input type="checkbox"/> Anxiety    |
| <input type="checkbox"/> Pulmonary Embolism                | <input type="checkbox"/> Glaucoma                         | <input type="checkbox"/> Rheumatoid Arthritis |                                     |

Other: \_\_\_\_\_

Alcohol: \_\_\_\_\_ drinks/day      Smoke: \_\_\_\_\_ packs/day \_\_\_\_\_ years

**Surgical History**

**Please list all of your surgeries with the surgical dates**

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**Discharge Planning**

Do you live alone?      Yes \_\_\_\_\_      No \_\_\_\_\_

Marital Status:      Married \_\_\_\_\_      Single \_\_\_\_\_      Widowed \_\_\_\_\_      Divorced \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Patients Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

## Driving Directions

From Brooklyn and Staten Island

From the Bronx, Westchester, and New England

From Queens and Long Island

From Upstate New York

From Northern New Jersey

From Central and Southern New Jersey

### From Brooklyn and Staten Island

#### **Via the Williamsburg Bridge, Manhattan Bridge, Brooklyn Bridge or Brooklyn-Battery Tunnel**

Exit onto the FDR Drive. Take the FDR Drive north (uptown) to 61st Street (left exit). Proceed one block to York Avenue and turn right. Proceed north to 70th Street. Turn right and follow signs to the hospital's driveway or parking lot.

### From the Bronx, Westchester, and New England

#### **Via the Triboro Bridge**

Exit onto the FDR Drive south (downtown, left exit). Take the FDR Drive south to the 71st Street (right exit). The hospital is located to your left (south side of 71st Street). You will find a parking garage for patients and visitors on the right (north side of 71st Street).

### From Queens and Long Island

#### **Via the Triboro Bridge**

Exit the bridge onto the FDR Drive south (downtown, left exit). Take the FDR Drive south to the 71st Street exit. The hospital is located to your left (south side of 71st Street). You will find a parking garage for patients and visitors on the right (north side of 71st Street).

#### **Via Queensboro (59th Street) Bridge**

Use the upper level of the bridge, following the exit ramp to 62nd Street, and then turn right. Proceed east on 62nd Street to York Avenue. Turn left and proceed north on York Avenue. Turn right on 70th Street and follow signs to the hospital's driveway or parking lot.

#### **Via Queens-Midtown Tunnel**

Upon exiting from the tunnel, follow the signs to FDR Drive north (uptown). Take the FDR Drive north to East 61st Street (left exit). Proceed one block to York Avenue and turn right. Proceed north to 70th Street and turn right and follow signs to the hospital's driveway or parking lot.

### From Upstate New York

#### **Via the Triboro Bridge**

Exit the bridge onto the FDR Drive south (downtown, left exit). Take the FDR Drive south to the 71st Street exit. The hospital is located to your left (south side of 71st Street). You will find a parking garage for patients and visitors on the right (north side of 71st Street).

#### **Via the George Washington Bridge**

Take the Harlem River Drive exit. Proceed south (downtown) on Harlem River Drive (the drive's name changes to FDR Drive at 125th Street) to the 71st Street exit (right exit). The hospital is located to your left (south side of 71st Street). You will find a parking garage for patients and visitors on the right (north side of 71st Street).

### From Northern New Jersey

#### **Via the George Washington Bridge**

Take the Harlem River Drive exit. Proceed south (downtown) on Harlem River Drive

(the drive's name changes to FDR Drive at 125th Street) to the 71st Street exit (right exit). The hospital is located to your left (south side of 71st Street). You will find a parking garage for patients and visitors on the right (north side of 71st Street).

### **From Central and Southern New Jersey**

#### **Via the Lincoln Tunnel**

Turn left onto 42nd Street and right onto Tenth Avenue. Proceed uptown (north) to 65th Street. Turn right onto 65th Street, and proceed cross-town (east) through Central Park to York Avenue. Turn left on York Avenue and proceed north to 70th Street. Turn right on 70th Street and follow signs to the hospital's driveway or parking lot.

#### **Via the Holland Tunnel**

Proceed cross-town (east) on Canal Street to W. Broadway. Take a left onto W. Broadway and proceed north to Houston. Turn right onto Houston and proceed east to FDR Drive north (uptown). Take the FDR Drive north (uptown) to 61st Street (left exit). Proceed one block to York Avenue and turn right. Proceed north to 70th Street. Turn right on 70th Street and follow signs to the hospital's driveway or parking lot.

#### **Via Interstate 95**

Enter Manhattan via the Lincoln Tunnel. Turn left onto 42nd Street and right onto Tenth Avenue. Proceed uptown (north) to 65th Street. Turn right onto 65th Street, and proceed cross-town (east) through Central Park to York Avenue. Turn left on York Avenue and proceed north to 70th Street. Turn right on 70th Street and follow signs to the hospital's driveway or parking lot.

**\*\*\*\*\*For Directions to Burke Rehabilitation Center\*\*\*\*\***

**Please visit their website:**

**<http://www.burke.org/page.cfm?p=349>**