SCRANTON ORTHOPAEDIC SPECIALISTS P.C.

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DATE: _____

Dear _____

Thank you for choosing our orthopaedic practice. This letter is a reminder of your upcoming appointment with Dr. ______ on ______ at _____.

In order to expedite the registration process, we ask you to bring the following:

- 1. All insurance information (Insurance cards). Also, bring Photo ID
- 2. If this is a Compensation injury, your Workmen's Comp Claim # and your Compensation Carrier address and phone number.
- 3. If Auto Accident related, your claim # and address and phone # or carrier.
- 4. A REFERRAL if you are a managed care participant. (Note: We are NOT allowed to see you if you do not have a referral form from your primary care physician.)
- 5. Please arrive 15 minutes early to complete paperwork.

We ask you to bring the actual films or copies of X-RAYS, MRI'S, BONE SCANS AND CAT SCANS AS WELL AS THEIR REPORTS, and any other pertinent test results.

If you were seen by another physician for the same problem, we ask that you hand carry any previous records, hospital records (operative reports) and any other reports (for example, nerve conduction studies, vascular studies). Please include any information regarding cortisone or epidural injections.

Enclosed is a history form (health questionnaire). Please bring the completed form with you to your appointment as well as the Authorization Form on the reverse of this page. Please bring an up to date list of your medications from your family doctor.

Payment is due at the time of service for co-payments and non-covered charges. We accept Mastercard, Visa and personal checks. If payment cannot be made at time of service, arrangements must be made with the Business Office at 307-1768 before your visit.

Directions to our office: Exit 190 off Route 81, make right, office is .3 miles on right.

Thank you for your cooperation. We look forward to meeting you.

NEW KNEE PROBLEM QUESTIONAIRE

Please circle or fill in completely

Name:	···••				Today	's Date:	<u></u>
Age:	Date of Birth	1:			Sex:	M	F
Second Opinion?	Yes	No	Pain in w	vhich knee?	R	L	Both
Duration of sympto	oms:			years		mont	hs
Was this problem of the second	caused by an	injury?			Yes	No	
Location of pain: (circle all that a	apply)					
	Front	Back	Inner	Outer	All		
Knee gives a sens	ation of: (circl	e all that apply)				
Locking	Catching	Clicking	Aching				
Swelling Other:	Sharp Pain	Giving Way	Pain at n	ight			
Describe pain:							
Sharp	Dull	Constant	Ache	Occasional			
Pain intensity:	Mild	Moderate	Severe	Intolerable			
Pain is getting:	Worse	Better	Same				
Pain at rest?		Yes		No			
Please list <u>ALL</u> pai	n medication	taken for this p	oroblem an	d prescribing d	octor:	·····	

Please list <u>ALL</u> over the counter medication taken for this problem: (i.e.: Advil, Ibuprofen, Tylenol, Aleve, etc.)

Does the medication help?	Yes	No			

No ng? Yes No Yes No How many? ns wee One, Euflexxa, Hyalgan, No	
ng? Yes No Yes No How many? ns wee One, Euflexxa, Hyalgan,	ks None
ng? Yes No Yes No How many? ns wee One, Euflexxa, Hyalgan,	ks None
ng? Yes No Yes No How many? ns wee One, Euflexxa, Hyalgan,	ks None
Yes No Yes No How many? ns wee One, Euflexxa, Hyalgan,	ks None
Yes No How many? ns wee One, Euflexxa, Hyalgan,	
How many? ns wee One, Euflexxa, Hyalgan,	
ns weel One, Euflexxa, Hyalgan,	
One, Euflexxa, Hyalgan,	
	etc.)
No	
Νο	
How many?	
ns wee	ks None
our daily activities?	
Yes No	
rgeon:	
}	How many? hs wee your daily activities?

Last visit to the dentist: Please list any dental problems you have had in the past:

Reviewed by: Date: