

HEALTH-PRO MEDICAL P.C.

Teodoro Y. Pang M.D.
Medical Director

Seth L. Berrin D.C.

PATIENT

Name: _____

Address: _____

Date of Birth: _____ Male _____ Female _____

Social Sec. Number: _____ - _____ - _____

Marital Status: M S D W

Occupation: _____

Employer: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

E-Mail address: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Phone: (____) _____

Primary Care Physician: _____

Who referred you to our office ? _____

Primary Insurance Information:

Policy Holder Name: _____

Relationship to Patient: _____

Date of Birth: _____

Name of Ins. Company: _____

Policy ID#: _____

Group #: _____

Should this injury be filed under **auto accident** or **workers compensation** injury ? Yes No

Date of accident: _____

What is your major complaint ? _____

How long have you had this condition ? _____

Have you had the same or a similar condition in the past ? (circle) yes no

What aggravates your condition ? _____

Is the condition getting progressively worse ? (circle) yes no

Other Doctors who treated this condition? _____

List any past surgical operations and years: _____

Medications currently taking: Pain killers _____ Nerve pills _____
(check) Muscle relaxers _____ Insulin _____
 Tranquilizers _____ Birth Control _____
 Blood Pressure _____ Heart _____
 Statin (cholesterol) _____ Hormones _____
 Other _____

Vitamins currently taking: (circle) Multi C B-Complex Calcium Omega-3 Joint Complex
 Iron Saw Palmetto Flaxseed CoQ10 Probiotics Other _____

Have you suffered from: (check)

Dizziness _____	Headaches _____	Nervousness _____
Back aches _____	Neck aches _____	Neuritis _____
Arthritis _____	Gout _____	Allergies _____
Digestive Disorders _____	Heart Disorders _____	Diabetes _____

Are you wearing: heel lifts _____ inner soles _____ custom orthotics _____
(check)

Do you sleep with a pillow ? yes no type ? foam down/feather
(circle)

"I verify the accuracy of the above information and authorize the release of information provided on this form. I understand that I am financially responsible for all treatment rendered. For any covered services rendered, I authorize the assignment of benefits directly to "Health-Pro Medical P.C."

SIGNATURE: _____

DATE: _____

HEALTH-PRO MEDICAL P.C.

(516) 931-1978

Office Policy

We believe that a clear definition of our office policy will allow us to concentrate on the big issue- *regaining and maintaining your health.*

APPOINTMENTS

Multiple appointments will be made for your convenience. This minimizes waiting time and facilitates incorporating these appointments into your daily routine. For you to obtain maximum results in the minimal period of time, please try to maintain the treatment schedule that the doctor has given you. If you miss an appointment, it is important that you make it up in that same week. Just call the office and we will gladly reschedule you for a more convenient time.

EMERGENCIES

We are available 24 hours a day should an emergency arise. Just contact our office-leave your name, phone number and message. Then call pager number on answering machine.

INSURANCE

Most insurance carriers cover physical medicine, chiropractic and physical therapy. Co-payments for office visits when applicable, are expected each visit. We will gladly accept insurance payments directly, once your insurance has been verified by our business office. There are some carriers that may only pay the patient directly. In this instance, please bring in any statements and checks that you receive so that we may correctly post it to your account.

AUTO ACCIDENT/ NO-FAULT or WORKERS COMPENSATION

Auto insurance or Workers Compensation covers 100% of your health expenses resulting from an accident, provided that your insurance carrier/employer has been notified in a timely manner. Patients must notify the carrier that they are being treated by Health-Pro Medical P.C., so that forms will be forwarded to our office.

We are here to serve you. Please speak to the Doctors about any upsetting matter-all good relationships are based upon good communication. We encourage our patients to tell others about the benefits of treatment from our office. If you have a family member or friend with a health problem, please refer them to our office and know that we will do our best to assist them on the road back to health. *Thank you for allowing us to participate in your health care needs!*