



3 Washington Circle NW, #207/208
Washington, DC 20037
T: 202-955-6001 F: 202-955-6008

PATIENT EVALUATION FORM

NAME: _____ Sex: _____ Date: _____

Date of Birth: _____ SSN: _____

Height: _____ Weight: _____ Marital Status: S M W D

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Work _____ Cell: _____

Email: _____ Fax: _____

Referring Physician: _____ Primary Care Physician: _____

Phone _____ Phone: _____

EMPLOYMENT INFORMATION

Employer Name: _____ Employer Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Work _____ Cell _____

EMERGENCY CONTACT

Contact Name: _____ Relationship to patient: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Work _____ Cell _____

NEXT OF KIN

Contact Name: _____ Relationship to patient: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Work: _____ Cell: _____

If you have any questions or concerns regarding the following policies, please contact the main office staff. Thank you.

Phone: 202-955-6001

Fax: 202-955-6008

Work Slips:

Please discuss your current work status with your doctor prior to leaving the office. It is the patient's responsibility to advise the physician of his or her work status or intent to be out of work for any reason. Retro-active work slips will not be given.

Prescriptions:

Please address all prescription related questions before you leave the exam room. It is often difficult to interrupt the doctor once he has moved on to another patient's room.

MRI/CT Scans:

If at any time during your course of treatment you are given a prescription for an MRI or CT scan, please be aware of the following:

1. It is your responsibility to contact your insurance company to find out if you require prior authorization for this test and to subsequently contact our main office to inform us where you would like the test to be performed.
2. **If authorization is required**, it may take up to 1 ½ weeks in order for us to obtain authorization. Your insurance company requires clinical information (office notes, x-rays, or physical therapy reports) to be submitted for approval. The office notes are usually generated about 4 days after your visit to the office.
3. Once we have submitted the required information for authorization, please allow 3 to 5 days after for the insurance company to fax the authorization number to the office. We will contact you once this has been received by our office. If your approval is denied, you must contact your insurance company for further details.
4. After you have scheduled your MRI/CT scan, you will need to call our office to schedule a follow-up appointment. You will need your films/cd ready for your follow-up appointment with your doctor to discuss the results.

Insurance

Please bring your insurance information with you to your appointment. All “co-pays” and “co-insurance” must be paid at the time of your visit. If your policy requires a referral, you must bring your referral with you in order to be seen the day of your appointment.

Worker’s Compensation:

If you have been injured at work and have an open Worker’s Compensation claim, please be advised that you must bring complete billing information to your visit, including the Worker’s Compensation (WC) carrier, address, phone number, claim number, date of injury, adjuster’s name and number. If you have an attorney, please provide us with his or her name, address, and contact information. Before we can schedule your appointment, we must have written authorization from your worker’s compensation stating your visit with your doctor is approved. We cannot bill your private insurance for WC claims unless your claim has been settled or we have received a letter of denial from your WC carrier.

Nurse Case Managers:

If you wish to have your Nurse Case Manager present at the time of your appointment, you must notify our office at the time you make your appointment.

Signature: _____ Date: _____