



East River Professional Building
523 East 72nd Street, 3 South
New York, NY 10021

212 - 606 - 1946

www.spinecare-institute.com

PATIENT INTAKE SHEET

INTAKE COMPLETED BY: _____

Chart #:

Name:			Date:	
Age:	Date of Birth:		SSN:	
Address:			Home Tel:	
			Cell Tel:	
			Business Tel:	
Referred By:		Email:		

INSURANCE DATA

Primary:	WC Case? <input type="checkbox"/> Y <input type="checkbox"/> N	HR Dept #:
Name of Insurance:		
ID#:		
Group #:		
Policy Holder's Name:		
Policy Holder's DOB:		
Secondary:		
Name of Insurance: ID#:		
Group #:		
Policy Holder's Name:		
Policy Holder's DOB:		

NOTE: Please remind patients that if they have an HMO, they may need to get a referral – check with their insurance.

LIST MAIN COMPLAINTS

1)	
2)	

DO YOU HAVE:

Neck Pain?	
Arm Pain? <input type="checkbox"/> L <input type="checkbox"/> R	
Back Pain?	
Leg Pain? <input type="checkbox"/> L <input type="checkbox"/> R	
Weakness? How Long?	
Previous Surgery for Spine?	
What type?	
How did this problem begin?	
How long have had problem?	

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WHAT DOCTORS HAVE YOU SEEN FOR THIS PROBLEM? (NAME)

Orthopedist Name :		<input type="checkbox"/> Surgery Recommended?
Neurologist Name:		<input type="checkbox"/> Surgery Recommended?
Neurosurgeon Name:		<input type="checkbox"/> Surgery Recommended?
Other?		<input type="checkbox"/> Surgery Recommended?

For AAS Patients: Please list pain meds previously used or currently using:

Surgery Recommended: _____

HAVE YOU HAD ANY OF THESE STUDIES? IF "YES", PLEASE BRING STUDIES AND REPORTS.

X-rays / Date:	
MRI Scan / Date:	
CT Scan / Date:	
Myelogram / Date:	
EMG/Bone Scan Date:	

LUMBAR SPINE:

<input type="checkbox"/> L/S Series	<input type="checkbox"/> Flexion & Extension	<input type="checkbox"/> Standing AP/Lat long cassette
<input type="checkbox"/> Other View:		

CERVICAL SPINE:

<input type="checkbox"/> C/S Series	<input type="checkbox"/> Flexion & Extension
<input type="checkbox"/> Other View:	

SCHEDULING URGENCY:

<input type="checkbox"/> Urgent	<input type="checkbox"/> ASAP	<input type="checkbox"/> Next Available	<input type="checkbox"/> Low Priority
<input type="checkbox"/> 1 Week	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 2 Months	<input type="checkbox"/> 3 + Months

NEED / OBTAIN:

REFER TO:

Note: