LENOUE MUSCULOSKELETAL MEDICINE

New Patient Intake & Medical History Form

Demographics

Name:_____ Date of Birth: _____

Email: _____ Phone #:_____

Address: _____

How did you hear about our office? _____

Check the following form of payment for today's visit:

- ❑ Personal Payment (out-of-pocket)
- ❑ Worker's Compensation: Claim # _____ Date of Injury: _____
- ❑ Auto Accident: Claim #_____ Date of Injury: _____

Chief Complaint

Why are you interested in being seen by one of our Providers? What is your situation?

_____

_____

_____

_____

How long has this been going on for you? _____

What makes things worse or better? _____

Do you experience any numbness, tingling, or weakness? If yes, where, and how often to you feel these sensations?

_____

_____

How bad would you rate your pain/symptoms from 0 to 10 (10 being the worst)?_____

How would you describe your pain (sharp, dull, burning, nagging, constant, intermittent etc.)?

_____

_____

_____

Have you had any imaging on this area (x-ray, MRI)? If so what and when?

_____

_____

_____

What have you tried so far to help with the situation (physical therapy, massage, injections, surgery, medications etc.)?

_____

_____

Medical History

Are you allergic to any medications? YES NO If Yes, please list: _____

List any **supplements** you are taking:

Name of Supplement	Number of tablets/capsules	Frequency	Purpose

List any **medications** you are taking:

Name of Medication	Dose	Frequency	Purpose

What injuries have you had in the past? Please include dates and mechanism of injury (i.e. car accident and suffered whiplash in 2019).

_____
_____
_____

Do you have any history of concussions or head injuries? YES NO If Yes, please explain:

_____
_____

Surgical History

Type of Surgery	**Year**	**Any residual problems or symptoms from this surgery?**

Please check the box if you HAVE or HAD the following conditions:

Ears, Nose, Throat			
	Headaches		Visual Problems
	Fainting		Dizziness
	Seizure		Stroke
	Ear Trouble		Hearing Loss
	Sinus Trouble		Stuffy nose
	Nose Bleeds		Allergy
	Sore Throat		Hoarseness
Pulmonary/Lungs			
	Cough		Wheezing
	Pleurisy		Pneumonia
	Tuberculosis		Shortness of Breath
	Night Sweats		Chest Pain
	Coughed up blood		COPD/Emphysema
	Asthma		
GI/Stomach			
	Trouble Swallowing		Change in Appetite
	Indigestion		Heartburn
	Nervous Stomach		Ulcers
	Vomiting Blood		Bloody or Dark Stool
	Abdominal Pain		Colitis
	Nausea		Diarrhea
	Constipation		Hemorrhoids
	Bowel Irregularity		Gallbladder Trouble
	Hepatitis		Liver Disease
Skin			
	Itching/Rash/Hives		Acne
	Tumor or Swelling		Skin Cancer
Heart & Blood Vessels			
	Heart Trouble		Heart Murmur
	Rheumatic Fever		Heart Palpitations
	Irregular Heart Beat		Tire Easily
	Chest Pain/Angina		Enlarged Heart
	High Blood Pressure		High Cholesterol
	Abnormal EKG		Frequent Ankle Swelling
	Varicose Veins		Blood Clots
Bones/Joints/Muscles			
	Arthritis		Bursitis
	Muscle Cramps		Numbness
	Muscle Weakness		Polio
Endocrine/Hormones			
	Diabetes		Low Blood Sugar
	Thyroid Troubles		Goiter
	Hot Flashes		Weakness/fatigue
	Sudden Weight Loss/Gain		Trouble Sleeping

	Hormone Replacement Therapy		Lupus or Fibromyalgia
Kidney/Urology/Gynecologic			
	Kidney Trouble		Bladder Infection
	Incontinence		Difficulty Urinating
	Prostate Trouble		Infertility
	Impotence		Sexual Problems
	Sexually Transmitted Disease		Painful or Heavy Menstruation
	Currently Pregnant		
Emotional/Psychological			
	Difficulty Sleeping		Excessive Worry or Anxiety
	Severe Tension		Feeling Worthless
	Constant Unhappiness		Mood Swings
	Panic Attacks		Mental Illness

Social History

Marital Status _____ Occupation _____

Alcohol Consumption_____ Tobacco _____

Drug Use _____ Opiate Use _____

How much stress do you feel you are under daily? _____

Please explain your sources of stress and how you are dealing with them:

_____

_____

How would you rate your overall health? _____

How often do you exercise? _____

Please Mark YES or NO to the following			
	YES	NO	Comments
Been in Military			
Drink Caffeinated Beverages			
Silver/Mercury (amalgam) Dental Fillings			
History of root canals, tooth extractions, wisdom teeth			
Exposure to chemicals, pesticides, heavy metals			
Has lived or living in home with water damage			
History of mold exposure			
Are you happy with your current relationships?			
Are you on any special diet (i.e. Paleo, Keto etc)?			
Do you have any food intolerance?			
Do you get at least 6 hrs of sleep nightly?			

Cancellation/No Show Policy

We understand that there are circumstances that may require you to miss an appointment due to emergencies or obligations for work, school, or family. However, when you do not call to cancel/reschedule an appointment, you may be preventing another patient from getting much needed treatment. We ask that you not cancel or reschedule less then 24hours before your appointment.

If an appointment is **NOT cancelled/rescheduled at least 24hours in advance** you will be charged **$150 fee**; this will not be covered by your insurance company.

By signing below, I am indicating I have read and understand the above policy.

Print Name: _____

Signature: _____ Date: _____

Acknowledgement of Receipt Notice of Privacy Practices

You are entitled to our **Notice of Privacy Practices** describing how your personal health information can be used and disclosed by Lenoue Musculoskeletal Medicine, PLLC and how you can obtain access to and control this information. Our HIPAA Notice of Privacy Practices information will be provided to you at your initial visit, when changes are made to the Privacy Practices, and/or upon your request at any future date. You have the right to refuse to sign this form.

Print Name: _____

Signature: _____ Date: _____

Lenoue MUSCULOSKELETAL MEDICINE

Medicare Private Contract - Claims not billable to Medicare

Dr. Lenoue, III & Dr. Makoto Yoshino have chosen to opt-out of Medicare. A provider who has chosen to op-out is not required to submit claims on behalf of beneficiaries and is not subject to Medicare limits on charges for covered services.

This contract is between _____ (patient name) and Dr. Philip Lenoue, III and Dr. Makoto Yoshino.

1) Your Physican has not been excluded from Medicare under sections 1128, 1156 or 1892 of the Social Security Act.
2) You and your Physician agree that you are not currently facing an emergency or urgent health care situation.
3) By signing this contract, you are agreeing to the following:
    a) Accept full responsibility for payment of charges for all services furnished by your Physician.
    b) Understand that Medicare limits do not apply to what your Physician may charge for items or services provided.
    c) Agree not to submit a claim to Medicare or to ask Dr. Lenoue, III or Dr. Makoto Yoshino to submit a claim to Medicare.
    d) Understand that Medicare payment will not be made for any items or services furnished by your Physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
    e) Enter this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted-out of Medicare, and I am not compelled to enter private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
    f) Understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.
    g) Will receive or have received a copy of this contract before items or services are furnished to me under the terms of this contract.

The expected opt-out period is ongoing unless otherwise stated.

We will retain the original contract (original signatures of both parties required) for the duration of the opt-out period, supply CMS with a copy of this contract upon request and understand that the current private contract remains in effect unless otherwise noted.

Patient's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

Dr. Philip Lenoue, III - NPI (1083977128) Dr. Makoto Yoshino - NPI (1649680240)