



NEUROLOGY & SLEEP SCIENCES  
COLUMBUS REGIONAL HEALTH

## Welcome

Thank you for trusting Neurology and Sleep Sciences to care for your medical needs. Our promise to you includes quality medical care and reliable services. We're glad to be part of your health care team. This sheet contains information about our services and practice guidelines.

## Neurology

A neurologist specializes in care of the brain, spinal cord, peripheral nerves and muscular systems. Some examples of health issues we treat include seizure management, care of Alzheimer's and Parkinson's Disease patients, Multiple Sclerosis, carpal tunnel diagnosis, physical and stroke rehabilitation, sleep disorders, migraines, headaches, and many other related health issues.

## What does a Neurological Exam consist of?

Like most medical exams, the neurological exam will start with the physician and / or his assistant asking you questions about any medications you are taking; whether or not you experience unusual symptoms with your hearing, vision, speech, sleep patterns or movement. The physician will need to know significant medical history for you and / or your family. Your sensory and motor reflexes will be tested and the physician will examine your head, neck and spine. Your initial examination will last for 15 minutes to about one hour, depending on your health problem. Return appointments generally take between 5 and 20 minutes.

## Is There any Preparation for a Neurological Exam?

We ask that our patients bring a list of all medications that they are currently taking to each exam. You may also want to write out questions you have or specific information that you want to tell your doctor. Bring your medical history and visit our website for our forms.

## Blood Levels

If you are on a medication that requires routine blood work, you should plan to have your blood drawn before your morning dose or right before your next dose of medication if taken later in the day. This will assure the most accurate assessment of your therapeutic level. For your convenience, our Columbus location is capable of drawing most blood work.

## Important Points

- ◇ When contacting the office with questions or progress reports, patients will communicate with their physician's medical assistant. You may use MyChart to contact your physician's assistant. We have a team of medical assistants trained to deal with neurological questions. Your message will be forwarded to your physician for attention. In most cases, the physician will give instructions for medication changes or call and set up an appointment if necessary.
- ◇ You can request appointments via MyChart or call the office to schedule, cancel or reschedule appointments. We require 24-hour notice to cancel or reschedule appointments.
- ◇ Keep us up to date on changes; name, address, phone and insurance coverage.
- ◇ Please bring your photo id, insurance card(s) and a list of medications to every visit.
- ◇ Call your pharmacy 2-3 days before running out of medication.

**Continued on back . . .**

1655 N Gladstone Avenue, Suite A, Columbus, IN 47201

(812) 376-3100 • (800) 319-2348 • Fax: (812) 372-1431 • Medical Records Fax: (812) 376-4718 • Scheduling Fax (812) 376-3131

## Work Injuries

Having a work injury is always stressful. In order for us to help you and your employer, we ask that your referring physician give us your Workers Compensation information at the time the appointment is scheduled. This information must be provided prior to your visit in order for us to obtain authorization from the Workers Compensation carrier.

## Payment for Services

Though we file insurance claims to assist you, Neurology and Sleep Sciences does expect payment at the time of service. Payments can be co-payments and deductibles set by your insurance company, or will mean payment in full if no insurance is available. For easy payment, we accept cash, check, MasterCard, Visa and Discover. If you have questions about how much your medical services will cost or to discuss financial assistance, please contact Patient Financial Services at (812) 375-3000.

## Location

Main office: 1655 North Gladstone Avenue, Suite A; Columbus, IN 47201

M, T, Th and F: 8:00 am - 4:30 pm    Wednesday: 8:00 am - 3:30 pm

(812) 376-3100      (800) 319-2348      Fax: (812) 372-1431

## Prescription Refills

Our Narcotic policy follows Indiana guidelines. All patients that receive a prescription for Narcotics must sign a Narcotic Agreement. If requesting a written prescription, please contact the office several working days in advance. When picking up a prescription from the office, a photo ID must be shown and the prescription signed for. If you are requesting non-narcotic refills, please contact your pharmacy. Note that it may take up to 48 hours to process your request. Refills are not called in after hours or on weekends and no prescriptions are sent out by mail.

## Emergency Needs

Our office is closed on Saturday and Sunday. Should you have a medical emergency, please call your family physician or Columbus Regional Hospital at (812) 379-4441. Should you need neurological care, the physician on call from our practice will be called to assist in your treatment.

## Release of Your Medical Information

Your family doctor and / or the doctor that referred you to see us will receive a written update of your progress after your visit. These are mailed directly to your doctor at no cost to you. In most instances, there is a charge for copying your records. We ask for 7-10 business days to complete forms and record requests. For information about copying cost, or to obtain an authorization form, call (812) 376-3100 or (800) 319-2348 or visit our website to download our forms.



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## Initial Visit Questionnaire

Today's Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### History of Present Illness

Reason to see the physician: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all medications, dose and how often: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any problems with medications, including cost?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Other problems or concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Review of Symptoms

Check all that apply

### General

- Pain
- Weight loss
- Weakness
- Fatigue
- Fever
- Chills
- Night sweats

### Eyes

- Pain
- Discharge
- Redness
- Light sensitive
- Foreign body
- Swelling
- Itching
- Double vision

### ENMT

- Ear / nose / mouth / throat pain
- Recurrent URI
- Drainage
- Nasal obstruction
- Mouth breather
- Frequent sore throat

### Respiratory

- Rapid
- Wheeze
- Pleurisy
- Spitting up blood
- T.B.
- Disease
- Last chest x-ray

### Integumentary

- Rashes

### Cardiovascular

- Chest pain
- Distress on exertion
- Breathe easily when upright only
- Sweat
- Faint
- Pacemaker
- Rheumatic fever
- Heart attack

### Gastrointestinal

- Abdominal pain
- Nausea
- Vomiting
- Diarrhea
- Constipation
- G.E.R.D.
- Vomiting blood
- Bleeding
- Jaundice

### Genitourinary

- Difficulty / pain urinating
- Blood in urine
- Frequent urinating
- Side pain
- History of stones
- Pelvic Inflammatory Disease

### Musculoskeletal

- Joint swelling
- Joint redness
- Joint pain
- Gout
- Degenerative joint dis.
- Rheumatoid arthritis
- Infection in joints
- Back pain
- Neck pain

Yes No

Neurological

- Headache(s)
Seizure(s)
Episodes of passing out
Loss of vision
Weakness of arm and / or leg
Numbness of arm and / or leg
Numbness of face
New onset of pain
Change in speech
Change in swallowing
Double vision
Vertigo / dizziness
Change in memory or thinking
Change in bowel / bladder function

Psychiatric

- Do you feel depressed?
Do you feel anxious?
Weight loss or gain?

Endocrine

- Diabetes
Thyroid disease
Hypertension
Enlarged nodes

Hematologic / Lymphatic

- Anemia
Bleeding disorder
Blood transfusion

Allergic / Immunologic

- Asthma
Hay fever or allergic rhinitis
Measles
Mumps
Chicken pox

Sleep

- Inability to sleep or stay asleep
Currently taking sleeping pills
Daytime tiredness
Inappropriate sleeping during day
A.M. headaches

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**Yes No**

- Leg cramping / restless legs at night \_\_\_\_\_
- Snoring \_\_\_\_\_
- Apnea \_\_\_\_\_
- Are you using a CPAP? \_\_\_\_\_
- If yes, is it working for you? \_\_\_\_\_
- If no, why or why not? \_\_\_\_\_
- Any problems with equipment? \_\_\_\_\_

**Past History**

List all known allergies: \_\_\_\_\_

List all surgeries / outpatient procedures: \_\_\_\_\_

List all accidents, injuries or infections to head / brain: \_\_\_\_\_

List all recent blood work including where and when: \_\_\_\_\_

List all x-rays and scans including where and when: \_\_\_\_\_

**Family History**

List any illnesses that run in your family: \_\_\_\_\_

**Social History**

Marital Status:  Single  Married  Divorced  Widowed

Occupation: \_\_\_\_\_ Highest level of education completed: \_\_\_\_\_

How much caffeine do you drink per day? (soft drinks, coffee, tea) \_\_\_\_\_

**Yes No**

- Do you smoke? If yes, how much? \_\_\_\_\_
- Do you drink alcohol? If yes, how much? \_\_\_\_\_
- Do you use drugs? What drugs do you use? \_\_\_\_\_

Date reviewed with patient: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Notice of Privacy Practices for Protected Health Information Acknowledgment and Patient Communication Authorization

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please check to tell us how you wish to be contacted. **Please note: first box is to let us know your preferred method of communication.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Home: _____    | <input type="checkbox"/> OK to leave a detailed message | <input type="checkbox"/> Name / Number only |
| <input type="checkbox"/> Work: _____    | <input type="checkbox"/> OK to leave a detailed message | <input type="checkbox"/> Name / Number only |
| <input type="checkbox"/> Cell: _____    | <input type="checkbox"/> OK to leave a detailed message | <input type="checkbox"/> Name / Number only |
| <input type="checkbox"/> MyChart: _____ | <input type="checkbox"/> OK to leave a detailed message | <input type="checkbox"/> Name / Number only |

### Written Communication

- Mail to my home                       Mail to my office / work

Mailing address: \_\_\_\_\_

Please tell us with whom we are allowed to speak with regarding your health. We cannot speak to ANY family member without authorization except in emergency situations. This does NOT include the release of any documentation of visits or testing. An authorization is still needed to release records.

Name	Relationship	Phone	What NSS can discuss
_____	_____	_____	<input type="checkbox"/> All info <input type="checkbox"/> Limit to _____
_____	_____	_____	<input type="checkbox"/> All info <input type="checkbox"/> Limit to _____
_____	_____	_____	<input type="checkbox"/> All info <input type="checkbox"/> Limit to _____
_____	_____	_____	<input type="checkbox"/> All info <input type="checkbox"/> Limit to _____

If at any time I wish to change the information provided on this form, it is my responsibility to ask for a new form so my chart can be updated.

My signature below indicates that I have been offered a written copy of the Practice's Notice of Privacy Practices and understand that my protected health information may be used by the practice as described in the notice.

My signature below indicates that I received a copy of Neurology and Sleep Sciences Welcome Letter regarding office policies.

Patient Signature / Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

Please note: We must have a copy of any Power of Attorney / Guardianship papers for your chart before your appointment or any communication is made by phone. Group homes, please provide a medical treatment release.