



2015 Pre-visit Questionnaire / Florida Campus

Legal First Name _____ M. I. _____ Last _____

Have you attended our program at another location in the past? Y N

If yes, which location? AZ MN

Are you the spouse of an executive? Y N

If yes, executive's name and clinic number _____

Payment of Claims (Check all that apply)

Employer-paid Medical insurance Medicare Self-paid

Medical Information

Have you had a colonoscopy? Y N

If yes, when _____

Do you need a colonoscopy this year? Y N

If yes, do you take blood thinners or anticoagulation medicine? Y N

If yes, do you need SBE prophylaxis before procedures? Y N

Any other medical concerns, not being followed locally, that you would like addressed during your visit?

Female patients only:

Date of last mammogram _____

If more than 10 months ago, would you like us to schedule one here? Y N

If yes, please bring your most recent mammogram films and report. **Our mammogram department requires submission of prior mammogram reports and images on CD. Without prior records, a reading will not be made which can delay your care.**

If fewer than 10 months ago, do you need to have the mammogram repeated? Y N

If yes, **please bring your mammogram films and report for a comparative study.**

If no, please bring only your mammogram report.

Do you need a pap smear? Y N

If yes, is it okay to be performed by the EHP physician? Y N

If you prefer to have the Pap smear performed by a GYN physician, then an additional consultation charge will occur.

Available dates for Executive Exam scheduling _____ or _____

Please fax this form to our Executive Scheduling Agents at 904-953-2966. Thank you.