Dear Patient,

In accordance with HIPPA

______________________________________ ___________________

Marlene and Paolo Fresco Institute for Parkinson's and Movement Disorders

New Patient Intake Questionnaire

Name: ______________________________ Appointment Date: ________________________

Date of birth: ________________________ Handedness: Right Left Ambidextrous

Who referred you to our center?

Name:______________________________Address: ____________________________________

Phone number: ( ) ____________________Fax number: ( )_____________________________

Type of Doctor (if relevant): _______________

Who is your internist, general doctor, or primary care provider ?

Name:______________________________Address: ____________________________________

Phone number: ( ) ____________________Fax number: ( ) _____________________________

Type of Doctor (if relevant): _______________

Demographics:

Occupation: ___________________________ Name of employer: ______________________

Employment status (circle one): Working full time Working part-time Student Short-term disability Long-term disability Retired

Highest grade level or degree(s):_____________

Marital status (circle one): Single Married Separated Divorced Widowed Domestic Partner

Spouse's/Domestic partner's name (if any): ____

How many children do you have?_______________ Who lives at home with you? _______________

In which country were you born? _______________

Countries of your ancestors?___________________

Updated 02-27-2019

With the installation of Epic, the new electronic medical record system, at this practice, your doctor is now able to e- prescribe. This means that any prescriptions the doctor may give you today will be automatically routed to the pharmacy of your choice and we will no longer have to provide you with handwritten prescriptions. In addition, when you run out of refills on your medication, the pharmacist can now electronically send renewal requests to this office for approval.

Name of ______________________
Address: ______________________
City: ______________________
State: ______________
Zip Code: ______________
Phone Number: ______________________
Fax Number: ______________________

LabCorp	
Quest Labs	
NYU Lab	
[illegible]	

What is the major neurological problem that brings you to the office today?

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Current Medications, Vitamins, and Supplements:

Please list the medication name, dose, and timing.

Examples: Carbidopa-Levodopa 25/100 mg, 2 tablets 5 times daily at 8-12-2-4-8
Melatonin 3 mg tablets, 1 tablet every evening

Medication:	Supplements:
___	___
___	___
___	___
___	___
___	___
___	___
___	___
___	___
___	___
___	___
___	___

Allergies :

Are you allergic to any medications, foods, or contrast dye? Yes No

What are you allergic to? What is your reaction? ______________________________________

Personal and Social Histd o

Past Medical and Surgical History:

(If you provided this information online, please skip)

What medical