

Do not write, stamp, punch holes or affix a sticker in this area. To reproduce, follow the printing instructions.

Specialist Contact Information

Please answer every question

Handwritten items must be entered **MANUALLY**. Do not fold this form.

Marking Instructions

Please use a #2 pencil. Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

Grid for patient's last name

PLEASE PRINT PATIENT'S FIRST NAME

Grid for patient's first name

PATIENT'S DATE OF BIRTH

Grid for patient's date of birth (Month, Day, Year)

TESTS Have you had any of the following done recently?

Lab testing (within 30 days)

yes no

DATE & LOCATION:

Line for date and location

EKG (within 6 months)

yes no

DATE & LOCATION:

Line for date and location

Chest X-ray (within 6 months)

yes no

DATE & LOCATION:

Line for date and location

CARDIOLOGIST (HEART DOCTOR)

Are you under the care of a Cardiologist?

yes no

NAME, LOCATION & PHONE #:

Line for name, location and phone number

When was your last Cardiology visit?

Have you had a stress test (within the last 4 years)?

yes no

LOCATION:

Line for location

PULMONOLOGIST (LUNG DOCTOR)

Are you under the care of a Pulmonologist?

yes no

NAME, LOCATION & PHONE #:

Line for name, location and phone number

When was your last Pulmonology visit?

Have you had a Pulmonary function study?

yes no

DATE & LOCATION:

Line for date and location

NEPHROLOGIST (KIDNEY DOCTOR)

Are you under the care of a Nephrologist?

yes no

NAME, LOCATION & PHONE #:

Line for name, location and phone number

When was your last Nephrology visit?

Are you on dialysis?

yes no

LOCATION:

Line for location

If you are on dialysis, how many times per week?

1 2 3 4 5 6 7

When was your last dialysis visit?

ENDOCRINOLOGIST (DIABETIC DOCTOR)

Are you diabetic?

yes no

NAME, LOCATION & PHONE #:

Line for name, location and phone number

Are you under the care of an Endocrinologist?

yes no

When was your last Endocrinology visit?

INFECTION / RISK HISTORY Have you ever had any of the following?

MRSA

IV Antibiotics

Prednisone

C. Difficile

Immunosuppressive

Rejection Medications