Brain & Spine Center

DEPARTMENT OF NEUROSURGERY
226 South Woods Mill Road
Suite 58 West
Chesterfield, Missouri 63017
314-878-2888

Christian Sikorski, MD
Ippei Takagi, MD
Leslie Sangster, PA-C
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Lauren Osias, PA-C

Enclosed is the new patient packet for your upcoming appointment.

Appointment Date:_____ Appointment time:_____

Please COMPLETE legibly and SIGN ALL FORMS in blue or black ink. Please bring the COMPLETED forms to your office visit.

Please arrive 15 minutes early so that our front desk can register you in a timely manner. You will need to bring your insurance cards, driver's license or photo ID, any necessary records, insurance referral (if needed) and if applicable, your co-pay which is due at the time of service.

If you have seen Pain Management or Physical Therapy, please bring all records.

You are responsible for bringing any recent imaging or scans if done somewhere other than St. Luke's. Please bring all discs or you may be rescheduled.

If you need to cancel or reschedule your appointment, please call 48 hours prior to your appointment date.

**In consideration of other patients, if you are more than 15 minutes late for your scheduled appointment, your appointment may be rescheduled. Please contact the office if you are running late. **

*If your insurance company requires a *referral, it is your responsibility to obtain it from your Primary Care Physician prior to your visit. If the referral is not received by the day of your appointment, your appointment may be canceled, or you will be asked to sign a waiver assuming responsibility for FULL PAYMENT if your insurance denies coverage.*

- **ASSIGNMENT OF INSURANCE INFORMATION & BENEFITS/RELEASE OF MEDICAL INFORMATION:**

I hereby authorize this St. Luke's Medical Group physician to administer / perform any treatment deemed necessary and authorize release of information needed to secure payment. I authorize that all benefits by my insurance company be paid directly to St. Luke's Medical Group and understand that I am financially responsible for all charges incurred that are not covered in full by my insurance. In addition, I hereby authorize the release of all applicable medical information including & without limitation copies of all records and test results produced to the designated attending, referral, and/or follow-up physicians and such other health care practitioners or organizations who/which will be providing subsequent monitoring of care or treatment in connection with care provided by the St. Luke's Medical Group.

Signature of Responsible Party: _____Date: _____

- **Acknowledgement of Privacy Practice and Patient Rights:**

1. Patient Rights: A copy of my Patient Rights has been made available to me.

2. Notice of Privacy Practice: A copy of St. Luke's Hospital Notice of Privacy Practice has been made available to me.

Signature of Patient : _____
(or Legal Guardian/Representative)
Relationship to Patient: _____ Date: _____

□ Patient unwilling or unable to sign acknowledgement Reason:._____

- **e-Prescribing Consent**

ePrescibing is defined as a Physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy from the point of care. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. ePrescribing greatly reduces medication errors and enhances Patient safety. The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in an ePrescribe Program. These include:

□ Formulary and benefit transactions - Gives the prescriber information about which drugs are covered by the drug benefit plan.
□ Medication history transactions - Provides the physician with information about medications the Patient is already taking to minimize the number of adverse drug events.
□ Fill status notification -Allows the prescriber to receive an electronic notice from the pharmacy telling them if the Patient's prescription has been picked up, not picked, or partially filled.

By signing this consent form you are agreeing that Neurosurgery & Neurology can request and use your prescription medication history from other healthcare Providers and/or third party pharmacy benefit payors for treatment purposes. Understanding all of the above, I hereby provide informed consent to Neurosurgery & Neurology to enroll me in the ePrescribe Program. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

Print Patient Name: _____Patient DOB: _____

Signature of Patient or Guardian: _____Date: _____

Relationship to Patient: _____

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Name: _____

DOB: _____

Primary Care Physician	

Patient Legal Name

Last Name		First Name	
Middle Name		Suffix	
Previous Last Name		Preferred Name	

Demographics

DOB		Sex	❑ Male ❑ Female		
Preferred Language		Race		Ethnicity	
Marital Status		Employer		Occupation	

Home Mailing Address

Street Address		Apartment #	
City		State	
Zip			

Contact Information

Home Phone	
Mobile Phone*	
	(*Mobile Phone will be listed as your preferred phone unless indicated otherwise.)
Email Address	
	You will receive an invite to the portal if you are not already active. (The challenge question for patient portal registration will be your 5-digit zip code.)
Appointment Reminders	Appointment reminders will be sent by text message to your mobile phone number.

Emergency Contact

Emergency Contact Name		Relationship to patient	
Emergency Contact DOB		Phone Number	

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Name: _____

DOB: _____

Height	
Weight	
Hand Dominance	❑ Right ❑ Left

Reason for visit today:

History of Present illness/Chief Complaint:

(Describe the signs/symptoms that you have, when they started, and how they have changed.)

Location: *(where is the problem?)*	
Quality: *(dull, throbbing, sharp)*	
Severity: *(mild, moderate, severe)*	
Timing: *(daily, with activity, at night)*	
Duration: *(when did it first occur?)*	
Modifying factors: *(what makes it better or worse?)*	

Medical Problems and Visit Diagnosis (Place a checkmark by all that apply and add any conditions not listed.)

❑ Acid Reflux/ Heartburn	❑ Connective Tissue Disease	❑ Arthritis/Gout
❑ Diabetes	❑ Heart Disease	❑ Sleep Apnea
❑ High Cholesterol	❑ Seizures	
❑ High Blood Pressure	❑ Chronic Infections	
❑ Cancer Type:_____	❑ MRSA	❑ Other: _____
❑ Stroke Date:_____	❑ Depression	❑ Other: _____
❑ Bleeding Tendency	❑ Asthma	❑ Other: _____
❑ Kidney Stones	❑ Thyroid Disease	❑ Other: _____

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Name: _____

DOB: _____

Medications (Please list all of your prescribed and over-the-counter medications.)

Medication:	Dose:	Frequency:

Allergies (Please list any allergies to medications and/or foods and the types of reactions for each.)

Medication/Food:	Reaction:

Surgical History

Please list all past procedures, and surgeries with approximate dates.

Procedures, Surgeries:	Date:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

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Name: _____

DOB: _____

Do you have an Advance Directive in place? Yes No If so, what kind? _____

What is your living situation? Independently With family

Review of Systems

General:	**Neuro:**	**Stomach/Bowel:**
❑ Fever	❑ Numbness or tingling	❑ Black/bloody stool
❑ Unintentional weight change (> 10lbs)	❑ Severe, frequent headaches	❑ Nausea/vomiting
❑ Fatigue	❑ Abnormal coordination	❑ Frequent heartburn (GERD)
❑ Difficulty sleeping	❑ Trouble with speech	❑ Abdominal pain
❑ History of blood transfusion	❑ Forgetfulness or confusion	❑ Diarrhea (frequent)
Head and Neck:	**Respiratory/Lungs:**	❑ Constipation
❑ Visual Changes (does not include glasses)	❑ Stop breathing during sleep	❑ Difficulty swallowing
❑ Dizziness	❑ Shortness of breath	❑ Vomiting blood
❑ Double vision	❑ Coughing up blood	**Skeletal:**
❑ Sinus Problems	❑ Wheezing	❑ History of gout
❑ Frequent, persistent nosebleeds	❑ Cough	❑ Back pain
❑ Ear pain	❑ Sore Throat	❑ Neck pain
❑ Trouble hearing	❑ Snoring	❑ Weakness of arm or leg
❑ Ringing in ears	**Kidney/Bladder:**	❑ Joint swelling or stiffness
❑ Hoarseness	❑ UTI	❑ Swelling
❑ Persistent sore throat	❑ Urinary incontinence	**Skin/Hair:**
❑ Mouth sores	❑ Urinary hesitancy	❑ Hair loss
❑ Swollen glands (frequent)	❑ Frequent urination	❑ Major skin problems
Heart/Vascular:	❑ Urinary urgency	❑ Poor-healing wounds
❑ Chest discomfort/tightness	❑ Pain with urination (dysuria)	❑ Rash (persistent)
❑ Irregular, rapid heartbeat	❑ Blood in urine (hematuria)	**Psych/Social:**
❑ Smothering feeling at night	❑ Urinary retention	❑ Feeling blue/discouraged
❑ Leg or ankle swelling		❑ High anxiety/stress
❑ Lightheadedness		❑ Hearing voices
❑ Episodes of fainting		

Health Maintenance

Have you fallen in the last 3 months?

❑ Yes
❑ No

Have you ever wet or soiled yourself on the way to the bathroom?

❑ Yes
❑ No

Do you ever experience dizziness or vertigo?

❑ Yes
❑ No

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Name: _____

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Social History

Tobacco use: Current smoker/ # packs per day _____ Former smoker, quit at age _____ Never smoked

Alcohol use: Yes No If yes, how many drinks per month? _____ per week? _____ per day? _____

If yes, what kind of alcohol? _____

Substance abuse: Never Past/ year quit _____ Currently- type/frequency _____

Physician Care Team

Please provide the name of your physician for each of the following specialties, if applicable **(First & Last Name please).**

Cardiologist: _____ OB/GYN: _____

Dermatologist: _____Ophthalmologist: _____

Endocrinologist: _____ Podiatrist: _____

ENT (Ear, Nose, Throat): _____ Psychiatrist/Psychologist: _____

Gastroenterologist: _____ Rheumatologist: _____

Hematologist/Oncologist: _____ Urologist: _____

Neurologist: _____ Other: _____

Preferred Lab:	**Preferred Pharmacy:**
❑ St. Luke's Lab	❑ St. Luke's Pharmacy
❑ LabCorp	❑ Other Pharmacy: _____ Phone:_____
❑ Quest	❑ Mail order pharmacy:_____ Phone:_____

ST. LUKE'S HOSPITAL

Campus Driving Directions

If going to St. Luke's Hospital Building - Park on the Surface Parking Lot Northeast of the Hospital
From Hwy. 40/Interstate 64

Go north on Woods Mill Road (Hwy.141) ¼ mile to Conway Road. Turn right at the stoplight onto Conway Road. Proceed to the hospital campus and turn left into the hospital entrance. Surface parking is available at the northeast corner of the hospital campus. Handicapped parking is available on the surface lot or in the North/South Garage at each lobby entrance.

If going to East Medical Building – Park in The East Garage
From Hwy. 40/Interstate 64

Go north on Woods Mill Road (Hwy. 141) ¼ mile to Conway Road. Turn right at the stoplight onto Conway Road. Proceed to the hospital campus and turn left into the hospital east entrance. Turn left into the east surface lot parking lot or East Garage (3 levels). There is direct access to the East Medical Building from Level 1 or 3. Handicapped parking is available directly outside the lobby entrance or outside each elevator lobby in the garage. *Complimentary valet parking is available.*

If going to the North/ South Medical Buildings – Park in the North/South Garage
From Hwy. 40/Interstate 64

Go north on Woods Mill Road (Hwy. 141) ½ mile to the hospital entrance. Turn right at the stoplight. Turn left at the 4-way stop and enter the North/South Garage (4 levels) on the first level. Open surface parking is available at the north and east entrances of the building. Handicapped parking is available on the surface lot outside the north and east entrances or in the garage at each lobby entrance. *Complimentary valet parking is available.*

If going to West Medical Building – Park in the West Garage
From Hwy. 40/Interstate 64

Go north on Woods Mill Road (hwy. 141) ½ mile to the hospital entrance. Turn right at the spotlight. The West Garage (6 levels) is on the right and may be entered via the service drive (Level B) or at the 4-way stop (Level C). Surface parking is also available along the west service drive. Handicapped parking is located directly outside each elevator lobby area. *Complimentary valet parking is available.*

If going to Desloge Outpatient Center – Surface lot parking available
From Hwy. 40/Interstate 64

Go north on Woods Mill Road (Hwy. 141) ½ mile to the hospital entrance. Turn left at the spotlight onto Brooking Park Dr. Go straight at 4-way intersection, and Desloge Center will be on your right. *Complimentary valet parking is available.*