

# SIGN-IN SHEET

Please complete the questions below

**By returning this form along with your required co-payment to the receptionist, it will identify that you are here.**

Communication with your doctor is a two-way street. It is important for you to explain your medical problems clearly and you should expect the doctor to ask you questions and tell you what is known about your condition. When you communicate well, you can accomplish a lot.

**Here are some ways to make communication easier.**

1. **Collect your thoughts** before you visit the doctor. Think about the symptoms that are bothering you. Sometimes it helps to make a list (see below).
2. **Be on time** for the appointment. You and your doctor will feel less rushed, and you will have more time to go over your concerns.
3. Let the doctor know **which medicines** you're taking - including those you buy without a prescription. Take all of your medicines, in their respective bottles, with you to show the doctor.
4. Tell the doctor if you're upset or afraid because of your illness. **Feel free to discuss confidential things.** Your doctor will guard the confidential information carefully.
5. Describe the **worst symptoms first**. There may not be time to cover everything in one visit.
6. **Be specific:** Where are the symptoms located? What do they feel like? How have they troubled you? Did you ever have these symptoms before? Do any members of your family have problems like yours? Did you ever go to a hospital or have surgery because of the symptoms?
7. Try to **answer questions as carefully** as you can. If you don't understand a question, ask the doctor to repeat it or ask it in a different way.
8. **Ask questions** if you can't follow the doctor's explanations. You have a right to know what's happening to you.
9. **Discuss** any diagnosis or treatment that you don't agree on. The doctor may be able to arrange a different way of dealing with the problem.
10. Make an effort to remember and **follow the doctor's instructions**. Write them down if it will help you remember.
11. Think of yourself and your doctor as partners. That way you'll get the most out of your visits.

NAME (FIRST, MIDDLE, LAST) _____, _____, _____	TODAY'S DATE ____/____/____
ARE THERE ANY CHANGES TO YOUR <b>INSURANCE INFORMATION</b> SINCE LAST VISIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE COMPLETE A NEW REGISTRATION FORM.	ARE THERE ANY CHANGES TO YOUR <b>PERSONAL INFORMATION</b> SINCE LAST VISIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE COMPLETE A NEW REGISTRATION FORM.
DO WE HAVE PERMISSION TO <b>MAIL YOUR TEST RESULTS</b> TO YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU <b>CONSENT TO BEING EXAMINED</b> TODAY? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>HOME</b> - PHONE NUMBER (INCLUDE AREA CODE) ( ) - Ext.	<b>CELL</b> - PHONE NUMBER (INCLUDE AREA CODE) ( ) - Ext.
<b>WORK</b> - PHONE NUMBER (INCLUDE AREA CODE) ( ) - Ext.	
I WILL BE PAYING TODAY WITH: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> EXTENDED PAYMENT ( <b>APPROVAL REQUIRED</b> )	

## Today's Problem List: (List the most serious complaints first.)

Complaint	Duration	Location	Quality	Severity	Frequency	Timing	Modifying Factors	Associated Signs or Symptoms
<i>List in the order of priority the problems that you came to see the doctor about today?</i>	<i>How long have you had this problem? (Hours, days, weeks, mths?)</i>	<i>Where in your body is the problem located? Is it on the Right or Left side?</i>	<i>Describe the quality of the pain? Is it sharp, burning, heavy, dull, searing etc.</i>	<i>On a scale of 1-10 with 10 the worst rate the severity or your complaint.</i>	<i>How often do you have it? 1<sup>st</sup> episode or a few times a week?</i>	<i>Is there any causal relationship with something else?</i>	<i>What makes it better or worse? Rest, movement, eating, etc.</i>	<i>What are some other complaints that occur at the time this primary problem is there?</i>
1.								
2.								
3.								
4.								

*I understand and agree that I am ultimately responsible for payment. I certify that this information is true and correct to the best of my knowledge.*

Signature of Patient

Date

Accepted by