

General Information

Last Name		Referring Provider	
First Name	MI	Referring Provider Phone	
Previous Name (If Applicable)		Date of Birth (MM/DD/YYYY)	
Address		Gender (Circle One) Male Female Transgender	
City	State	Zip	Marital Status (Circle One) Single Married Divorced Widowed Partnered
Home Phone	Cell Phone		Social Security Number
Emergency Contact Name		Employer Name and Phone	
Emergency Contact Relationship	Emergency Contact Phone		Email (Communication to and from our office to patient)

Health Insurance Information

Primary Policy Holder Name		Policy Holder Birth Date	Policy Primary Holder Sex (Circle One)
Insurance Company		Relationship to Patient	Male Female Transgender
Insurance Policy/ID Number		Policy Holder SSN	
Insurance Group Number		Copay Amount (Specialist)	
If Employer Policy, please provide Employer Name and Effective Date			
Secondary Policy Holder Name		Policy Holder Birth Date	Policy Primary Holder Sex (Circle One)
Insurance Company		Relationship to Patient	Male Female Unknown
Insurance Policy/ID Number		Policy Holder SSN	
Insurance Group Number		Copay Amount (Specialist)	
If Employer Policy, please provide Employer Name and Effective Date			

Name	Date of Birth	Weight	Height
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Reason for Appointment

Please list any symptoms:	Any Illness(s) currently being treated?	Please list any operations:

Please List your current medications:	Are you allergic to any medications?

Are you currently Taking

Calcium Supplements	Over-The-Counter Pain Medications
Estrogen	Other:

Check any problems you have experienced: *(Please check all that applies relative to this rheumatology visit)*

None	Eye Redness/Pain	Neurologic
Allergic	Fever	Night Sweat
Allergies	Hair Loss	Numbness
Anemia	Hay Fever	Paralysis/Stroke
Balance Loss	Headaches	Psoriasis
Bleeding Disorders	Hematologic	Psychiatric
Blood Clots	Hearing Loss	Recent Weight Change
Cancer	Heartburn	Sensitivity/Pain to Hands/Feet
Chest Pains	Heart Murmurs	Sinus Infection/Cough
Color Changes in Hands	Irritable Bowel Syndrome	Sinus Problem
Diabetes	Joint Pain or Swelling	Skin Rash/Redness/Itching
Depression	Lack of Energy/Fatigue	Suicide Attempts
Difficulty Swallowing	Loss of Appetite	Thyroid Disorders
Double/Blurry Vision	Lymphatic	Trouble Sleeping
Dry Eyes	Morning Stiffness	Wheezing
Easy Bruising	Mouth Sores	Yellow Jaundice
Endocrine	Muscle Weakness	Other:
Excessive Thirst	Nervousness	Other:

Name	Date of Birth
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Please check any gastrointestinal (stomach) or genitourinary (urinary) problems/symptoms:

None	Liver Problems
Birth Control? If so which?	Multiple Sex Partners
Blood in Urine	Night Urination
Bloody Stools	Painful Urination
Change in Bowel Pattern	Stomach Pain
Hepatitis	Stomach Ulcers
Indigestion	STD (s):
Kidney Stones/Infections	Other:

Check if you have any EENT (eyes, ears, nose, and throat), respiratory or heart problems/symptoms:

None	Heart Attack
Angina	Heart Disease
Asthma	Heart Failure
Bloody Nose	Hoarseness
Cataract	Leg Swelling
Coughing Up Blood	Palpitations
Ear Ringing	Rheumatic Fever
Emphysema	Shortness of breath
Frequent Sore Throats	Tuberculosis
Glaucoma	Other:

Check if any close family members (parents, siblings, or children) have:

None	Heart Problems
Cancer	High Blood Pressure
Diabetes	Other:

Health Habits:

If Yes, How often?

Do You Smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Drink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Illegal Drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Exercise Regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Men: (please check all that applies)

Women:

<input type="checkbox"/> None	Age of first menses _____
<input type="checkbox"/> Difficulty Starting Urinary Stream	Still Menstruating Y or N Breast Bumps Y or N
<input type="checkbox"/> Difficulty with Erections	Pregnancies _____ Miscarriages _____
<input type="checkbox"/> Testicular or Masses	Last Mammogram _____ Last GYN Visit _____

Last Name	First Name
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Notice to all Patients:

Dr. Tae J. Chung, M.D., P.C does **NOT** complete and sign any type of Disability Forms including FMLA and Workman’s Compensation. Dr. Chung and staff will provide medical records to patients free of charge associated with these forms at patient’s request. Forms such as Disability/FMLA/Workman’s Compensation are best handled and most effective through patient’s council and/or by general family practitioners. For further questions, please ask the Front Desk Personnel. Thank you for your Cooperation.
By standards and laws set by HIPAA we are **no longer** able to fax any medical information without the patient’s written consent.

Financial Agreement:

I hereby authorize Tae J. Chung, M.D., PC to release medical information to any insurance company that may be pertinent to my case. I hereby authorize the release of my medical records to third party insurers or other authorized persons to whom disclosure is necessary to establish or collect a fee for the services provided. **I understand that I am financial responsible for charges not covered by this authorization.** A photocopy of this authorization should be considered as valid as the original. *“Further, I acknowledge that I am indebted for past due charges and I understand that I am financially responsible for those charges also.”* I understand that if my account is sent to collection, up to a 50% collection fee will be added.
Medicare Patients: I authorize Tae J. Chung, M.D., PC to release medical information about me to the Social Security Administration or its intermediaries for my Medicare claims. I assign the benefits payable for services to Tae J. Chung, M.D., P.C.

Receipt of HIPAA Form:

I certify that I have read and fully understand the conditions of HIPAA. The HIPAA information is attached on the paper application or is available electronically on www.restonrheumatology.com.

Patient – Dr. Chung Expectations and Frequently Asked Questions

Can Doctor Chung give/discuss my results over the phone?

The test results consultation is reserved for follow up visits with Dr. Chung so that he may offer treatment options that may require drug samples, visual diagram, pamphlets and/or written prescription. Your follow up visit also allows Dr. Chung to track and document medical issues on your record per policy and insurance documentation purposes. This documentation process also facilitates in overriding insurance Prior Authorization requirements.

I’m in severe pain. Can Dr. Chung prescribe treatment over the phone?

In most cases and as a practical matter, consultation over phone is grossly inadequate for most severe pain issues. **You should consider ER as your first option.** Otherwise an immediate office visit is highly recommended. Patients in need of urgent care in most instances can be seen within one business day by requesting appointments with the receptionist.

Can Dr. Chung renew my prescription over the phone?

Patients who are compliant and have had timely follow up appointments can have their prescriptions refilled/filled. In most cases, medications prescribed by Dr. Chung require monitoring of your health via various tests. In addition, insurance regulations require test results for justification of medications/treatment prescribed.

Do I need to use the lab services stationed in Dr. Chung’s office?

Absolutely NOT. The current lab services stationed in Dr. Chung’s office is strictly for patient convenience. Patients may choose to have laboratory work done at any facility. Please check with your insurance.

I certify that the information I have reported on all four pages is correct and that as the patient/parent/guardian/guarantor, I have read, understand and fully accept the Conditions of Registration.

Patient Signature: _____ Date: _____