





Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please check any symptoms you currently have**

**General Problems:**

- Weight change
- Loss of appetite
- Fever/chills
- Fatigue
- Night sweats
- Loss of energy

**Skin Problems:**

- Rash
- Hives
- Dry or sensitive skin
- Itching

**Gland Problems:**

- Tiredness
- Excessive thirst
- Heat intolerance
- Cold intolerance
- Breast lump or discharge

**Neurologic Problems:**

- Headaches
- Numbness
- Seizures
- Dizziness
- Memory problems
- Tremors
- Difficulty walking
- Pain
- Falls
- Weakness
- Snoring
- Daytime sleepiness
- Urge to move legs at night

**Eye Problems:**

- Diminished vision
- Blurring of vision
- Cataracts
- Watery eyes
- Eye pain
- Double vision
- Droopy eyelids

**Blood problems:**

- Blood transfusion
- Easy bleeding or bruising

**Musculoskeletal:**

- Back pain
- Neck pain
- Arm pain
- Leg pain
- Joint pain
- Joint swelling
- Leg cramps
- Muscle aches

**Ear/nose/throat problems:**

- Recent cold
- Hearing loss
- Change in voice
- Sore throat
- Ringing in ears
- Drooling
- Difficulty swallowing
- Sinus problems

**Heart Problems:**

- Light-headedness
- Chest pain
- Irregular heart beat
- Passing out
- Shortness of breath

**Stomach problems:**

- Nausea
- Heartburn
- Vomiting
- Stomach pain
- Diarrhea
- Constipation
- Blood in stool

**Lung Problems:**

- Coughing up blood
- Breathing problems
- Cough
- Coughing stuff up

**Psychiatric:**

- Depression
- Tension/stress
- Sleep problems
- Irritability
- Worrying/Anxiety
- Hallucinating (seeing or hearing things)
- Decreased enjoyment of life
- Hearing voices

**Genitourinary:**

- Loss of bladder control
- Difficulty urinating
- Leaking of urine
- Burning with urination
- Sexually transmitted diseases

**Men Only:**

- Impotence (erectile dysfunction)

**Women Only:**

- Currently pregnant
- Heavy menstrual bleeding
- Menopause

<b>Please indicate the chances of falling asleep in the following situations by circling the most appropriate number:</b>				
0	1	2	3	Sitting and reading
0	1	2	3	Watching TV
0	1	2	3	Sitting, inactive in a public place (e.g. a theatre or a meeting)
0	1	2	3	As a passenger in a car for an hour (without a break)
0	1	2	3	Sitting quietly after a lunch without alcohol
0	1	2	3	While stopped for a few minutes in traffic
0	1	2	3	Sitting and talking to someone
0	1	2	3	Lying down to rest in the afternoon (when circumstances permit)
				<b>Total</b>
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<b>Rating scale:</b>				
0 = Would never doze				
1 = Slight chance of dozing				
2 = Moderate chance of dozing				
3 = High chance of dozing				

## MIDTOWN NEUROLOGY, P.C. FINANCIAL POLICY

- **Self Pay** - Payment is due on the date of service if you are not covered by medical insurance.
- **Insurance** - We participate with most insurance companies.
  - You must provide us with current insurance information and personal identification.
  - We will file your charges to your medical insurance company for you.
  - You are responsible for all unpaid balances.
- **Co-Payments and Deductibles:**
  - Insurance co-payments are due at check-in.
  - If you cannot pay your co-payment at your appointment, we will be happy to reschedule your appointment.
  - Insurance deductibles, co-insurance and other patient responsibilities should be paid at your visit.
- **Forms of Payment:**
  - We accept cash, checks, and all major credit cards (Visa, MasterCard, American Express, and Discover).
  - We accept credit card payments over the phone and also have the ability to send you a bill electronically to pay with your credit card over the internet.
  - We also offer a line of credit through our billing partner, CareCredit®. Interest-free payment plans are available for those who qualify.
- **Medicare** - Medicare requires 20% of their allowed fee to be paid by the patient or by a supplemental policy.
  - A deductible is also required by most Medicare policies.
  - If you do not have a supplemental policy, you will be billed for the 20% not covered by Medicare as well as your deductible.
- **Referrals and Prior Authorizations:**
  - If your insurance requires a referral from your primary care physician or prior authorization for services, you are responsible to inform us and obtain this information.
  - We will assist you with this process when possible.
  - We will be happy to reschedule your visit if the insurance requirements have not been met.
  - If you do not have prior approval, you may still see the doctor if you pay your visit in advance.
- **Workman's Compensation:**
  - All workers compensation companies require prior authorization. You cannot be seen until prior approval is obtained.
- **No-Show Policy:**
  - Established Patients:
    - Midtown Neurology, P.C. reserves the right to charge a \$25 fee if you fail to show up for an appointment. We may require you to pay the \$25 fee prior to your next appointment.
  - New Patients:
    - Midtown Neurology, P.C. reserves the right to charge a \$25 fee for missed appointments. Please pay this when you arrive at your rescheduled appointment.
- **Cancellations:**
  - Call us if you cannot keep your appointment.
  - No fee will be charged for cancellations made at least 24 hours prior to your appointment.
- **Fees for Forms:**
  - There is a \$25 fee for each form that you request one of our providers to complete.
  - Fees must be paid in advance.
  - Please allow 72 hours for the completion of forms.

**I have read and understand this financial policy. I clearly understand that it is my responsibility to pay my bill in a reasonable time. If for any reason any portion of my bill is not paid by my medical insurance, I hereby agree to make immediate payment in full or to make arrangements for prompt payment. I further agree to pay all reasonable costs of collection including attorney fees, if any.**

—> **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MIDTOWN NEUROLOGY, P.C.**  
**Consent to Obtain External Prescription History**

I, \_\_\_\_\_, whose signature appears below, Authorize Midtown Neurology, PC and its Affiliated Providers to view my external prescription history via our electronic health record system, eClinicalWorks.

I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and authorized staff here, and it may include prescriptions back in time for several years.

**MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTOOD THE SCOPE OF MY CONSENT AND THAT I AUTHORIZE THE ACCESS.**

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Patient

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Date