Surgical Care of North Texas

Patient name:
Date of birth:
Patient Consent for Financial Communications
 Financial Agreement I acknowledge, that as a courtesy, Surgical Care of North Texas may bill my insurance company for services provided to me. I agree to pay for services that are not covered or covered charges not paid in full including, but not limited to any co-payment, co-insurance and/or deductible, or charges not covered by insurance. I understand there is a fee for returned checks.
Third Party Collection . I acknowledge Surgery Associates of North Texas may use the services of a third-party business associate or affiliated entity as an extended business office ("EBO Servicer") for medical account billing and servicing.
Assignment of Benefits. I hereby assign to Surgery Associates of North Texas any insurance or other third-party benefits available for health care services provided to me. I understand Surgery Associates of North Texas has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Surgery Associates of North Texas, I agree to forward all health insurance or third party payments that I receive for services rendered to me immediately upon receipt.
Medicare Patient Certification and Assignment of Benefit. I certify that any information I provide, if any, in applying for payment under Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act is correct. I request payment of authorized benefits to be made on my behalf to Surgery Associates of North Texas by the Medicare or Medicaid program.
Consent to Telephone Calls for Financial Communications. I agree that, in order for Surgery Associates of North Texas, or Extended Business Office (EBO) Servicers and collection agents, to service my account or to collect any amounts I may owe, I expressly agree and consent that Surgery Associates of North Texas or EBO Servicer and collection agents may contact me by telephone at any telephone number, without limitation of wireless, I have provided or Surgery Associates of North Texas or EBO Servicer and collection agents have obtained or, at any phone number forwarded or transferred from that number, regarding the services rendered, or my related financial obligations. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.
A photocopy of this consent shall be considered as valid as the original.
Patient/patient representative signature: Date:
If you are not the patient, please identify your relationship to the patient. Circle or mark relationship(s) from list below: Spouse Guarantor

Parent Healthcare Power of Attorney

Legal Guardian Other (please specify)

SURGICAL CARE OF NORTH TEXAS

Fall Risk Assessment age 65 and older

Please note: This screening is required by federal mandate to be completed annually

Patient Name
Date of Birth
Date:
Increased Fall Risk Factors (Check all that apply)
 Diagnoses (Do you have 3 or more existing medical conditions?) Do you have a prior history of falls within 3 month? Incontinence (Do you have an uncontrolled bladder?) Visual Impairment (Do you have trouble seeing?) Impaired functional mobility (Do you use a cane or walker?) Polypharmacy (Do you take more than 3 medications?) Pain affecting level of function (Does pain keep you from performing your daily activities?) None of the above
History of falls in the past year? YES NO
If yes, how many?

Surgical Care of North Texas

NEW PATIENT ASSESSMENT

NAME:		Ag	e:	Height	Weight		
Physician Information							
Primary Care Physician Name:							
Referring Physician Name:				Pho	one Number: _		
Pharmacy		21					
Pharmacy Name:							
Pharmacy Phone #:		Pha	armacy Fa	x #:			
Immunizations							
Have you had the Flu shot this	Flu Sea	son? Yes	No	If Yes, when	n?		
Have you had the Pneumococ					n?		
That's you mad the threathers						and the special and the first	
Medications:				Allergies:			
Medication		Dose		Drugs/Foods	5	Reaction	
Past Medical History							
Have you ever had any of the	followin	g (circle all th	at apply)				
Problem	Yes	No	Comme	ents			
High Blood Pressure							
Diabetes (sugar)			Pill or I	nsulin?			
Chest Pain (angina)							
Shortness of Breath			1				
Stroke							
Chronic Bronchitis			1				
Asthma	-						
Hepatitis			What T	vpe?			
Stomach Ulcer	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Frequent Bladder Infections			+				
Cancer or Tumor	-						
Arthritis	-		Where	?			
Thyroid Problems						A STATE OF THE STA	
Anema (low blood count)	-		1				
Depression							
Blood Clots						and the same of th	
Kidney Problems			1				
Other Problems:	-		Explain	1:			
Other Floblettis.	1		LAPIUII				

Surgical History Type of Surgery		Date of Surgery		
Family History:				
	have there been in your family?			
	Major Illnesses, or had the same proble	em as you do now	Living?	Age of Death
Father				
				-
Mother				
Sibling				
Grandparent				
Child				
Casial History				
Social History:	ou smoke now?Yes No If Yes, ho	ow many packs per day?	How many	vears?
	YesNo If yes, when?	or many packs per cay.		
Do you use alc	ohol?YesNo If Yes, ho	ow many drinks per week?		
	used Illegal drugs?YesNo			
Who lives at he	ome with you? Mother Father Hus	band Wife Children	Other	

SURGICAL CARE OF NORTH TEXAS

REVIEW OF SYSTEMS

NoneNoneNEUROLOGIC:HeadachesHeartburnNoneVision changesRefluxConfusionYellow eyesChange in appetiteDizzinessEARS/NOSE/THROAT:NauseaFaintingHearing lossVomitingMemory changesRinging in earsAbdominal painTingling/NumbnessNosebleedExcessive belchingMuscular weaknessDifficulty swallowingExcessive flatulenceIncoordinationSore throatBloatingSeizuresLumps or swollen glandsChange in bowel habitsLoss of balanceNeck painDiarrheaPSYCHIATRIC:Neck stiffnessConstipationNoneNeck tendernessRectal bleedingAnxiety	NAME:	DATE:	
GENERAL: None None Fever Shortness of breath Rashes Body aches Productive cough Tired Blood in sputum Weight loss/gain Loss of appetite Signature: None None None None None None None None	What is the reason for your visit	today?	
None	Please check any symptoms or a	nny other problems you are having today:	
None None None Fever Shorthess of breath Rashes Lumps Colir	GENERAL:	LUNGS:	SKIN:
Chills Nonproductive cough Color change Body aches Productive cough Color change Tired Blood in sputum Easy bruising Weight loss/gain Hoarseness Changes hair/nals Loss of appetite Sleep apnea Changes to skin/moles Night sweats Abnormal sputum production HEAD/EVES: GASTROINTESTINAL: Hives None None Headaches Heartburn None Vision changes Reflux Confusion Vision changes Reflux Conf	None	None	
Body aches	Fever	Shortness of breath	Rashes
Tired	Chills	Nonproductive cough	Lumps
Weight loss/gain Loss of appetite Sieep apnea Night sweats Night sweats None None None Nee Neadaches Headaches Heartburn Vision changes Yellow eyes Change in appetite Hearing loss Ringing in ears Nosebleed Difficulty swallowing Excessive belching Lumps or swollen glands Neck stiffness Neck tenderness Neck tenderness Neck tenderness None Neck pain None Neck pain None Neck tenderness None Neck pain None Neck pain None Neck pain None Neck tenderness None Neck tenderness None Neck tenderness None Neck pain None None Neck tenderness None Neck pain None None None None Neck pain None None None None None None None Non	Body aches	Productive cough	
Loss of appetite Sleep apnea Abnormal sputum production Might sweats Abnormal sputum production HEAD/EYES: GASTROINTESTINAL: Hilves None None None NEUROLOGIC: Hearburn None VEUROLOGIC: Onfusion Dizziness Reflux Confusion Dizziness Rears/NOSE/THROAT: Nausea Fainting Memory changes Ringing in ears Abdominal pain Tingling/Numbness Mosebleed Excessive bleching Muscular weakness Indignify wallowing Excessive Bleching Muscular weakness Difficulty swallowing Excessive Bloating Seizures Lumps or swollen glands Change in bowel habits Coss of balance Psychiatric: Neck stiffness Constipation None Neck tenderness Rectal bleeding Anxiety HEART: Blood in stool Depression Heart murmur Muscular washool Dizzines Skipping beat, pounding, or racing heart MUSCULOSKELETAL: None Cold intolerance Heart murmur Shortness of breath with Back pain Heat intolerance Muscular veakness MUSCULOSKELETAL: None Cold intolerance Heart murmur Back pain Heat intolerance Weight gain Heat intolerance Light-headed Muscle cramps Hot flashes Light-headed Muscle cramps Light-	Tired	Blood in sputum	Easy bruising
Night sweats	Weight loss/gain	Hoarseness	
HEAD/EYES: GASTROINTESTINAL: Hives	Loss of appetite	Sleep apnea	Changes to skin/moles
None None NeuroLogic: Heartburn None NeuroLogic: Headaches Heartburn None Original Confusion NeuroLogic NeuroLo	Night sweats	Abnormal sputum production	
Headaches Heartburn None Vision changes Reflux Confusion Vellow eyes Change in appetite Dizziness EARS/NOSE/THROAT: Nausea Fainting Hearing loss Vomiting Memory changes Ringing in ears Abdominal pain Tingling/Numbness Nosebleed Excessive belching Muscular weakness Difficulty swallowing Excessive flatulence Incoordination Sore throat Bloating Seizures Lumps or swollen glands Change in bowel habits Change in bowel habits Neck pain Diarrhea PSYCHIATRIC: Neck stiffness Constipation None Neck tenderness Rectal bleeding Anxiety HEART: Blood in stool Depression None Black tarry stool Hallucinations Chest pain Mucous in stool Skipping beat, pounding, or racing heart Muscul in stool Trouble sleeping ENDOCRINE: Heart murmur None Cold intolerance Heart murmur None Shortness of breath with Back pain Weight loss Light-headed Muscle cramps Light-headed Muscle muscle sches Swelling legs/feet Difficulty walking Hematologic/Lymphatic: None Easy bleeding Easy bruising Easy bruising Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Health History has been reviewed by on	HEAD/EYES:	GASTROINTESTINAL:	Hives
Vision changes Reflux Confusion Yellow eyes Change in appetite Dizziness EARS/NOSE/THROAT: Nausea Fainting Hearing loss Vomiting Memory changes Ringing in ears Abdominal pain Tingling/Numbness Nosebleed Excessive belching Muscular weakness Difficulty swallowing Excessive flatulence Incoordination Sore throat Bloating Seizures Lumps or swollen glands Change in bowel habits Loss of balance Neck pain Diarrhea PSYCHIATRIC: None Neck stiffness Constipation None Neck tenderness Rectal bleeding Anxiety HEART: Blood in stool Depression None Black tarry stool Hallucinations Chest pain Mucous in stool Depression None Skipping beat, pounding, or racing heart Musculoskeletal: None Heart murmur None Cold intolerance Shortness of breath with Back pain Heat intolerance Heart murmur None Weight gain Weight loss Light-headed Muscle aches Weight loss Light-headed Muscle aches HemATOLOGIC/LYMPHATIC: None Easy bleeding Easy bleeding Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Date Patient Health History has been reviewed by on	None	None	NEUROLOGIC:
Yellow eyes	Headaches	Heartburn	None
EARS/NOSE/THROAT: Hearing loss Vomiting Ringing in ears Nosebleed Ringing in ears Nosebleed Excessive belching Difficulty swallowing Excessive belching Difficulty swallowing Excessive flatulence Difficulty swallowing Excessive flatulence Sore throat Bloating Lumps or swollen glands Neck pain Neck pain Neck stiffness Neck tenderness Neck tenderness Neek tenderness None Neck tenderness None Black tarry stool Chest pain Palpitations Skipping beat, pounding, or racing heart Heart murmur None Shortness of breath with Activity Diont pain Shortness of breath with Activity Fainting/near-fainting Muscle aches Light-headed Difficulty walking Mediana I have provided the above medical history and verify that it is accurate and complete. Patient Health History has been reviewed by Patient Health History has been reviewed by Om Memory changes Memory changes Memory changes Intingly Memory changes Intingly Memory changes Intingly Memory changes Intingly Nuscular weakness Intingly Memory changes Intingly Nuscular weakness Intingly Memory changes Intingly Nuscular weakness Intingly Memory changes Intingly Memory changes Intingly Memory changes Intercordination Muscular weakness Intingly Memory changes Intingly Memory changes Intingly Memory changes Intingly Memory changes Intingly Nuscular weakness Intingly Memory changes Intingly Nuscular weakness Intingly Nuscular weaknes Intingly Nuscular weaknes Intingly Nuscular weakness Intingly Nuscular weakness Intingly Nuscular westures Intingly Nuscular weakness Intingly Nuscular westures Intingly Nuscular westures Intingly Nuscular westures Intingly Nuscular	Vision changes	Reflux	Confusion
Hearing loss	Yellow eyes	Change in appetite	Dizziness
Ringing in ears	EARS/NOSE/THROAT:	Nausea	Fainting
Nosebleed	Hearing loss	Vomiting	Memory changes
Difficulty swallowing	Ringing in ears	Abdominal pain	
Sore throat Lumps or swollen glands Change in bowel habits Neck pain Neck stiffness Neck tenderness Rectal bleeding None None Bload in stool None Black tarry stool Chest pain Palpitations Skipping beat, pounding, or racing heart Heart murmur Shortness of breath with Back pain Activity Joint pain Activity Fainting/near-fainting Light-headed Swelling legs/feet None Difficulty walking Bloading Seizures Loss of balance PSYCHIATRIC: None Anxiety None Anxiety None Anxiety None Anxiety None Anxiety None Anxiety Nepression Hallucinations Suicidal Trouble sleeping ENDOCRINE: None Cold intolerance Cold intolerance Weight gain Weight gain Weight loss Heat intolerance Weight loss Hot flashes Hematologic/Lymphatic: None Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Date Patient Health History has been reviewed by on	Nosebleed	Excessive belching	Muscular weakness
Lumps or swollen glands Neck pain Neck stiffness Neck tenderness Neck tenderness None None None Blood in stool Chest pain None Black tarry stool Mucous in stool Palpitations Skipping beat, pounding, or racing heart murmur Heart murmur Shortness of breath with activity Fainting/near-fainting Light-headed Swelling legs/feet Muscus in stool Muscle cramps Light-headed Muscle cramps Light-headed Muscle cramps I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Patient Health History has been reviewed by Diarrhea Constipation None Anxiety Health Depression None Anxiety Heallucinations Suicidal Trouble sleeping ENDOCRINE: Trouble sleeping ENDOCRINE: Cold intolerance Cold intolerance Heat intolerance Weight gain Weight loss Hot flashes HEMATOLOGIC/LYMPHATIC: None Easy bruising Tender/enlarged lymph node Taking blood thinner	Difficulty swallowing	Excessive flatulence	Incoordination
Neck pain	Sore throat	Bloating	
Neck stiffness	Lumps or swollen glands		Loss of balance
Neck tenderness	Neck pain		PSYCHIATRIC:
HEART: None None Black tarry stool Mucous in stool Palpitations Skipping beat, pounding, or racing heart MUSCULOSKELETAL: Heart murmur None Shortness of breath with activity Fainting/near-fainting Light-headed Swelling legs/feet Musculty walking Muscle cramps Depression Hallucinations Suicidal Trouble sleeping ENDOCRINE: None Cold intolerance Heat intolerance Weight gain Weight gain Weight gain Weight loss Hot flashes Hot flashes HEMATOLOGIC/LYMPHATIC: None Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner Patient Signature: Date Patient Health History has been reviewed by	Neck stiffness	•	None
None	Neck tenderness		Anxiety
Chest pain	HEART:		•
PalpitationsNarrow stoolTrouble sleeping	None		
Skipping beat, pounding, or racing heart Heart murmur Shortness of breath with activity Fainting/near-fainting Light-headed Swelling legs/feet Muscle aches Difficulty walking Muscle cramps Light-headed Swelling legs/feet Difficulty walking Mematologic/Lymphatic: None Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Date Patient Health History has been reviewed by on Muscle cramps Hematologic/Lymphatic: None Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner	Chest pain	Mucous in stool	Suicidal
racing heart	Palpitations	Narrow stool	Trouble sleeping
Heart murmur	Skipping beat, pounding, or		ENDOCRINE:
Shortness of breath with Back pain Heat intolerance activity Joint pain Weight gain Weight loss Weight loss Hot flashes Hot flashes Hot flashes Swelling legs/feet Difficulty walking HEMATOLOGIC/LYMPHATIC: None Easy bleeding Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Date On	racing heart	MUSCULOSKELETAL:	None
activity	Heart murmur		
Fainting/near-fainting Muscle aches Weight loss Hot flashes Hot flashes None Swelling legs/feet Difficulty walking Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Date Patient Health History has been reviewed by on	Shortness of breath with	•	
Light-headed Muscle cramps Hot flashes Swelling legs/feet Difficulty walking Remarkable Rem	activity		
Swelling legs/feet Difficulty walking Rone None Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner Taking blood thinner Date Patient Signature: on on on	Fainting/near-fainting		
None Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Date Patient Health History has been reviewed by on on	Light-headed		1 31 33 34 34 31 30 30 30 30 30 30 30 30 30 30 30 30 30
Easy bleeding Easy bruising Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Date Patient Health History has been reviewed by on on —————————————————————————————	Swelling legs/feet	Difficulty walking	
Easy bruisingTender/enlarged lymph nodeTaking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature:			
Tender/enlarged lymph node Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature: Date Patient Health History has been reviewed by on			
Taking blood thinner I have provided the above medical history and verify that it is accurate and complete. Patient Signature:			
Patient Signature: Date Patient Health History has been reviewed by on			
Patient Health History has been reviewed by on	I have provided the above medical h	istory and verify that it is accurate and complete.	
	Patient Signature:	Date_	
	Patient Health History has been revised	ewed by	
	Tatient Health History has been feve		Date

SURGICAL CARE OF NORTH TEXAS



Policy on Narcotic Medications

In 2010, there was 8.76 million prescription abusers in the United States. On October 56, 2014, the Drug Enforcement Agency determined that all the Hydrocodone products are now schedule II restricted prescriptions. Prescriptions of these medications now require a special prescription form from the government. These prescriptions cannot be renewed over the phone and include:

Hydrocodone		
Norco		
Vicodin		
Percocet		
Oxycodone		
Oxycontin		
Therefore, it is the policy of this office to only immediately after surgery and for		
At the time of your first follow up visit a you will be switched to one or more of		
Tylenol #3		
Tylenol #4		
Tramadol		
If you required schedule II medication be schedule an appointment with a Pain N		ill be asked to
Signature	Printed Name	Date

Flower Mound

4300 Windsor Centre Trail Suite 400 Flower Mound, TX 75028 Irving

6750 N MacArthur Blvd. Suite 270, Irving, TX 75039 Castle Hills

4820 State Hwy 121 Suite 400 Lewisville, TX 75056 Lewisville

475 Elm St. Suite 100 Lewisville, TX 75057-3764