

Dear Patient,

In accordance with HIPPA

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# Marlene and Paolo Fresco Institute for Parkinson's and Movement Disorders

## *New Patient Intake Questionnaire*

Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Handedness: Right Left Ambidextrous

### Who referred you to our center?

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

Phone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

Type of Doctor (if relevant): \_\_\_\_\_

### Who is your internist, general doctor, or primary care provider ?

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

Phone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

Type of Doctor (if relevant): \_\_\_\_\_

### Demographics:

Occupation: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Employment status (circle one): Working full time Working part-time Student  
Short-term disability Long-term disability Retired

Highest grade level or degree(s): \_\_\_\_\_

Marital status (circle one): Single Married Separated  
Divorced Widowed Domestic Partner

Spouse's/Domestic partner's name (if any): \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Who lives at home with you? \_\_\_\_\_

In which country were you born? \_\_\_\_\_

Countries of your ancestors? \_\_\_\_\_

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With the installation of Epic, the new electronic medical record system, at this practice, your doctor is now able to e- prescribe. This means that any prescriptions the doctor may give you today will be automatically routed to the pharmacy of your choice and we will no longer have to provide you with handwritten prescriptions. In addition, when you run out of refills on your medication, the pharmacist can now electronically send renewal requests to this office for approval.

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<b>Name of</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	

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<b>LabCorp</b>	
<b>Quest Labs</b>	
<b>NYU Lab</b>	
<b>Other Pharmacy</b>	

What is the major neurological problem that brings you to the office today?

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Current Medications, Vitamins, and Supplements :

Please list the medication name , dose, and timing .

**Examples:** Carbidopa-Levodopa 25/100 mg, 2 tablets 5 times daily at 8-12-2-4-8  
Melatonin 3 mg tablets, 1 tablet every evening

Medication:

Supplements:

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Allergies :

Are you allergic to any medications, foods, or contrast dye?      Yes    No

What are you allergic to? What is your reaction? \_\_\_\_\_

## Personal and Social History

Past Medical and Surgical History:  
***(If you provided this information online, please skip)***

What medical
