

Meeks and Zilberfarb Orthopedics

1101 Beacon Street, Brookline, MA 02246

Tel: 617-232-2663 Fax: 617-232-6342

40 Allied Drive, Dedham, MA 02026

Tel:781-326-1561 Fax:781-326-1562

Louis W. Meeks, MD

Jeffrey L. Zilberfarb, MD

Ryan Friedberg, MD

Courtney Dawson, MD

NEW PATIENT HEALTH HISTORY

NAME: _____ DATE: _____

DATE OF BIRTH: _____ Height: _____ Weight: _____

ALLERGIES and what type of reactions: _____

Occupation: _____

Name of primary care physician: _____

What condition brings you to the office and how have you been treating it?

How long has it been bothering you? _____

Pain scale: Mild 0 1 2 3 4 5 6 7 8 9 10 Severe

Have you been hospitalized in the past 2 years and if so for what reason?

Do you have a history of excessive bleeding? _____

Have you ever been diagnosed with cancer or a tumor? If so when and what type?

Are you on a special diet? _____

Alcohol use: Never / 1 time a month or less / 2-4 times a month / 4 or more a week

Tobacco use: Current smoker / Former smoker / Never smoker

List all medications you are taking at this time (including dosage and frequency)

List all past surgical procedures along with dates:

Father: alive / deceased / osteoarthritis / hyperlipidemia / gout /diabetes / hypertension

Mother: alive / deceased / osteoarthritis / hyperlipidemia / gout /diabetes / hypertension

Children's ages: _____

Circle any of the following which you have had or have currently:

- Heart Murmur
- Rheumatic Fever
- Skin Rashes
- Gout
- Artificial Heart Valve
- Joint Replacement
- Diabetes
- Cortisone Therapy
- Heart Disease or Attack
- High Blood Pressure
- Vein Thrombosis (Blood Clot)
- Kidneys/Bladder Problems
- HIV (Positive AIDS)
- Hepatitis (infectious or serum)
- Gastrointestinal Problems
- Liver Disease
- Blood Transfusion
- Heart Pacemaker
- Heart Surgery
- Anemia
- Ulcers
- Stroke
- Shortness of Breath
- Tuberculosis (TB)
- Asthma
- Thyroid Disease
- Arthritis
- Epilepsy or Seizures
- Persistent Fevers
- Major Surgery
- Lung Disease
- Problems with anesthesia
- Any Disease, Condition or Problem not listed.

Meeks & Zilberfarb Orthopedics

1101 Beacon Street, 5th Floor
Brookline, MA 02446
617-232-2663

40 Allied Drive
Dedham, MA 02026
781-326-1561

Patient Information

Last Name: _____ First Name: _____ MI: _____
Home Address: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Date of Birth: _____ Sex: _____ Marital Status: _____
Social Security Number: _____ Email Address: _____
Employer: _____ Receive text messages: YES or NO
Primary Care Physician: _____ Referred By: _____
Primary Language: _____

Race: *Please select one*

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Race: _____ | <input type="checkbox"/> Refuse to Report | |

Ethnicity: *Please select one*

- | | | |
|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Refuse to Report |
|-----------------------------------|---------------------------------------|---|

Is this visit a result of an accident? If so, AUTO WORK Date of Incident: _____ Claim #: _____

Insurance Information

Secondary Information

Insurance Name:	Insurance Name:
Subscriber Number:	Subscriber Number:
Group Number:	Group Number:
Insurance Address:	Insurance Address:
Subscriber:	Subscriber:
Subscriber's Name:	Subscriber's Name:

Medical Information

Allergies: _____
Pharmacy: _____ Phone: _____ Fax: _____
Emergency Contact: _____ Relationship: _____ Phone: _____
Who is financially responsible for this bill? _____

Authorization

I authorize the release of medical information necessary to process medical benefits and I authorize payment of medical benefits to Meeks & Zilberfarb Orthopedics for services by their office.

Signed _____ Date: _____

Please note, Meeks & Zilberfarb Orthopedics cannot refill any medications after business hours or on weekends.

Meeks & Zilberfarb Orthopedics

1101 Beacon Street, 5th Floor
Brookline, MA 02446
617-232-2663

40 Allied Drive
Dedham, MA 02026
781-326-1561

Patient name: _____

HIPAA Notice of Patient Privacy Practices

I acknowledge receipt of Meeks & Zilberfarb Orthopedics practice privacy notice. I may request an additional copy of the privacy notice at any time.

Signed _____ Date: _____

Permission to Communicate with Your Primary Care Physician, Other Community Care Providers and/or Mental Health Providers:

In order to ensure continuity of care, it is often necessary to communicate information to your primary care physician and other community care providers including mental health providers, and to your insurance company. These communications may include information about your medical treatment and mental health or substance abuse treatment. This information is limited to that which is necessary to the determination of coverage and the coordination of your care. Many insurance companies require us to document whether or not you will allow your clinician to communicate with your primary care physician, Health Insurance Company and/or mental health providers.

Signed _____ Date: _____

Consent for RX Hub Inquiry

I hereby provide my consent for Meeks & Zilberfarb Orthopedics to obtain my Rx History using the SureScripts-RxHub network. I understand that this inquiry will provide my physician with an accounting of my medication history reported by Pharmacy Benefit Managers and retail pharmacies. I also understand that SureScripts-Rx Hub has certified that Rx History Capture follows strict security protocols to align with HIPAA requirements and respect patient privacy. All queries and responses are made automatically through secure system-to-system communications.

Signed _____ Date: _____