Dear Patient,
In accordance with HIPPA

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

New Patient Intake Questionnaire

Name:	Арլ	pointment Date:	:		
Date of birth:		ndedness: Riç	ght Left	Ambidextrous	
Who referred you to our center?	- -				
Name:	Addres	s:			
Phone number: ()	Fax nu	mber: ()			
Type of Doctor (if relevant):					
Who is your internist, general d	octor or primary ca	are provider 2			
-					
		_Address:			
Type of Doctor (if relevant):					
Occupation:		Name of employ	/er:		
Employment status (circle one):	Working full time Short-term disability				
Highest grade level or degree(s):_					
Marital status (circle one):	Single Divorced	Married Widowed	•		
Spouse's/Domestic partner's n	ame (if any):				
How many children do you have?		Who lives at hor	me with you? _		
In which country were you born?					
Countries of your ancestors?					

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.

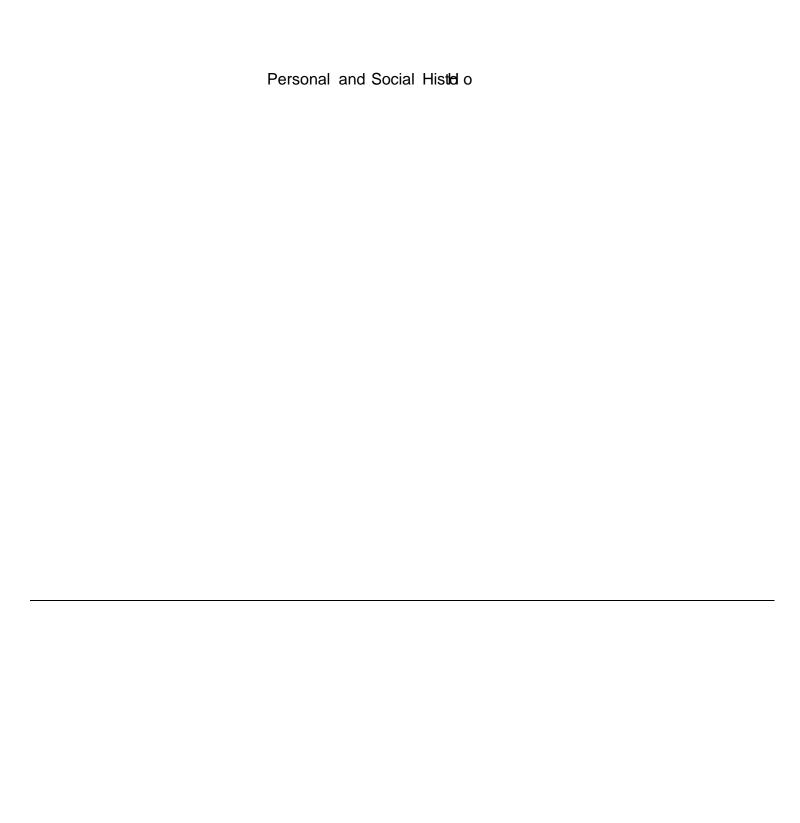
Name of	
Address:	
City:	
State:	
Zin Code: Phone Number:	
Phone Number:	
Fax Number:	

LabCorp	
Quest Labs	
NYU Lab	
-	
Out the state of	

What is the major neurological problem that brings you to the office today?				
_	Current Medications. Vita Please list the medication			
<u>Examples</u> :	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:	
				_

Λ	10ra	1100	
HΙ	lera	1162	

Are you allergic to any medications, for	oods, or contrast dye?	Yes	No
What are you allergic to? What is your re	eaction?		



<u>Past Medical and Surgical History:</u> (If you provided this information online, please skip)

What medical	
	•