

ADVANCED ORTHOPEDICS

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PATIENT QUESTIONNAIRE

1. Please list the family members of other persons, if any, who we may inform about your general medical condition and diagnosis:

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2. Please list the family members of significant others, if any, whom we may inform about your condition **ONLY IN AN EMERGENCY**:

\_\_\_\_\_

3. Please print the telephone number where you want to receive calls about appointments, testing results and other health information **if other than your home**:

(\_\_\_\_) \_\_\_\_\_

4. Can confidential messages be left on your telephone answering machine?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Please print the address of where you would like correspondence from our staff to be sent **if other than the address you provided**:

\_\_\_\_\_

6. Can information regarding your visits in the office be faxed to your primary physician or other physician that you want apprised of your medical condition?

Yes \_\_\_\_\_ No \_\_\_\_\_

PATIENT NAME (PRINT) \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_  
(Guardian if under age 18 years)

DATE \_\_\_\_\_