

GENERAL AND LAPAROSCOPIC SURGICAL ASSOCIATES, P.C.

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PATIENT INFORMATION

Name: _____ **DOB:** _____ **Date:** _____

Address: _____ City _____ State _____ Zip _____

Phone (_____) _____ Email Address _____

Marital Status: Married _____ Single _____ Divorced _____ Widow _____

Emergency Contact _____ Relationship: _____

Emergency Contact Phone: (_____) _____

Insurance Company: _____ ID: _____ Group: _____

Policy Holder _____ DOB: _____

Primary Care Doctor _____ Referring Doctor _____

Pharmacy Phone: _____

MEDICAL HISTORY

What brings you here today: _____

Location(please specify if right or left) _____

Duration of symptoms _____

Any medical conditions such as:

Hypertension YES ___ NO ___

Diabetes YES ___ NO ___

Heart Attack YES ___ NO ___

Stroke YES ___ NO ___

History of blood clot or pulmonary embolism YES ___ NO ___

High cholesterol YES ___ NO ___

Any other medical conditions:

List any surgeries(especially important any abdominal or pelvic surgeries)

MEDICAL HISTORY CONTINUED

List of all medications you take with dose and frequency:

Do you take any blood thinners YES ____ NO ____

List any allergies:

Do you smoke cigarettes YES ____ NO ____

If so when did you start and how much _____

Do you drink alcohol YES ____ NO ____

If so on average how many drinks a week _____

What kind of work do you do: _____

Have you received the COVID Vaccine? YES ____ NO ____

Date: 1st _____ 2nd _____ 3rd _____

If over age of 65 do have living will: YES ____ NO ____

Any family history:

List any imaging studies you have related to current problem

Anything else that you think Dr Agolini should know:

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form you acknowledge that Dr. Agolini's office has given you a chance to review its Privacy Notice, which explains how health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003.

If your first date of service with us was due to an emergency, we must try to give you notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

I have had a chance to review Dr. Agolini's Privacy Notice.

Dr. Agolini or his staff has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient's Signature

Date

Dr. Agolini's staff should complete if Acknowledgement Form is not signed:

Does the patient have a copy of Privacy Notice?

Yes No

Please explain why the patient was unable to sign an acknowledgement form and Dr. Agolinis staff efforts in trying to obtain the patient's signature