

GENERAL AND LAPAROSCOPIC SURGICAL ASSOCIATES, P.C.

STEFANO F. AGOLINI, M.D

4660 Kenmore Avenue, Suite 608
Alexandria, VA 22304

Phone: (703)823-4066
Fax: (703)823-4067

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:

Are you at risk of falling: YES ____ NO ____

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: _____

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

Do you have a Medical Power of attorney: YES ____ NO ____

Do you have any food insecurities: YES ____ NO ____

Are you in need of shelter: YES ____ NO ____

Do you feel safe at home: YES ____ NO ____

Do you have any transportations needs YES ____ NO ____

Any family history:

List any imaging studies you have related to current problem

Anything else that you think Dr Agolini should know:

GENERAL AND LAPAROSCOPIC SURGICAL ASSOCIATES, P.C.

STEFANO F. AGOLINI, M.D

4660 Kenmore Avenue, Suite 608
Alexandria, VA 22304

Phone: (703)823-4066
Fax: (703)823-4067

Cancellation Policy/ For Surgery

● **Cancellation/ No Show Policy for Surgery**

Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office. If surgery is not canceled at least **7 DAYS** in advance you will be charged a **\$250.00** fee; this will be added as a charge to your account and will not be covered by your insurance company.

This fee must be paid to General and Laparoscopic Surgical Associates

● **Account balances**

We will require that patients with self pay balances or insurance copays do pay their account balances to zero (0). Patients who have questions about their bills may call our billing office representative at 703-978-1196 ext 170 with whom they can review their account and concerns.

Print Patient Name

Signature Patient/Guardian

____/____/_____
Date

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. Agolini's staff efforts in trying to obtain the patient's signature.