

Patient Health History

OBJECTIVE In an effort to access your medical benefits and gain the maximum reimbursement for you, we need your assessment and details of your physical and mental health. This information will be used to gain the proper authorization for your procedures. Please be detailed in your responses.

PERSONAL HISTORY Please tell us your main concern and what you feel has lead you to the condition you are in now. And, how long you have been in your present condition.

MEDICAL HISTORY List drugs prescribed and over-the-counter that you have taken on a daily basis.

Past and recent surgeries / procedures

FUNCTION How has this condition affected your ability to function and your health?

DIAGNOSIS Have you been or are you presently diagnosed and being treated with any condition that has affected your physical and mental health?

AUTHORIZATION I consent to allow the office to share this medical information with the insurance company to help support the medical necessity for my procedures.

Patient Name Printed: _____

Patient Signature: _____

Date: _____