

### Information for Our Patients

Thank you for choosing us to provide your neurological care. Our goal is to provide you with top quality care. Please help us by providing your most up to date medical information at each visit.

For each visit you **MUST**:

- Fill out all information forms (both sides) before you see your doctor. Your doctor needs current information to provide you with the best care. List your questions and concerns so they can be addressed during your visit. Multiple concerns or symptoms may require further visits.
- Complete the specific disease information sheets (i.e., Multiple Sclerosis, Parkinson's disease and Sleep) if appropriate.
- Provide a complete and up-to-date written medication list with doses and times medications are taken. Include all over-the-counter medications, vitamins and supplements.
- Get prescriptions and refills for all of your medications at the time of your visit. If you do not, you may need to return for a refill visit with our nurses. There is a charge for emergency prescription refills between visits.
- We cannot accept prescription requests from pharmacies for you due to potential medication errors. You must obtain prescriptions and refills at the time of your visit. Your prescriptions are your responsibility to be sure you receive the correct medication and the correct dose.
- To save time at your next visit, please download the necessary forms from our website [www.neurologycenteroffairfax.com](http://www.neurologycenteroffairfax.com), or you can take forms home and fill them out ahead of time.
- Your co-payment costs, co-insurance, and any deductibles are due at the time of service. If you do not pay these costs at the time of your visit, there is a \$10 administrative fee and an additional \$10 service charge for each bill we send. These charges are not covered by health insurance. We accept VISA, MasterCard, Discover, cash and checks.
- Please be respectful of other patients and arrive 30 minutes before your scheduled consult time or 15 minutes before your scheduled follow up time. Please call us if you are delayed by traffic at 703-876-0800. If you are late, we may not be able to see you the same day. We understand the problems with traffic in Northern Virginia, but we cannot inconvenience patients who do arrive on time for their appointments.
- Our office does not communicate HIPAA secure information with patients via email or text messaging. You may use our web portal for secure communications with your doctor or our staff.

# Follow-Up Form

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

## Primary Care Physician

Primary care doctor's name: \_\_\_\_\_

## History of present illness

Height: \_\_\_\_\_ ft \_\_\_\_\_ in

Weight: \_\_\_\_\_ lbs

## Significant medical events since last visit

## Other medical problems

Problem	Start date	Status	Current treatment
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## Top 3 questions for visit

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## Medication refills needed

Name	Strength	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Do you have any forms to be completed by your Doctor?

*\*Please send forms to the office prior to your upcoming visit. Charges apply for completion of forms.*



# Medication list

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

### Mail order pharmacies

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____

### Local pharmacies

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____

### Prescriptions

*If you need additional space, continue on the next page*

Name	Dosage	Frequency	Reason for Taking	Prescribed by
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Vitamins

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____

### Over the counter medications

Name	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____

### Allergies

Name	Severity
_____	_____
_____	_____

