DR. McGILLICUDDY AND SUNGARIAN, M.D'S
10 WINTHROP STREET, WORCESTER, MA 01604
(508)752-4336 (508)752-6381

Welcome to our practice. Enclosed please find a registration form as well as a health history form. Please complete these forms and bring them with you at the time of your appointment along with you health insurance cards and films.

THE FOLLOWING INFORMATION IS REQUIRED AT THE TIME OF YOUR APPOINTMENT

1. **FILMS**: The actual MRI or CAT scan - CDs are needed for the doctor to review at the time of your visit. (Must not be older than 4 months old, otherwise a new MRI will be needed)

2. **REFERRAL:** If you have **BLUE CROSS, CIGNA, TUFTS, FALLON** or any HMO product the necessary insurance referral needs to be in place **prior** to your visit.

3. **INSURANCE INFORMATION**: You need to bring your insurance cards with you each time you come into our office. **WORKERS COMP** - All billing information need to be brought in with you i.e company name, tel #, Adjuster and claim number. Authorization must be obtained from your adjuster :prior to your appointment. **MOTOR VEHICLE ACCIDENTS** – You must bring with you the PIP application (Personal Injury Protection Application) to process your claim.

   If you have health insurance we must use this for back-up purposes only, for Workers Comp and Motor Vehicle accidents. If your health insurance requires a referral to a specialist, a referral must be in place for your visit for BACK UP PURPOSES ONLY.

4. **COPAYMENT** – We accept cash, checks, credit cards or ATM cards.

IF YOU ARRIVE WITHOUT THE ABOVE INFORMATION IN PLACE YOUR APPOINTMENT WILL BE RESCHEDULED UNTIL YOU CAN PROVIDE THE NEEDED INFORMATION FOR YOUR VISIT.

You may call (508) 756-4443 option #2 to confirm receipt of your insurance referral or any other questions you may have regarding your appointment. We may call and leave a message with whoever answers the phone at your house or on you answering machine unless you direct us to do otherwise.

DIRECTIONS : Our office is located off Interstate 290 in Worcester **From the East or North** take interstate 290 West to Exit 13. At the end of the exit ramp take a left onto Vernon Street. Follow Vernon Street to the fork in the road. Bear left at the fork in the road. The Vernon Medical Center entrance is on the right. **From the South or West** take interstate 290 East to Exit 13. At the end of the exit ramp take a right onto Vernon Street. Follow Vernon Street to the fork in the road. Bear left at the fork in the road. The Vernon Medical Center entrance is on the right.

Worcester Neurosurgery Gerald T McGillicuddy MD Arno Sungarian MD

Last Name ________________
First Name ________________
Middle Name + Suffix ________________
Sex Male Female
Previous Last Name ________________
Birthday ________________
Social Security # ________________
Address ________________
Zip ________________
City ________________
State ________________
Home Phone ________________
Work Phone ________________
Mobile Phone ________________
Email ________________
Contact Preference ________________
Language ________________
Race African American
Other Race
White
Ethnicity Central American
Cuban
Dominican
Hispanic or Latino/Spanish
Mexican
Not Hispanic or Latino
Puerto Rican
South American
Spaniard

Maritial Status Married
Single
Divorced
Separated
Widowed
Partner

How did you hear about us? Advertising
Primary Care Physician
Specialist Physician
Word of Mouth
Patient in Practice
Hospital
Insurance Company

Date of Registration ____________
Guardian Last Name ____________
Guardian First Name ____________
Guardian M.Name + Suffix ________
Emergency Contact Name ________
Emergency Contact Relation Spouse
Parent
Friend
Child
Sibling
Cousin
Other
Emergency Contact Phone ________
Emergency Contact Mobile Phone _____
Next of Kin Name ________
Next of Kin Relation Spouse
Parent
Friend
Child
Sibling
Cousin
Other
Next of Kin Phone ____________

Your Employer Name ________
Employer Phone ____________
Occupation ____________

Pharmacy Name: ____________
Pharmacy Address: ____________
City: ________ State: ________

The physician who referred you to our practice: ______________

Primary Care Doctors name if not referring physician: ____________________

Primary Care Doctor Address: ________________ City__________ State______

Primary Insurance Company: ____________________________

Identification Number: ______________________________

Subscriber Name: __________________________ Relationship to Patient: ______

If Spouse Date of Birth: _________

Secondary Insurance Company: ________________________

Identification Number: ____________________

Subscriber Name: ______________________ Relationship to Patient: _________

Worker's Compensation or MVA Insurance Company: ____________________

Billing Address of Insurance: ______________________________________

City: ________________ State: ________________ Zip Code: _____

Adjuster Name: ____________________ Adjuster Telephone Number: _________

Adjuster Fax Number: _________________ Claim Number: ________________

Date of Injury/Accident: _____________________________

Please Provide In Detail as Much Information as Possible. Thank You.

Worcester Neurosurgery Gerald McGillicuddy MD Arno Sungarian MD

I, the undersigned authorize payment of medical benefits to the above named provider of professional services and release of medical information necessary to process my claims. I give my authorization to the above providers to release any information regarding the care I have received from them to include referrals to other health care providers involved. I accept the responsibility for any payments not made by my insurance company because of the lack of appropriate referrals obtained by me.

Signature ____________________________ Date ___________

I, the undersigned authorize McGillicuddy and Sungarian LLP to release my medical records. Any information disclosed by this practice my no longer be confidential or covered by privacy rules and may be subject to re-disclosure by the recipient. No information other than to the referring Doctor and the patient will be released unless written authorization from the patient is received.

Signature ____________________________ Date ___________

I, the undersigned acknowledge and understand the Notice of Information Practices which describes how the office uses and discloses my medical and billing information. The Notice also described my rights and how I can receive additional information.

Signature ____________________________ Date ___________

I, the undersigned give permission to Worcester Neurosurgery to obtain prescription information from my pharmacy, other health care providers and insurance companies.

Signature ____________________________ Date ___________

I understand the Prescription Refill Policy for Worcester Neurosurgery is for the patient to call their Pharmacy 48 hours in advance of the time needed for medication with the exception of Thursdays and Fridays when (4) days advance notification is needed for the weekend.

We do not accept telephone requests for refills. We only accept requests through your Pharmacy

Signature ____________________________ Date ___________

Worcester Neurosurgery

Reason for Today's Visit (Please circle)

Consultation for Brain Surgery
Consultation for Cervical Spine Surgery
Consultation for Lumbar Spine Surgery
Consultation for Carpal Tunnel or Ulnar Neuropathy Surgery

If you are being seen today for Spine Surgery (Please Complete)

Have you had physical therapy _____yes _____no
If yes, where and how long ______________________________________

Have you had epidural steroid injections ____yes _____no

Have you had Naproxin, Ibuprofen or Motrin in the last (2) weeks ____yes ___no

Has there been Activity Modification ___yes ___no

Worcester Neurosurgery

Past Medical History (please check or circle if you have)

High Blood Pressure	Emphysema/COPD
High Cholesterol/Lipids	Bronchitis
Diabetes Mellitus	Asthma
Thyroid Disease	Pneumonia
Coronary Artery Disease/Angina	Tuberculosis
Coronary Disease/Heart attack	Ulcers of the Stomach/small bowel
Heart Valve Disease	Gastric Reflux (GERD)
Congestive Heart Disease	Gastritis
Heart arrythmias	Kidney problems
Peripheral Vascular Disease	Liver Problems
Stroke	Headaches
Cancer	Seizures
Irritable Bowel Syndrome	Fibromyalagia
Rheumatoid Arthritis	Degenerative Arthritis
Prostate Problems	Osteoporosis/Osteopenia
Blood Clots arms/legs	Pulmonary Embolus
Depression	Schizophrenia
Anxiety	Panic Disorder
HIV/AIDS	Hepatitis ?Type A B C
Bleeding problems	

Please List any other Medical Conditions you have

____________________ ____________________

____________________ ____________________

____________________ ____________________

Past Surgical History

Please List any Surgeries you have had with year of surgery

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

Medications and Supplements (please list or give the staff your list for copying)

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

Worcester Neurosurgery

Allergies to Medications, Food and Materials please list

________________	________________
________________	________________
________________	________________
________________	________________
________________	________________

Social History

Martial Status (please circle) Single, Married, Separated, Divorced,
Occupation
Alcohol Intake
Smoking, How many packs per day ______
Has Smoked Since age ____
Recreational Drugs
Chewing Tobacco
Caffeine Intake
Exercise level (please circle) none, some, moderate
If you are Disabled for what condition _______ for how long _______
How many years of school have you completed

High school _______
College _______
Graduate _______

FAMILY HISTORY:

Have any of your relatives (parents, brothers, sisters, children) ever been diagnosed with: (please circle).

Sugar Diabetes	Psychiatric illness
High Blood Pressure	Thyroid problems
Asthma	Bleeding problems
Heart Disease	Liver Disease
Stroke/TIA	Osteoporosis/Osteopenia
Cancer	Anesthesia complications
High lipids/cholesterol	Genetic disorder

If you are experiencing any of the following symptoms (please circle)

Constitutional:

Constitutional: fever, night sweats, weight gain (_____ lbs), weight loss (____lbs)
Exercise intolerance
Eyes: dry eyes, irritation, vision change

ENMT:

Ears: difficulty hearing, ear pain
Nose: frequent nose bleeds, nose/sinus problems
Mouth/Throat: sore throat/bleeding gums, snoring, dry mouth, oral abnormalities, mouth ulcer, teeth abnormalities, mouth breathing

Cardiovascular: Chest pain on exertion, arm pain on exertion, shortness of breath when walking, shortness of breath when lying down, palpitations, known heart murmur, light-headed on standing

Respiratory: cough, wheezing, shortness of breath, coughing up blood, sleep apnea

Gastrointestinal: abdominal pain, vomiting, change in appetite, black or tarry stools, Frequent diarrhea, vomiting blood

Genitourinary: urinary loss of control, difficulty urinating, increased urinary frequency, Hematuria, incomplete emptying

Musculoskeletal: muscle aches,m muscle weakness arthralgias, joint pain, back pain, Swelling in the extremities

Integumentary: abnormal mole, jaundice, rash, itching, dry skin, growths/lesions

Neurologic: loss of consciousness, weakness, numbness, seizures, dizziness, frequent Or severe headaches, migraines, restless legs

Psychiatric: depression, sleep disturbances, restless sleep, feeling unsafe in relationship, alcohol abuses

Endocrine: fatigue, increased thirst, hair loss, increased hair growth, cold intolerance

Hematologic/Lymphatic: swollen glands, easy bruising, excessive bleeding

Allergic/Immunologic: runny nose, sinus pressure, itching, hives, frequent sneezing

Your Height in inches _______ Your Weight in Pounds _______

Gerald T. McGillicuddy, MD
Arno Sungarian, MD
10 Winthrop St.
Worcester, MA 01604
(508) 756-4443

Directions to our office:

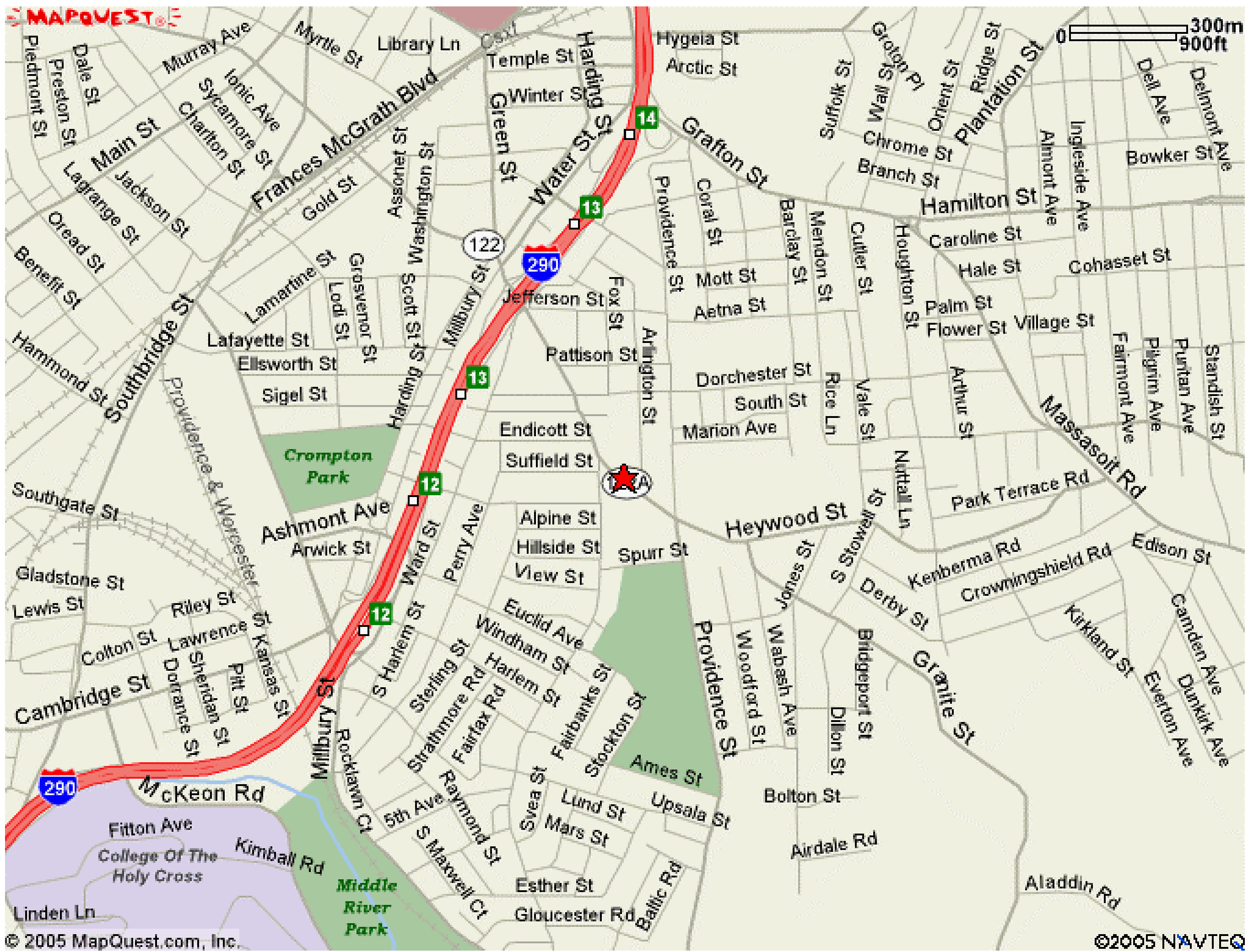
Our office is located on the first floor of the **Vernon Medical Center**.
10 Winthrop St.
Worcester, MA. 01604

From The North:
Take I-495 South to **I-290 West**.
Take I-290 West to **Exit 13**.
At end of ramp turn **LEFT** onto **Vernon St.**
Follow Vernon St. to fork in road.
Bear **LEFT** onto **Winthrop St.**
The **Vernon Medical Center** entrance is on the right.

From The South:
Take Rt. 146 to **I-290 East.**
Take I-290 East to **Exit 13**.
At end of ramp turn **Right** onto **Vernon St.**
Follow Vernon St. to fork in road.
Bear **LEFT** onto **Winthrop St.**
The **Vernon Medical Center** entrance is on the right.

From The East:
Take I-90 (Mass Pike) West to **Exit 11, I-495.**
Take **I-495 North** to **I-290 West.**
I-290 West to **Exit 13.**
At end of ramp turn **LEFT** onto **Vernon St.**
Follow Vernon St. to fork in road.
Bear **LEFT** onto **Winthrop St.**
The **Vernon Medical Center** entrance is on the right.

From The West:
Take I-90 (Mass Pike) East to **Exit 10, I-290.**
Take **I-290 East** to **Exit 13.**
At end of ramp turn **Right** onto **Vernon St.**
Follow Vernon St. to fork in road.
Bear **LEFT** onto **Winthrop St.**
The **Vernon Medical Center** entrance is on the right.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Mendon St
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Fox St
Mott St
Aetna St
Palm St
Flower St
Village St
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Pilgrim Ave
Puritan Ave
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Hammond St
Southbridge St
Lafayette St
Ellsworth St
Sigel St
Harding St
Pattison St
Arlington St
Dorchester St
South St
Rice Ln
Vale St
Arthur St
Massasoit Rd
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Crompton Park
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Suffield St
Marion Ave
Nuttall Ln
Park Terrace Rd
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Jones St
Kenberma Rd
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Colton St
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Kansas St
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Sterling St
Windham St
Euclid Ave
Harlem St
Strathmore Rd
Fairfax Rd
Fairbanks St
Stockton St
Providence St
Woodford St
Wabash Ave
Derby St
Bridgeport St
Dillon St
Granite St
Kirkland St
Camden Ave
Everton Ave
Dunkirk Ave
Millbury St
Rocklawn Ct
McKeon Rd
Ames St
5th Ave
Raymond St
Svea St
Lund St
Mars St
Upsala St
Bolton St
Airdale Rd
Fitton Ave
College Of The Holy Cross
Kimball Rd
Middle River Park
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Baltic Rd
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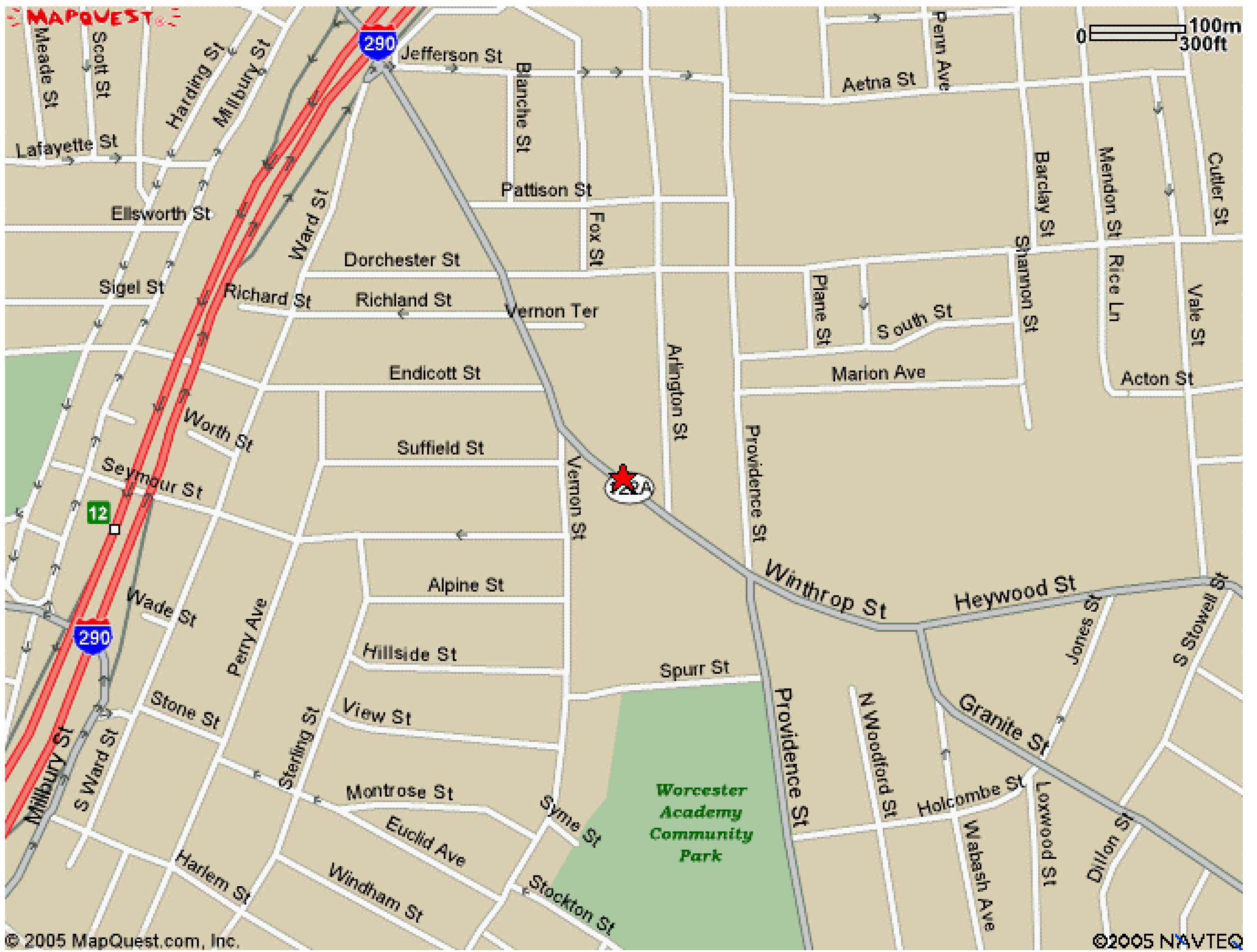
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Millbury St
S Ward St
Montrose St
Holcombe St
Loxwood St
Euclid Ave
Syme St
Wabash Ave
Dillon St
Harlem St
Windham St
Stockton St
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