

AAA Prism Immigrant Medical Center

Date

Medical Record No.

ENROLLMENT FORM-ONE

Family Name [Last Name]

Given Name [First Name]

Full Middle Name

Home Address: Street Number and Name

Apt No.

Male

Female

City

State

Zip code

Phone #

D.O.B. [mm/dd/yyyy

Place Of Birth City/State

Country Of Birth

Apt #

S. S. #

Form Of I.D.- Driver's License or State I.D. or Passport or Consular or School I.D.

I.D. NUMBER

Employment Company Name

Your Position

Email / Website

Legal Representative's Name and Phone no.

Attorney's Email

Your Email Address

Single

Married

Chauffeur's No.if available

- I acknowledge having received notice of Hipaa Privacy Act.
- I have received and reviewed pre and post immigration medical exam instruction sheet.
- I authorize medical exam by physician
- I authorize to undergo blood screening for Syphilis [RPR] / Urine Drug Screen and report abnormal results to authorities
- I have been explained in detail about the charges for the exam in detail and have agreed to pay the amount in Check Or Cash
- I have also been advised that additional charges may incur due to abnormal initial screening results.
- Additional Vaccinations at extra costs, may be required, if the antibody titers are negative.
- I acknowledge the limitations of this medical exam, which is performed as per the guidelines set by USCIS. I'm required to follow up with my private physician for routine annual check up, preventive investigations and treatments of ongoing ailments. This medical center or its physicians are neither my advisor or provider of my ongoing or follow up health care needs!

Patient's Or Legal Guardian's Signature

Date:

PLEASE ANSWER IN CAPITAL LETTERS- ONLY FILL BLUE AND PURPLE SECTIONS WITH + . LEAVE BLANK IF NEGATIVE. SIGN BELOW

NAME: _____
 Last First Middle

MR#: _____

EXAMINATION DATE ____/____/____

PERSONAL HISTORY

HAVE YOU EVER HAD ? [Please mark +]

ROS/DIAGNOSIS	CODES	REMARKS
— Abnormal C. X-ray	V71.2	
— Abnormal E.K.G.	794.31	
— Abnormal RPR		
— Abnormal P.P.D.	795.5	
— Aids	V.08	
— Anemia- Unsp.	285.9	
— ARTHRITIS	715.8	
— Asthma	493.9	
— Cancer	239	
— Cardiac conditions	785	
— Chancroid	99	
— Chicken Pox any age	52	
— Chronic alcoholism	303	
— Chronic cough	786.2	
— Depression	311	
— Diabetes	250	
— Disabilities	738	
— Dizziness	780.4	
— Dysuria	788.1	
— Elevated B.P.	796.2	
X Examination	V70.0	
— Exposure to V.D.	V01.7	
— Exposure to T.B.	V01.1	
— Fatigue	780.7	
— Gonorrhea	O98.0	
— Granuloma Inguinal	O99	
— H/o BCG Vaccination	90585	
— Hansen's Disease, Infe	O30	
— High Fever now	780.6	
— Hyper Lipedemia	272.4	
— Insanity	296	
— Lymphogranuloma Ven.	O99	
— Menopausal Syndrome	627.2	
— Mental defect	319	
— Mental retardation	317	
— Narcotic drug addiction	304	
— Obesity	278	
— Pregnancy	V22.2	
— Psychopathic personality	301.7	
— Sexual deviation	302	
— Syphilis, infectious	97	
— Venereal Disease	99	

HABITS - HAVE YOU TAKEN THE FOLLOWING

	NEVER	OCC	DAILY
— Street Drugs			
— Alcohol			
— Tobacco			
— Pipe			
— Cigars			
— Cigarettes ____ pcks day ____ X yrs.			

MEDICINES NAME - DOSAGE

— Sleeping	
— Depression	
— Tranquilizers	
— Steroids	
— Diabetes	
— Tuberculosis	
— High B.P.	
— Other Drugs	

FAMILY HISTORY [If " yes" indicate Who]

— TUBERCULOSIS
— CANCER [TYPE]
— DIABETES
— HIGH B.P.
— HEART DISEASE
— LAST CHEST X-RAY DATE ____/____/____
— Last exam/ blood tests ____/____/____

MALE ONLY

— Urinary problems [burning, pain , etc.
— Difficulty, hesitancy, urgency
— Urethral Discharge [clear, pus or blood]
— Pain and Swollen Testis R Or L side
— Open or recently healed ulcers without treatment

VITAL STATISTICS

Ht ____ ft ____ " Pulse ____ /min
Wt ____ / Lbs. TEMP. ____ *F
R. R. ____ /min BMI ____
B.P. ____ / ____ mm of Hg

ALLERGIES- Mark + if any / MISCELLANEOUS

— [] Penicillin [] Sulfa [] Mite [] Eggs
— [] Dust [] Pollens [] Other
— Alcohol or Drug Withdrawal / DUI
— Any Other Serious Illness
— Do you wish to quit smoking

FOR IMMIGRATION PHYSICAL

— CHICKEN POX IN CHILDHOOD
— Reaction to any Vaccinations
— ALLERGY TO EGGS
— Are You Having High Fever
— EXPOSURE TO TUBERCULOSIS
— POSITIVE P.P.D.(T.B. skin test)
— Medicines for T.B. / +ve P.P.D.

FEMALE ONLY

— Possibility Of Pregnancy
— Breast feeding? Child's age ____ mths
— Taking Fertility Medications
— Trying for Pregnancy / IRREGULAR PERIODS
— Urinary or Vaginal infections
— Last Menst Period ____/____/____
— Last Pap if done ____/____/____
— Last Mammogram if done ____

VACCINE ADMINISTRATION PRECAUTION

I'm not pregnant and will avoid pregnancy for next 6weeks
post MMR OR VARICELLA Vaccine. I understand RISK
X _____ X

FOR OFFICE USE ONLY

	TUBERCULOSIS STATUS	PHYSICAL EXAMINATION FINDINGS	REMARKS
— Narcotic drug addiction	304 — PPD PLACED	HEENT: — NL-PERRL, EOMI full	Abnl
— Obesity	278 — PPD READ	NECK: — NL-Supple. No JVD/Bruit/Adenopathy	Abnl
— Pregnancy	V22.2 — MM [INDURATION	CHEST: — NL-Lungs Clear. Good air entry. No crep	Abnl
— Psychopathic personality	301.7 — Not done	CVS: — NLS1S2 NI, No murmur/S3/S4 PMI OK	Abnl
— Sexual deviation	302 — H/O positive PPD	P/A: — NL-Soft, NI B.S./Organs. No tend/rigidity	Abnl
— Syphilis, infectious	97 — B.C.G. Vaccinated	EXT: — NL-NO Clubbing, Cyanosis, Edema	Abnl
— Venereal Disease	99 — IGRA [] R [] NR	GU / SKIN — NL-No Focal Lesions/ Ulcerations	Abnl
	— PAST Rx T.B./+VE PPD	CNS: — NL-No Focal defects.Sens/Motor/Reflex	Abnl

FOR OFFICE USE ONLY

FEES	PROCEDURE	CPT	FEES	PROCEDURE	CPT	FEES	PROCEDURE	CPT	Company / Lot No.	EXPIRY	[x] CHECK P.P.D.	[] DT
	New Comp Exam	99204		CHEST XRY-1	71010		VACADM	90471			[] CHECK XRY	[] MMR
	P.P.D.	86580		Chest x-ray-2	71020		DT	90718			[] VISION CHECK	[] VAR
	VENI DRAW	36415		T.B. GOLD	86480		MMR	90711			[] LAB/ FASTING SUGAR	TOTAL
	RPR	86592		LEVEL 3 VISIT	99213		VAR	90707			[x] EXERCISE	
	MeaslesIGG	86765		HLTH PROF	11111		PNEUMO	90724			[] REDUCE WT / LIPIDS	PAID
	Mumps IGG	86735		URINE HCG	81025		INFLUENZA	90746			[] MAMMOGRM /PAP	
	Rubella IGG	86762		SERUM HCG	84702		LAB PROCEDURES TO BE ORDERED TODAY			[] STOP SMOKING	BAL DUE	
	Varicell IGG	86787		HIV	86689		IMMI 1		RPR	DRUG SCREEN	[x] F/U PRIVATE MD	
	LEVEL 2 VISIT	99202		URINE DRUG	80100		IMMI 2		HP		[] CASH	BAL PAID

IMPRESSIONS : [] NL [] Abnl Exam **DIAGNOSIS: V70.0 Examination / /** [] CHECK # _____

PATIENT'S OR GUARDIAN SIGNATURE: _____ ATTENDING PHYSICIAN _____ Follow up ____ AM / PM ____ / ____