DATE: ___/____/_____ **M.R. #** _____

AAA PRISM - SCHAUMBURG MEDICAL CENTER

825 E. SCHAUMBURG RD, SCAHUMBURG, IL-60194

TAX I.D. # 52-2375350

[ ] DEVON [ ] SCHAUMBURG [ ] BOLING BROOKS [ ] NAPERVILLE [ ] KEDZIE [ ] DES PLAINES
[ ] DOWNTOWN [ ] ELGIN [ ] TALMAN [ ] HAMDARD [ ]AURORA

[ ] GLENN WINTER, M.D. [ ] MUNIRA PATEL, M.D. [ ] M. S. KAPADIA, M.D [ ] AHMED SHAF I, M.D. [ ] MAYA SHAHANI, M.D.
[ ] J. BHALERAO, M.D.[ ] MADHAVI RAO, M.D. [ ] SURBHI SHAH, M.D. [ ]N. KHAN, M.D.

TEL : 800-325-1812 TEL: 630-539-9900 **EMAIL: prismkapa@aol.com** **FAX: 630-539-9903** WEBSITE: www.immigrationmedical.com

PATIENT'S INFORMATION

LAST NAME: _____

FIRST NAME_____MIDDLE_____

ADDRESS: _____

APT.#_____CITY _____STATE_____ ZIP_____

Tel : [Res] _____/_____/_____ Tel: [Wk] _____/_____/_____

Tel: [Cell] _____/_____/_____ Email _____

D.O.B. [MTH/DAY/YR] _____/_____/_____ SEX [ ] M ALE [ ] FEMALE

S.S.# _____/_____/_____ ALIEN # A _____

STATUS: [ ] Single [ ] Married [ ] Divorced [ ] Widow

COUNTRY OF BIRTH _____

PASSPORT#_____ P. COUNTRY_____

PAYMENT BY: [ ] SELF [ ] COMPANY [ ] INSURANCE :_____

EMPLOYER'S COMPANY

Employer Name: _____

YOUR PROFESSION:_____

City _____State_____ Zip_____

REASON OF VISIT

[x] EXAMINATION /PHYSICAL / IMMI
[ ] TRAVEL VACCINES
[ ] BLOOD TEST
[ ] X-RAYS
[ ] URINE DRUG /EXAM
[ ] F/UP - PICK UP

FAMILY HISTORY

[-] T.B. [-] HEART DIS. [-] CANCER
[-] HTN [-] DM [-] OTHER

HABITS

[-] SMOKING
[-] TOBACCO CHEW
[-] PIPE
[-] CIGARS
[-] STREET DRUGS
[-] ALCOHOL

PAST MED. HISTORY

[-] HIGH B.P.
[-] DIABETES
[-] T.B.
[-] CANCER
[-]

VITAL SIGNS

HT _____ ' _____ "
WT. _____ Lbs
PULSE_____/ min
RR _____/ min
B.P._____/____mm of Hg
T _____*F BMI _____

REFERRED BY:

[ ] Attorney _____
[ ] Wen based
[ ]

PREVIOUS VACCINATION RECORDS

PERSONAL HISTORY : If you have had any of the following , please mark " X " in the PT BOX

PT	DR	DESCRIPTION	ICD	PT	DR	DESCRIPTION	ICD	PT	DR.	DESCRIPTION	ICD
		Abnrmal C. X-ray	V71.2			Depression	311			High Fever now	780.6
		Abnormal E.K.G.	794.3			Diabetes	250			Hyper Lipedemia	272.4
		Abnormal RPR				Disabilities	738			Insanity	296
		Abnrmal T.B.Test	795.5			Dizziness	780.4			Lymphogranuloma Ven.	O99
		Aids	V.08			Dysuria	788.1			Menopausal Syndrome	627.2
		Anemia- Unsp.	285.9			Elevated B.P.	796.2			Mental defect	319
		ARTHRITIS	715.8			Examination	V70.0	X		Mental retardation	317
		Asthma	493.9			Exposure to V.D.	V01.7			Narcotic drug addiction	304
		Cancer	239			Exposure to T.B.	V01.1			Obesity	278
		Cardiac conditions	785			Fatigue	780.7			Pregnancy	V22.2
		Chancroid	99			Gonorrhea	O98.O			Psychopathic personality	301.7
		Chicken Pox any age	52			Granuloma Inguinal	O99			Sexual deviation	302
		Chronic alcoholism	303			H/o BCG Vaccination	90585			Syphilis, infectious	97
		Chronic cough	786.2			Hansen's Disease, Infec.	O3O			Veneral Disease	99

FEMALES ONLY

[-] BIRTH CONTRO
[-] MISSED PERIODS
[-] PREGNANT
[-] TRYING FOR PR
[-] IRREGULAR PE
[-] ON FERTILITY M
[-] TUBAL LIGATIO
[-] INFECTIONS
[-]

REMARKS:

____/_____/_____

LAST PERIOD D

DPT	1
DPT	2
DPT	3
DPT	4
DPT	5
DT	1
OPV	1
OPV	2
OPV	3
OPV	4
IPV	1
Hib	1
Hib	2
Hib	3
Hep B	1
Hep B	2
Hep B	3
MMR	1
MMR	2
Var	1
Var	2
Pneumo	
Influenza	
Hep A	1
Hep A	2
Men-Immune	

PHYSICAL EXAMINATION:

[ ] Normal HEENT : PERRL, EOMI FULL FUNDI OK [ ] Abnormal
[ ] Normal NECK : Supple, No JVD, Bruit Or Lymphadnopathy [ ] Abnormal
[ ] Normal CHEST : Lungs clear Good air entry.No rales or crept [ ] Abnormal
[ ] Normal CVS : S1 S2 nl. No S3 , S4 or murmur. PMI ok [ ] Abnormal
[ ] Normal P/A : Soft. Nl B.S., Organs. No rigidity or Guardin [ ] Abnormal
[ ] Normal EXT : No Clubbing, Cyanosis Or Edema. Pulse Ol [ ] Abnormal
[ ] Normal GU/SKIN: No focal lesions, Ulcerations or Discharge [ ] Abnormal
[ ] Normal CNS : Cr Nr / Sensory/ Motor/ DTR's.No focal defe [ ] Abnormal

REMARKS / FINDINGS

IMPRESSIONS : [ ] NL Exam [ ] Abnl Exam DIAGNOSIS : / /

DR.	PROCEDURE	CPT	FEE	DR.	PROCEDURE	CPT	FEE	DR.	PROCEDURE	CPT	LOT NUMBER	COMPANY	EXPIRY
	New Comp Exam	99204			SERUM HCG	84702			VAC ADM X___				
	VENIPUNCTURE	36415			CHEST XRY-1	71010			DT	90718			
	HIV	86689			HLTH PROF I	11111			MMR	90711			
	RPR	86592			HLTH PROF II	22222			VAR	90707			
	P.P.D.	86580			Est. Level 3	99213			DPT	90701			
	MEASLES IGG				Est. Level 2	99212			IPV	90732			
	MUMPS IGG				U/A & MICRO	81000			PNEUMO	90724			
	RUBELLA IGG				HIV CONFIRM	86781			INFLUENZA	90746			
	VARICELLA IGG	81025			URINE DRUG	80100			HEP. B	90730			
	I. EXAM PACKAGE I -EXAM / HIV / RPR / P.P.D					55555			HEP. A	90733			
	I. EXAM PACKAGE II - EXAM / HIV / RPR / P.P.D / DT/ MMR					66666			MEN-IMMUNE	90733			
	I EXAM PACKAGE III - EXAM/HIV/RPR/P.P.D/DT/MMR/VAR					77777			CHOLERA	90725			
	I EXAM PACKAGE IV - EXAM / CHEST X-RAY ONE VIEW					88888			TYPHOID	90692			

INSTRUCTIONS

[x] CHECK P.P.D.
[ ] CHECK XRY
[ ] VACCINES
[ ] CK LABS.
[ ] FASTING BLOOD S
[ ] EXERCISE
[ ] REDUCE WEIGHT
[ ] MAMMOGRM /PAP
[ ] AVOID PREGNANCY
[ ] STOP SMOKING
[x] F/U PRIVATE MD
[ ] REF. TO T.B. CLIN
[ ] REF. TO CORE CL

[X] I only have above mentioned insurance & authorize release of information to process the claims.
[X] I authorize examination by physician & authorize medical benefits payments to the above physician.
[X] I have been given rules and regulation regarding HIPPA privacy act.

[X] I authorize urine /blood Drug screening and report findings to appropriate authorities.
[X] I authorize testing blood for HIV / RPR testing. I authorize P.P.D. testing and Vaccines administrations

PAYMENT METHOD
[ ] CASH [ ] CRD [ ]INSURANCE

PAID $

INITIAL

FOLLOW UP VISIT CHARGES

DATE: _____/_____/_____

FOR -[ ] XRY[ ] DT [ ] MMR [ ] VAR [ ] VISIT [ ]

PAID $

VITALS		TOTAL CHARGES PAID
EXAMINATION		
SKIN TEST		$
VACCINES		
BLOOD		BALANCE
X -RAYS		$

NEXT VISIT : [ ] EXAM [ ]P.P.D CK [ ] XRY [ ] DT [ ]MMR [ ] VAR [ ]BRING VACCINATION RECOR

X _____ X_____

Patient's Or Guardian's Signature | Attending Physician's Signature | FOLLOW UP APPT: ____/____/_____ TIME: _____[ ] AM [ ] PM