

Patient Information

Full Legal Name: _____

Address: _____

City _____ State: _____ Zip code: _____

Date of Birth: _____ DL#: _____

Home Phone Number: _____ Work Phone # _____

Cell Phone Number: _____

E-mail Address: _____

Best Way to reach you: e-mail or phone _____ Best Time to reach you: _____

Okay to call at Work: _____

Emergency Contact- Name: _____ Phone # _____

Primary Reason for your visit today

Referred by:

1. Friend/family

Name _____

Address/Phone _____

2. Circle one or more

Who What Where Post card Flyer Referral card other

3. Circle one or more

Google Bing Yahoo ACAM losangelesbioidenticalhormonedoctors.com

Health excel ALMC website Internet Ad

If Internet Search – what key words did you search? _____

4. Other _____

Consent for treatment

I hereby consent to and authorize the administration of all emergency and non-emergency diagnostic and therapeutic treatment for me or my minor child that may be necessary in the judgment of the attending physician and/or medical personnel. It is agreed that because of differences in human constitution and response, it is in no way possible to warrant the outcome of such medical care and service.

Print name _____ Patient Signature: _____

Date signed _____

Angel Longevity Medical Center Financial Policy

All services must be paid in full at the time of service.

We accept cash, personal checks , business checks, American Express, Visa, Master card or Discover card for all services and products.

We also accept Debit cards as long as they have the Visa or MasterCard logo.

We do not accept Medi-Cal, Medi Care or any other form of private insurance at this time. This includes PPO, HMO, Healthy families or Family Pact program. We are not responsible for any reimbursements from any Insurance companies.

Certain laboratory tests as ordered by the Doctor are performed at Access Laboratory. Fees for these laboratories are collected at the time of specimen collection and must be paid at the time the tests are done. We will pass on our low lab fees directly to you, but we expect payment on the day the labs are rendered. There are several tests that your insurance carrier may not deem medically necessary and therefore will not reimburse.

We also use Meridian Valley Laboratory for our Hormone testing as well as Diagnose Tech Laboratory along with other labs. For these Laboratories you mail the payment directly to them.

We regret we must charge for missed or changed appointments, unless we are given one full business day's notice. (Business days are Monday through Friday). For changes within one full business day you will be responsible for the full service fee. There is no charge if we are given 24-hour notice.

Signature_____ date_____

Print Name_____

Angel Longevity Medical Center

Age: _____

Name: _____ DOB _____ Date: _____

Concerns (Rank by priority): Onset / Frequency / Severity

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(PLEASE bring ALL medications, vitamins, and supplements that your are currently taking to your first appointment.)

List ALL medications that you are currently taking.

Medication Dosage and Frequency Reaction

- 1. _____
- 2. _____
- 3. _____
- 4. _____

What Vitamins, remedies, and supplements are you taking now?

Allergies (Medication, iodine, latex, adhesives, foods)

Current Symptom List

Are you experiencing any of the following symptoms?

OVERALL:

- headaches
- blurred vision
- unusual thirst
- unusual hunger
- high stress
- low ability to tolerate stress
- irritability
- mood swings
- anxiety
- depression
- mental fatigue
- fatigue
- dizziness
- decreased hearing ability

RESPIRATORY/CARDIOVASCULAR:

- wheezing
- coughing
- shortness of breath
- runny nose
- sore throat
- itchy eyes
- chest pain
- chest heaviness
- radiating symptoms down arms
- trouble swallowing

SKIN:

- skin problems
- changes in any moles, skin blemishes
- questions about any moles or skin blemishes
- swollen lymph nodes
- toe nail problems, foot fungus or foot pain
- excessively painful, heavy menstrual periods

GU:

- sexual difficulty (erection/orgasm difficulties) (*circle*)
- any changes in bowel movements
- red or black or sticky or tarry stools (*circle*)
- any problem with urine stream, flow, burning, incontinence
- irregular menstrual periods, spotting?

GI:

- bloating, gas, burping
- diarrhea
- constipation
- hemorrhoids
- fissures or pain with bowel movements
- pain anywhere in abdomen dizziness

CNS

- tingling
- muscle weakness
- paralysis
- headaches
- numbness

MUSCULOSKELETAL-JOINT

Pain anywhere (*please describe: when, where, what makes it worse or better*)

OTHER:

Present and Family History

Illnesses	Past	Present	Self	Family Members who have had these illnesses
Heart Disease				
High Blood Pressure				
Cancer (Type)				
Diabetes				
Lung or Respiratory Disease				
Hepatitis				
Intestinal Dis / Diverticulosis				
Thyroid Disease				
Arthritis				
Liver Disease				
Kidney Disease				
Gall Bladder Disease				
Gall Stones				
Epilepsy				
Venereal Disease				
Blood Transfusion				
Radiation Therapy				
Chemo Therapy				
Other:				

Please list any surgeries or hospital stays you have had and their approximate date/year:
Type of surgery / reason for hospitalization / location Date

Social Habits

Do you smoke or use any tobacco products? Yes No Quit
Number of cigarettes each day? _____
For how many years? _____
Other forms of tobacco used? _____

Do you drink alcohol? Yes No Quit
How much? _____
How often? _____

Have you regularly used other drugs? Yes No
If yes, are you still using them? Yes No

Family

Do you have children? Yes No
How many children do you have? _____

Women

Do you use any form of birth control? Yes No
If yes, which type / brand? _____
Have you ever been pregnant? Yes No
How many times? _____
How many miscarriages? _____
How many abortions? _____
How many children do you have living? _____
Do you have menstrual periods? Yes No
If yes, last menstrual period began on _____ (date)
If no, at what age did they stop? _____
If yes, is your periods regular? _____

Are you currently receiving care from any other doctors, chiropractors, or other health care professionals?

If yes, we would like to know whom so that we can coordinate your care:
Providers name Condition they are treating you for

Anju Mathur, M.D.
Angel Longevity Medical Center
12840 Riverside Dr Suite 402
Studio City, CA 91607
(323) 661-7661; Fax (323) 661-0747

About Our Office

The following information about some of our office policies will help you to become better acquainted with the way the office works.

Office Hours: Monday, Tuesday: 9:00 a.m. to 3:30 p.m.
Wednesday, Thursday, Friday: 9:00 a.m. - 6:00 p.m.

IV Hours: **Monday and Tuesday: 9:00am - 12:00pm**
Wednesday, Thursday, Friday: 9:00am – 5:00pm

Telephone calls to the doctor: Since Dr. Mathur is attending to patients during office hours, she is usually not available to speak with unless it is an acute emergency. Please leave your question with the office staff, who will relay the message to Dr. Mathur. Complex medical issues require an office visit or may require a telephone consultation at regular fees.

Emergencies: In case of a serious medical emergency call 911 or go directly to the nearest emergency room. If you need to reach the doctor outside our usual office hours, call (323) 661-7661 and leave a message with the operator and the doctor will return your phone call as soon as possible.

Hospital Privileges: Dr Mathur does not currently practice hospital medicine. Should you require hospital care, we do have a wide circle of medical consultants to whom we can refer you. Nevertheless we encourage you to stay connected with a physician who does have hospital privileges.

Billing: Fees must be paid when services are rendered. We are not responsible for reimbursements from a insurance company for services rendered by this office. We work for you not insurance companies.

Lab fees: There is a \$40.00 fee for each venipuncture, which is due at the time services are rendered. You may use your insurance for Lab work, however there are several tests that your insurance carrier may not deem medically necessary

and therefore may not reimburse. Please call your insurance company for clarification of what your Laboratory benefits encompass.

Lab results: We will only call you with the results of blood tests or other labs if they contain critical values that need immediate attention. Otherwise we will discuss lab results during your next doctor visit. Make sure to book a follow up appointment whenever you have blood drawn or any other lab procedure performed.

Changing or canceling appointments: Please let us know as early as possible if you need to change your doctor appointment. We regret we must charge for missed or changed appointments, unless we are given one full business day's notice. (Business days are Monday to Friday). For changes within one full business day you will be responsible for the full service fee.

Renewal of medications: We can regularly renew your prescriptions if you schedule and attend your follow up appointments every six to twelve months. Renewal of medication should be done well in advance. Except in emergencies we do not refill medication after office hours when your medical record is unavailable for review. To get refills please have your pharmacy fax us a refill request at (323) 661-0747.

Supplement orders: You can reorder your supplements by calling our office 323-661-7661.

Parking: Street parking or Lot parking. Sorry we do not Validate.

We welcome any suggestions you may have about ways we can improve our service to you. Should you have questions please feel free to ask our staff.

I have read and agree to abide by the above policies.

Signature: _____

Date: _____