Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

PATIENT REGISTRATION
(If this is a Workman's Compensation claim, please notify us at check in.)

Office Use Only- Chart #_____

This form must be completed before seeing the Doctor to ensure accurate records for your medical file and secure payment from your insurance company. Payment arrangements must be made at time of service.

Patient's Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ Race _____ Marital S ❒ M ❒ D ❒ W ❒

Gender M ❒ F ❒ Transgender M ❒ F ❒ Date of Birth _____ Age_____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work _____ Cell _____

Email Address _____

How did you hear about us? _____ Which Provider are you here to see? _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Policy Holder Information (if different from the patient)

Policy Holder / Subscriber Name _____ Date of Birth _____

Relationship to Patient _____ Social Security # _____ Gender M ❒ F ❒

Address _____ City _____ State _____ ZIP _____

Please indicate whether the information above is for the ❒ primary or ❒ secondary insurance. The health insurance information provided above is complete. I have no other health care coverage. _____Initial

Primary Care Physician Name _____ Phone _____

Referred by ❒ Physician ❒ Friend ❒ Website Website Address _____

Referring Physician's Name _____ Phone _____

Employment Information

Employer _____ Occupation _____

Address _____ Phone _____

Pharmacy Information

Name _____ Phone _____

I give permission to Surgical Group of North Texas, LLP and any of the staff to release any information regarding my medical records or billing records to the following individual / individuals:

_____

Signature _____ Date _____

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

MEDICAL HISTORY

Last Name _____ First Name _____ Middle Initial _____

Gender M ❒ F ❒ Transgender M ❒ F ❒ Age: ____ Date of Birth: _____ Marital S ❒ M ❒ D ❒ W ❒

Please state the reason for coming to the doctor today. _____

_____

HAVE YOU HAD SURGERY BEFORE TODAY? (Please check all that apply and **include year**.)

❒ Appendectomy _____ ❒ Hernia: ❒ Left ❒ Right ❒ Umbilical _____

❒ Breast Biopsy _____ ❒ Hysterectomy _____

❒ Breast Cancer Surgery _____ ❒ Open Abdominal Surgery _____

❒ Coronary Artery Bypass _____ ❒ Removal of Ovary: ❒ Left ❒ Right _____

❒ Gallbladder _____ ❒ Other _____

DO YOU HAVE ANY MEDICAL PROBLEMS? (Please **check or list** all that apply.)

❒ Diabetes ❒ Type I ❒ Type II	❒ Asthma	❒ Lung Cancer	❒ High Blood Pressure
❒ Emphysema	❒ Stroke	❒ Kidney Problems	❒ Dialysis
❒ Reflux	❒ Liver Problems	❒ Stomach Ulcer	❒ Heart Disease
❒ Blood Clotting Problems	❒ Irregular Heart	❒ Congestive Heart Failure	❒ Thyroid Disease
❒ High Cholesterol	❒ Other _____		

**** WHEN WAS THE LAST TIME YOU HAD THE FOLLOWING? ****

Year of Last Pap Smear: _____ Year of Last Mammogram: _____

Year of Last Colonoscopy: _____ Year of Last Flu Vaccine: _____

Year of Last Pneumonia Vaccine: _____ Any recent travel to Caribbean, Central America or South America?

❒ Yes ❒ No

Revised 12 /2017

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

MEDICAL HISTORY

Last Name _____ First Name _____ Middle Initial _____

Gender M ❒ F ❒ Transgender M ❒ F ❒ Age: _____ Date of Birth: _____ Marital S ❒ M ❒ D ❒ W ❒

DO YOU TAKE ANY MEDICATIONS? (Please **check or list** all that apply.) ☐ Yes ☐ No
If yes, please list below which medications, dosage and frequency taken.

❒ Aspirin (81 mg or 325 mg) ❒ Coumadin ❒ Effient ❒ Eliquis

❒ Plavix ❒ Pradaxa ❒ Other Blood Thinners 7. _____

MEDICATION LIST

1. _____ 4. _____ 8. _____

2. _____ 5. _____ 9. _____

3. _____ 6. _____ 10. _____

**** DO YOU HAVE ANY ALLERGIES OR ILL EFFECTS FROM MEDICATION? **** ❒ Yes ❒ No (Please list below)

_____

_____

_____

SOCIAL HISTORY

Tobacco Use ❒ Former ❒ Never ❒ Yes _____ packs/day _____ years ❒ Other Drug Use _____

Alcohol Use ❒ Former ❒ Never ❒ Yes _____ drinks/day _____

Age of First Period _____ Age of First Childbirth _____ ❒ Premenopausal ❒ Postmenopausal

ARE THERE MEDICAL PROBLEMS IN YOUR FAMILY (within the first degree - example: parents, siblings children)? (Please check all that apply and specify relationship.)

❒ Arthritis _____ ❒ High Blood Pressure _____

❒ Breast Cancer _____ ❒ Lung Disease _____

❒ Colon Cancer _____ ❒ Ovarian Cancer _____

❒ Diabetes _____ ❒ Prostate Cancer _____

❒ Heart Disease _____ ❒ Stroke _____

❒ Other Cancers _____ ❒ Other Diseases _____

Revised 12 / 2017

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

REVIEW OF SYSTEMS

Last Name _____ First Name_____ Middle Initial _____

Gender M ❒ F ❒ Transgender M ❒ F ❒ Age: ____ Date of Birth:_____ Marital S ❒ M ❒ D ❒ W ❒

HAVE YOU EXPERIENCED ANY OF THESE SYMPTOMS RECENTLY? (Please check all that apply.)

CONSTITUTIONAL

❒ Chills	❒ Fatigue	❒ Lethargy	❒ Persistent Fever
❒ Weakness	❒ Weight Loss		

EARS, NOSE, MOUTH, THROAT

❒ Ear Drainage	❒ Hoarseness	❒ Loss of Hearing	❒ Mouth Pain
❒ Nasal Congestion	❒ Nose Bleeds	❒ Sinus Problems	❒ Sore Throat
❒ Throat Swelling	❒ Tongue Pain / Swelling	❒ Toothache	❒ Voice Changes

ENDOCRINE

❒ Cold Tolerance	❒ Heat Tolerance	❒ Increased Thirst	❒ Increased Urine
❒ Thyroid Dysfunction	❒ Weight Gain	❒ Weight Loss	

GASTROINTESTINAL

❒ Abdominal Pain	❒ Anorexia	❒ Blood in Stool	❒ Constipation
❒ Diarrhea	❒ Painful Swallowing	❒ Rectal Pain	❒ Reflex
❒ Vomiting Blood			

GENITOURINARY

❒ Blood in Urine	❒ Frequent Urination	❒ Painful Urination	❒ Testicular Pain
❒ Testicular Swelling	❒ Urgent Urination	❒ Urinating at Night	

HEART

❒ Chest Pain or Discomfort	❒ Inability to Lie Flat	❒ Leg Swelling	❒ Palpitations
❒ Shortness of Breath on Exertion			

LUNGS

❒ Coughing up Blood	❒ Non Productive Cough	❒ Pain with Breathing	❒ Pneumonia
❒ Productive Cough	❒ Shortness of Breath	❒ Wheezing	

MUSCULOSKELETAL

❒ Arthritis	❒ Back Pain	❒ Extremity Swelling	❒ Joint Pain
❒ Joint Swelling	❒ Muscle Pain	❒ Neck Pain	

NEUROLOGIC

❒ Bladder Problems	❒ Bowel Problems	❒ Confusion	❒ Fainting
❒ Headaches	❒ Lightheadedness	❒ Numbness	❒ Problems Walking
❒ Seizure	❒ Vision Changes	❒ Weakness	

PSYCHOLOGIC

❒ Agitation	❒ Anxiety	❒ Confusion	❒ Depression
❒ Hallucinations	❒ Insomnia	❒ Stress	

SKIN

❒ Abrasion	❒ Bruising	❒ Itching	❒ Lacerations
❒ Rashes			

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

NOTICE OF PRIVACY PRACTICES

Last Name _____ First Name _____ Middle Initial _____

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

As a health care provider we are legally obligated to maintain the privacy of your health information, provide you with this "Notice of Privacy Practices" and to abide by these terms.

We may disclose medical records and other identifiable health information for your treatment, payment or health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. This includes coordination of care with a third party, consultation between health care providers, or referral to another provider.
- Payment means activities undertaken to obtain payment for services, including determination of eligibility and benefits, pre-certification or pre-authorization of services, billing and collections.
- Health care operations refers to business aspects of running our practice such as quality assessment and improvement activities.

We may contact you with appointment reminders or to provide information about health related benefits or services that may be available to you. We will not use or disclose protected health information for any other purposes without obtaining your authorization. Any authorization may also be revoked. You have the following rights regarding your health information upon written request:

- The right to request restrictions on certain uses and disclosures.
- The right to receive confidential communications of your protected health information.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to obtain a record of disclosures of protected health information.

There are circumstances in which we are not required to agree with your request to restrict the use and disclosure of your information or to amend your protected health information.

We reserve the right to change our privacy practices and apply revised privacy practices to protected health information.

If you have any concerns or suspect any violations of privacy rights you may contact the privacy supervisor or office manager at (972) 254-9399. No retaliation will be taken against an individual who files a complaint. Complaints may also be filed with the secretary of the department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. However, we would prefer to be contacted so that we can ratify any issues as they arise.

Effective Date: April 14, 2005

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

OUR FINANCIAL POLICY

Last Name _____ First Name _____ Middle Initial _____

Thank you for choosing us as your health care provider. Our main concern is that you receive the proper and optional treatments needed to restore your health.

We ask that all patients read and sign our financial policy as well as complete our patient information form prior to seeing the doctor. If you have any questions or concerns about our payment polices, please do not hesitate to ask our office staff.

Your co-payment is due at the time services are rendered. We accept cash, checks, and for your convenience, MasterCard and Visa cards.

As a courtesy to you, we will be happy to file your insurance claim for reimbursement as long as you bring your insurance card with all information. It is your responsibility to provide us with correct, up-to-date insurance information. However, you must understand that:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company. We will do all we can to assist you but it is your insurance policy. It is your responsibility to understand your health care network and which physicians and health care facilities you may use.

2. Not all services are covered benefits in all contracts. Those not covered will be your responsibility. Please check your insurance plan.

3. Co-payments and unpaid deductible are due at the time of treatment.

4. You may pay your balance due with cash, check, MasterCard or Visa.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Again, thank you for choosing us as your health care provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

_____ _____

Signature Date

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

CONSENT

Last Name _____ First Name_____ Middle Initial _____

I,_____, consent to the use and disclosure of protected health information for the purposes of treatment, payment and health care operations by Drs. Alibhai, Clifford, Emerson, Matin, Rivera, Shafi and Schierling (Surgical Group of North Texas, L.L.P.). I may review the notice of privacy practices for additional information regarding use and disclosure.

I understand that the terms of the privacy practices may change and that I may request a copy of the notice at any time during normal business hours.

I understand that I may request restrictions on uses and disclosure of my information. I also understand that Surgical Group of North Texas, L. L. P. is not required to agree with those requests; but if in agreement, is required to honor those requests.

This consent may be revoked by submitting a written request to Surgical Group of North Texas, L. L. P. This revocation does not affect any use or disclosure that has already occurred.

I have received a copy of the "Notice of Privacy Practices."

_____ _____

Signature Date

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

PRE-OP INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Thank you for entrusting Surgical Group of North Texas with your care. We want you to know as much as possible about how to prepare for your procedure. Please visit **SurgicalGroupNT.com** for information on what to expect during surgery and frequently asked questions about post-surgical care. Please call our office at (972) 254-9399 should you have any questions.

PRE-OP TESTING Date _____ Time _____am/pm

SURGERY Date _____ Time _____am/pm

ARRIVAL TO HOSPITAL Time _____am/pm

TYPE OF SURGERY/PROCEDURE _____ **CPT CODE** _____

LOCATION OF SURGERY/PROCEDURE

❒ Baylor Grapevine ❒ Baylor Irving ❒ Baylor Surgical Hospital Las Colinas
❒ Baylor Trophy Club ❒ Dallas Medical Center ❒ Medical City Las Colinas
❒ Medical City Alliance ❒ Methodist Southlake Hospital ❒ Pine Creek Medical Center
❒ Texas Health Harris Methodist - HEB ❒ Texas Health Harris Methodist - Southlake

***See last page for addresses, map and phone numbers.**

YOUR SURGEON WILL BE

❒ Mustafa Alibhai, MD ❒ Edward Clifford, MD ❒ Nathan Emerson, MD ❒ Sina Matin, MD
❒ Julio Rivera, MD ❒ Shahid Shafi, MD ❒ Steve Schierling, MD

POST-SURGICAL Date _____ Time _____am/pm

YOUR FINANCIAL RESPONSIBILITY

We will do the best we can to minimize your expenses, but many are out of our control. Our practice will collect your co-insurance up front for the physician fees for your surgical procedure. You should be contacted in advance by the hospital to explain your benefits for the facility fees. We will bill your insurance for our surgeon services at the contracted rate. Based on the Explanation of Benefits we receive from your insurance company, we will bill you for any additional portion they deem as the patient's responsibility. For all procedures, the patient portion must be paid up front to the surgeon and financing may be available with the facility for the facility fee. You may also receive bills from a Surgical Assistant, a Radiologist, a Pathologist, and an Anesthesiologist.

You deserve to understand your insurance policy coverage and benefits. Please contact your carrier's customer service department for a clear explanation of your surgical benefits. Every policy is different, including the obligations of the member. If you have questions about a bill, please contact your insurance company first, then our billing department at (877) 903-5118.

Signature _____ Date _____

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

PREPARING FOR SURGERY

**** DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY. THIS INCLUDES WATER, COFFEE, MINTS, HARD CANDY, TOBACCO AND CHEWING GUM. ****

- Bring insurance card(s) and driver's license/identification with you.
- Bring medication list including over the counter medications, vitamins, and supplements. If you use an inhaler or CPAP/BIPAP, bring it with you.
- Have someone available to drive you home after you have been discharged from the hospital.
- Children under 12 years of age are by policy not permitted as visitors to Day Surgery Unit.
- Take blood pressure, heart and anti-seizure medication(s) with a tiny sip of water the morning of your surgery if you normally take them in the morning. Take half dose of insulin the morning of your surgery unless instructed otherwise by your doctor. **DO NOT** take diabetic pills the morning of surgery. Stop taking any blood thinners (Aspirin, Brilanta, Coumadin, Effient, Eliquis, Plavix, Pradexa, Xarelto) _____days before surgery unless instructed otherwise by your doctor.
- You may receive a call from Pre-Op/Pre-Admission to discuss health history, medications and any needed pre-op testing.
- You may brush your teeth and rinse your mouth the day of surgery without swallowing liquids. Do not shave the operative area.
- Wear clothing that is comfortable, pajamas are fine. If you wear glasses, hearing aids, contact lenses or dentures, bring something to store them in during your procedure. Do not wear jewelry.
- If you have one, bring your living will, medical power of attorney, and any other written instructions regarding your wishes about you medical care.
- Translators are available for hearing impaired and non-English speaking patients.

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

FREQUENTLY ASKED QUESTIONS

These are general recommendations for informational purposes only. They are not intended as medical advice. Please contact our office at (972) 254-9399 if you have questions related to your specific concerns.

INCISION CARE

Q When do my staples/stitches come out?
A 7 to 10 days post – surgery

Q When can I remove my bandages?
A One day after surgery, unless bandage is soaked. You will remove the bandage and clean the area with soap and water. Then, pat dry and apply a fresh bandage. This can be a Band-Aid® or gauze with tape. Do not use peroxide or alcohol on incisions unless instructed by your physician.

Q Can I take my steristrips off?
A When you shower, allow the steristrips to get wet. They will fall off on their own in 7-10 days.

Q My incision is draining. Is this normal?
A You will have drainage; however, the signs of infection are redness at the incision site (that spreads), incision feels hot, and drainage that has a foul odor. If this occurs, please contact our office.

Q Do/can I put antibacterial ointment on my incisions?
A There is no need for this. Also do not use peroxide or alcohol on incisions unless instructed by your physician.

Q I have swelling on my incision. Is this normal?
A This will occur; however, if you notice fever, redness or drainage with a foul odor please contact us.

Q I have blood on my bandages. Is this okay?
A It is normal; however, if the flow is consistent and soaks your bandage is less than 15 minutes, please contact us.

Q My incision opened. What do I do?
A Contact us as soon as possible.

Q I have a rash/blisters on or near my incision. What do I do?
A Apply antibacterial ointment to the area and apply a non-adhesive bandage. Try not to agitate blisters. Please contact our office to speak to your physician.

PAIN MANAGEMENT

Q I am having pain after surgery. Is this to be expected?
A It is normal; however, if the pain doesn't get better after taking pain medications, please contact us.

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

FREQUENTLY ASKED QUESTIONS

Q When does my pain pump come out?
A Three days after surgery. The nurse will show you how to remove it when you are discharged from the hospital.

PHYSICAL CONCERNS

Q I have a rash on my body. Is this normal?
A This can occur from an allergic reaction to the medications. If this occurs, stop taking medications and start taking Benadryl as directed on bottle. Then contact us as soon as possible.

Q I have leg or arm pain with swelling. What do I do?
A Contact us as soon as possible.

Q I am having fever. What should I do?
A Contact us as soon as possible.

Q How long do I wear my abdominal binder after my hernia repair?
A At least two weeks. You may remove it to shower.

Q What can I take for constipation?
A Milk of Magnesia or stool softeners (we prefer you start taking stool softeners the day after surgery even if you are not constipated, to avoid constipation). It is common for patients not to have a bowel movement for 2 to 3 days after surgery.

Q What should I do if I'm having trouble urinating?
A Contact us as soon as possible.

Q When does my drain come out?
A It usually comes out 5 days after surgery. Call our office for an appointment to have it removed.

Q I have really bad gas; what can I take?
A You can take Gas-X; however, patients who have laparoscopic surgery may experience trapped air in the shoulder. Shoulder movements may help relieve some of this pain. Walking also helps at times.

Q What can I take for diarrhea?
A Kaopectate. If this doesn't help in a 24-hour period please contact us.

Q I have mesh after a hernia repair. Is it normal for me to feel burning and pinching?
A It is common, however if you notice redness, swelling, or fever please contact us.

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

FREQUENTLY ASKED QUESTIONS

Q I am having severe nausea. What can I do?

A Some nausea is normal after surgery. However, if you are persistently having difficulty keeping liquids or solids down, contact us as soon as possible.

HYGIENE

Q When can I shower?

A You may shower the day after surgery, unless instructed by your physician.

Q When can I take a bath or go swimming?

A Patients may not sit in a pool of water for 2 weeks from the day of surgery.

POST-SURGICAL FOLLOW-UP

Q When do I need to follow up with the doctor after surgery?

A Usually 2 weeks, unless directed otherwise by your physician.

Q I had breast surgery and am waiting for my pathology report. When will I get the results?

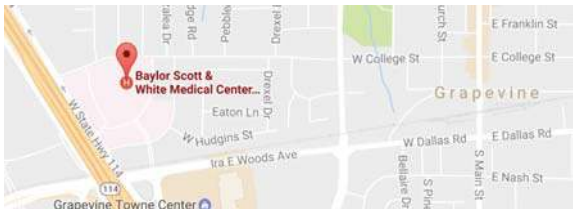
A Your surgeon typically receives the report from pathology within 48 hours of the biopsy and will call the same day.

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

HOSPITAL LOCATIONS

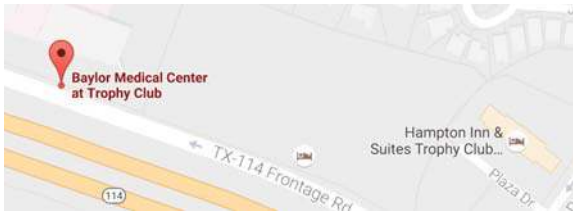
Baylor Scott & White Medical Center Grapevine
1650 West College Street
Grapevine, Texas 76051
Don & Linda Carter Outpatient Testing
(817) 481-1588
BaylorHealth.com/Grapevine



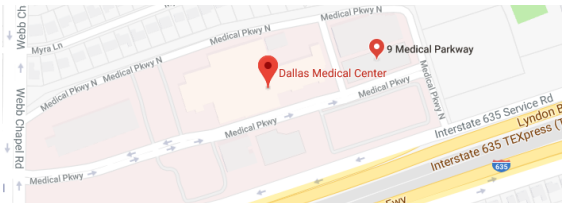
Baylor Scott & White Medical Center at Irving
1901 North MacArthur Boulevard
Irving, Texas 75061
Main Registration Desk
(972) 579-8100
BaylorHealth.com/Irving

Baylor Surgical Hospital at Las Colinas
400 West I-635
Irving, Texas 75063
Plaza I - East entrance – Registration Desk
(972) 868-4000
IC-SH.com

Baylor Medical Center at Trophy Club
2850 East State Highway 114
Trophy Club, Texas 76262
(817) 837-4600
BaylorTrophyClub.com



Dallas Medical Center
9 Medical Parkway
Plaza 4, Suite 210
Dallas, TX 75234
dallasmedcenter.com



Medical City Las Colinas
6800 North MacArthur Boulevard
Irving, Texas 75039
Main Registration is at Concierge Desk
(972) 969-2000
MedicalCityLasColinas.com

Surgical Group of North Texas

1056 Texan Trail
Grapevine, Texas 76051
Main 817 251 0070
Phone 972 254 9399

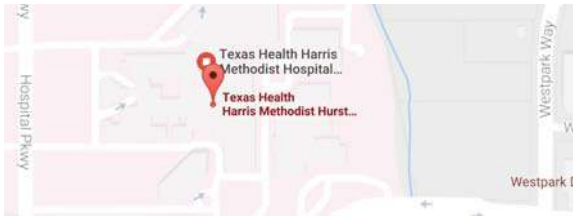
HOSPITAL LOCATIONS

Medical City Alliance
3101 North Tarrant Parkway
Fort Worth, Texas 76177
(817) 639-1000
MedicalCityAlliance.com

Methodist Southlake Hospital
421 East State Highway 114
Southlake, Texas 76092
(817) 865-4400
ForestParkSouthlake.com

Pine Creek Medical Center
9032 Harry Hines Boulevard, Suite 100
Dallas Texas 75235
(214) 231-2273
PineCreekMedicalCenter.com

Texas Health Harris Methodist HEB
1600 Hospital Parkway
Bedford, Texas 76022
(817) 848-4000
TexasHealth.org/HEB/pages/default.aspx



Texas Health Harris Methodist Southlake
1545 East Southlake Boulevard
Southlake, Texas 76092
(817) 748-8700
TexasHealthSouthlake.com