



JACK NASS, M.D.

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It is extremely important that all of the following questions be answered to the best of your ability, to facilitate proper treatment and avoid any complications that might arise due to your medical history. On the basis of these questions, we will be better able to render proper medical services.

MEDICAL HISTORY

Answers to the following questions are for our records and will be considered confidential.

NO YES

- 1. Are you in good health? _____
- 2. Did you have a physical exam within the last year? _____
- 3. Are you under the care of a physician? _____

(Name & Address)
- 4. Have you had a serious illness, operation or been hospitalized _____
- 5. Do you have, or have you had, any of the following diseases or problems: _____
 - a. Rheumatic fever or rheumatic heart disease _____
 - b. Tumor or cancer _____
 - c. Cardiovascular disease (*heart attack, heart trouble, coronary insufficiency, coronary occlusions, arteriosclerosis, stroke, congenital heart, lesions.*) _____
 - d. Allergy _____
 - e. Asthma or hay fever or sinusitis _____
 - f. Fainting spells or seizures _____
 - g. Diabetes...Has a member of your family had diabetes _____
 - h. Hepatitis, jaundice, or liver disease _____
 - i. Arthritis _____
 - j. Inflammatory rheumatism (painful swollen joints) _____
 - k. Stomach ulcers _____
 - l. Kidney trouble _____
 - m. Tuberculosis _____
 - n. Low or high blood pressure _____
 - o. Thyroid trouble _____
 - p. Glaucoma _____
 - q. Other _____
- 6. Do you have a blood disorder such as anemia _____
- 7. Have you had surgery, x-ray treatment, or radioactive isotope treatment for a tumor growth, or other condition _____
- 8. Are you taking any of the following:
 - a. Antibiotics or Sulfa drugs _____
 - b. Anticoagulants (blood thinners) _____
 - c. Medicine for high blood pressure _____

- d. Cortisone (steroids) _____
- e. Aspirin _____
- f. Insulin or any oral medication for diabetes _____
- g. Digitalis or drugs for heart problems _____
- h. Nitroglycerin _____
- i. Dilantin _____
- j. Other _____
- k. Alcohol _____
- l. Recreational Drugs _____
- 9. Are you allergic, or have you reacted adversely to any medications _____

WOMEN

- 10. Are you pregnant _____
- 11. Do you have any problems associated with your menstrual period _____
- 12. Are you taking birth control pills _____
- 13. Have you undergone, or are you undergoing menopause _____
- 14. Have you any disease, conditions, or illnesses not included above that would be considered pertinent, and if so, explain:

PATIENT INFORMATION

Please print

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Birthdate _____ Sex _____ Marital Status _____

Employed by _____

Business Address _____

Occupation _____ Work Phone _____

Social Security No. _____

Who is responsible for this account? _____ Relationship _____

In case of emergency, who should be notified? _____ Phone _____

Your drugstore name _____ Phone _____

Whom shall we thank for referring you? _____

Signature of Patient

NOTICE TO OUR PATIENTS

These are confusing times for doctors and patients alike, when it comes to medical insurance. We would like to state our position as clearly as we can from the outset. Dr. Nass does not participate in any managed care plans. Although we feel that the fees are primarily the patients' responsibility, we are prepared to help, in any reasonable fashion, with the preparation of insurance claims forms, once the fee has been paid in full. We should caution you, however, that we cannot be responsible for obtaining "prior approval" for treatment, nor can we undertake long and involved communications with insurers who are essentially unwilling to pay for services.

Please be advised that appointments set aside for you are times reserved specifically for you. Therefore, the appointment if not kept or cancelled with at least 24 hours' notice will be billed at a rate of \$350.00 per hour, and may not be covered by your insurance. If you have any questions about your coverage, please contact us before your next appointment and we will try to determine what paperwork and reimbursement you might expect.

ASSIGNMENT OF BENEFITS

The undersigned hereby authorizes the release of information relating to all claims for benefits submitted on behalf of himself and herself and/or dependents. He/she further expressly agrees and acknowledges that the signature on this document authorizes Dr. Nass to submit claims for benefits, for services rendered or for services to be rendered, without obtaining a new signature on each and every claim to be submitted. He/she will be bound by this signature as though the undersigned had personally signed each particular claim.

Authorized signature of subscriber

Date