

**GEORGE C. BRANCHE
PATIENT INFORMATION SHEET**

REFERRED BY: _____

PATIENTS NAME: _____

TODAY'S DATE: _____

OCCUPATION: _____

PATIENT'S AGE: _____

DOMINANT HAND: **RIGHT LEFT**

WHATS HURTS? **RIGHT OR LEFT – KNEE OR SHOULDER**

WHAT IS YOUR REGULAR EXERCISE ROUTINE: _____

DID YOUR INJURY OCCUR ON THE JOB? _____

DATE OF INJURY OR ONSET OF PAIN: _____

ANY PRIOR TREATMENT BY A DOCTOR? _____

DID YOU BRING: X-RAYS: _____ MRI: _____

PLEASE LIST MEDICAL ILLNESSES: _____

PLEASE LIST MEDICATIONS: _____

ALLERGIES TO MEDICAIONS : _____

DO YOU SMOKE? **YES / NO** HOW MUCH? _____ HOW LONG: _____

HAVE YOU BEEN HOSPITALIZED IN THE PAST FIVE YEARS? _____

IF YES, PLEASE LIST THE DATES AND ILLNESSES:

DATE

ILLNESS

_____	_____
_____	_____
_____	_____

GEORGE C. BRANCHE, III, M.D.
PATIENT INFORMATION

Referred By: _____

Patient Name: _____ **Today's Date** _____

Occupation: _____ **Patients Age:** _____

Dominant hand _____ **Date of Birth** _____

What Hurts? Right or Left _____ **Knee or Shoulder** _____

What is your Regular Exercise Routine? _____

Did Your Injury Occur on the Job? Y/N Date of Injury or Onset of Pain _____

Describe how injury occurred? _____

What activity causes the most pain? _____

Any prior treatment by a doctor?

Did you bring X-Ray _____ **MRI** _____

Please list medical illnesses: _____

Please list medications: _____

Please list allergies: _____

Do you smoke? Yes / No How Much? _____ **How Long?** _____

Have you been hospitalized in the last 5 years? _____

Please list the date and illnesses?

Dates:

Illnesses:

DATE: _____

Dear Mr. / Mrs. / Ms. _____

Welcome to the office of George C. Branche, III, M.D., your appointment has been scheduled for _____ at _____

Dr. Branche asks that you complete the enclosed forms and arrive 15 minutes prior to your scheduled appointment time. If you have MRI's or X-Ray's please bring the films and report along with any other doctor' notes related to your current problem. In addition please bring your insurance card and a picture ID.

If your insurance is an HMO, you will be required to have a referral at the time of your appointment. WE MUST HAVE THE REFERRAL BEFORE you can be seen. If you are unsure as to whether you need referral PLEASE call your insurance company to verify. It is your responsibility. The referral can be faxed to 703-892-4478 / or 703-892-1550.

If your HMO is Optimum Choice or MDIPA, you must have X-Rays taken prior to your visit. These insurances will not allow our facility to take X-rays. Inquire about X-rays at your primary care physicians' office.

If workers compensation is responsible for your claim we must have an AUTHORIZATION form prior to your visit. Your employer or workers compensation insurance company must provide this documentation. The form may be faxed to 703-892-4478.

If you are being seen for your knee please bring a pair of shorts with you to allow Dr. Branche to full examine your knee. If you are being seen for your shoulder please bring a sleeveless top.

If you have any questions please contact this office at 703-769-8480

Thank You the office of George C. Branche, III, M.D.