Patient Registration
Digestive Disease Consultants &
Endoscopy Center of Northern Ohio, LLC.

Today's Date:_____

Patient Name:_____ **[ ] Male [ ] Female Birth date:** _____ **Age:**____

Address:_____**City:**_____**State:**_____**Zip:**_____

Home Phone:_____ **Work Phone:**_____**Social Security #**_____-____-_____

Cell Phone #_____ **Marital status: [ ] Single [ ] Married [ ] Divorced [ ] Widowed**

Allergies:_____ **E-mail address:**_____

May we leave a message at your home with other residents [ ] Yes [ ]No On your answering machine/voice mail [ ]Yes [ ] No

Who may we talk to about your medical concerns:_____

Relationship(s) _____ **Phone**_____

Family Doctor (PCP):_____**May we provide him/her with update information [ ] Yes [ ] No**

Employer/School_____**Occupation:**_____

Spouse's Name & Date of Birth:_____ **Spouse's Employer & Work #:**_____

***Emergency Contact Name:**_____ **Phone:**_____
Someone with a DIFFERENT PHONE NUMBER than yours)

****Responsible Party for Insurance and Bills: [ ] Patient [ ] Spouse [ ] Parents [ ] Mother [ ] Father [ ]Other**_____

Primary Insurance Company:_____

Subscriber Name:_____ **Subscriber Date of Birth:**_____

ID Number:_____ **Group Number:** _____

Relationship to Card Holder: [ ] Self [ ] Spouse [ ] Dependent Card Copied: [ ] Yes [ ] No Co-payment: $_____

Secondary Insurance Company:_____

Subscriber Name:_____ **Subscriber Date of Birth:**_____

ID Number:_____ **Group Number:** _____

****For MINORS ONLY ** Child Lives With: [ ] with both parents [ ]Mother [ ]Father**

Mother/Guardian:_____ **Address (if different):**_____
Date of Birth:_____ **Home/Cell Phone:**_____ **Work Phone:**_____

Father_____ **Address (if different)**_____
Date of Birth:_____ **Home/Cell Phone:**_____ **Work Phone:**_____

****Name of Specialist Physician*** (NOT my family physician) involved with my medical care whom I authorize ongoing release of information for continuity of care:**

Physician:_____**Phone:**_____

Address:_____**Zip:**_____

Type of Physician/ health care provided:_____

Digestive Disease Consultants

1299 Industrial Parkway North, Ste. 110, Brunswick, OH 44212
PHONE: (877) 891-3636 FAX: 330-225-6534

Dr. Bipin Sharma, Dr. Fadi Bashour, Dr. David Myers, Dr. Richard Del Rio, Dr. Maya Merheb

Please complete questionnaire with updated information

Date:_____ Name of your doctor at Digestive Disease Consultants:_____

Patient Name:_____ Date of Birth:_____

Address:_____

Best phone number to reach you: _____ or _____

Name of Family Doctor:_____

List Medications (both prescriptions & over the counter) **SEE BACK SIDE OF THIS PAGE** →

Medication Allergies:_____ None:_____

* Do you have an Internal Defibrillator or Pacemaker? [YES] [NO]
* Are you on any blood thinners? (Example Coumadin, Heparin, Plavix, Vitamin E) [YES] [NO]
If yes, name of doctor who manages your Coumadin/Plavix:_____

Are you taking **Aspirin**? [YES] [NO] Are you taking **Iron pills**? [YES] [NO]
* If you are on the above medications, you may need to discontinue them prior to your procedure

***Any new surgeries or new medical illness since your last visit with one of our doctors?**

_____

Name of your medical Insurance_____

ID #_____ Group #_____

Name of 2nd Insurance:_____
We will need a to make a copy of your most recent Insurance card

Do you need a referral? [YES] [NO] **If yes, please contact your Primary Care Doctor All Kaiser Plans & Tricare Prime requires a referral**

- **Please make an appointment to pick up your instructions at least 2 weeks before your procedure date and allow at least 20 minutes for this appointment.**

Office use only:

Schedule Date:_____ Time:_____ Location:_____

Dr.'s Indications:_____

_____

TO SIGN – M.A.:_____ **NURSE VISIT:**_____

PATIENT NAME:	PHARMACY NAME / CITY:
DR: SHARMA MYERS BASHOUR DEL RIO or MERHEB	PHARMACY NUMBER:

DO YOU HAVE A MAIL ORDER PRESCRIPTION PROGRAM? YES NO

IF YES WITH WHOM**:** _____

TODAY'S DATE:_____ PLEASE LIST ALL PRESCRIBED AND OVER THE COUNTER MEDICATIONS.

Name of Medication	Prescribed by	Dose	How many times a day taking	Why taking