**Department of Neurological Surgery**
Center City Practice, Spine Division
909 Walnut Street
Floor 2
Philadelphia, PA 19107
T 215.955.7000 F 215.503.9170

Dear Patient,

Thank you for selecting Jefferson Neurological Surgery to provide your care. Dr. _____ looks forward to seeing you on _____ at _____. Please read and complete this packet.

**Preparing for your visit**
Before your visit, please:

- Request medical records from providers not affiliated with Thomas Jefferson University Hospitals. This may include office notes, consultation letters and hospital discharge summaries related to your condition. Your doctor would like the opportunity to review these before your visit. Please have them faxed to us at (215) 503-9170 as soon as possible.
- Obtain paper or digital copies of recent neurological studies, including CT scans, MRI scans and X-Rays. These should not be sent directly to us. Please bring them with you on the day of your appointment. Realize that we may request you reschedule your appointment if we do not have your past medical records and imaging studies available to us.

On the day of your visit, please bring the following with you:

- Paper or digital copies of recent neurological studies, including CT scans, MRI scans and X-Rays,
- Insurance cards,
- Government issued photo ID,
- A referral from your primary care physician, if required by your insurance plan,
- The attached medical history forms, completed,
- Payment for services, if your insurance plan has a co-pay.

**Insurance information**
Jefferson University Physicians participates with most major insurance plans. This includes Aetna, Independence Blue Cross, Medicare and United Healthcare. If you have questions about insurance, please visit JeffersonHospital.org or contact our office at (215) 955-7000.

If Jefferson University Physicians does not participate with your insurance plan, we will need to obtain authorization prior to your visit. Please call our office for assistance. Note that this may be a lengthy process.

**Our location and parking information**
The department of neurological surgery is located in the Clinical Office Building at 909 Walnut Street. Our offices are on the second floor. Discounted parking for our patients is *only* available at 925 Walnut Street. We are unable to provide a discount at any other parking lot. Our practice is within walking distance of the SEPTA Market East regional rail station, the 8th Street stop of the SEPTA Market-Frankford Line and the 9-10th St & Locust stop of the PATCO Speedline.

We are looking forward to caring for you. We request you arrive fifteen minutes prior to your scheduled visit. If you need to cancel or re-schedule your visit, we kindly request you give us at least 48 hours notice. For more information, visit us at JeffersonHospital.org or call (215) 955-7000.

Sincerely,
Jefferson Neurological Surgery

Jefferson University Physicians

# JUP Patient Registration Form

**Today's Date:**

Please complete this form in order to ensure proper billing of your services. **Please Print.**

| Patient's Last Name | | | Patient's First Name | MI |
|---|---|---|---|---|
| DOB / / | Sex ☐ M ☐ F | Social Security Number — — | Language ☐ English ☐ Other _____ | |
| Race ☐ African American or Black ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native ☐ Caucasian or White ☐ Unknown ☐ Declined | | | | |
| Ethnicity ☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino ☐ Unknown ☐ Declined | | | | |
| Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Other _____ | | | | |
| Address Line 1 | | | Address Line 2 | |
| City | | | State | Zip |
| Home Phone | Daytime Phone | | Cell Phone | |
| Home E-mail | | | | |
| Emp Status ☐ Employed Full Time ☐ Employed Part Time ☐ Self-Employed ☐ Unemployed ☐ Active Military ☐ Disabled ☐ Homemaker ☐ Student ☐ Other _____ | | | | |
| Employer | | | Work Phone | |
| Employer's Address Line 1 | | | Employer's Address Line 2 | |
| City | | | State | Zip |

**Please complete if guarantor is other than self.** *(Guarantor is the person financially responsible for this patient's bill.)*

| Guarantor's Last Name | | | Guarantor's First Name | MI |
|---|---|---|---|---|
| DOB / / | Sex ☐ M ☐ F | Social Security Number — — | Patient's Relationship to the Guarantor | Home Phone |
| Guarantor's Address Line 1 | | | Guarantor's Address Line 2 | |
| City | | | State | Zip |
| Guarantor's Employer | | | | |
| Guarantor Employer's Address Line 1 | | | Guarantor Employer's Address Line 2 | |
| City | | | State | Zip |

## Emergency Contact Information

| Emergency Contact's Last Name | | Emergency Contact's First Name | MI |
|---|---|---|---|
| Patient's Relationship to the Emergency Contact | Daytime Phone | Cell Phone | |

## Please select the source in which you heard of our practice

☐ Billboard ☐ Brochure ☐ Health Fair ☐ Health Plan ☐ Internet ☐ JEFF NOW® ☐ Mass Mailing ☐ Newspaper/Mag. ☐ Ongoing Care
☐ Patient ☐ Phone Book ☐ Phys. Off./ER ☐ Relative ☐ Radio ☐ TV ☐ Word of Mouth ☐ Other _____

## Insurance Information *A separate form is required for workers' compensation, automobile liability, or legal services.*

| Primary Insurance Company Name | | | |
|---|---|---|---|
| Subscriber's Last Name | Subscriber's First Name | Subscriber's DOB / / | Patient's Relationship to the Subscriber |
| Subscriber's Last 4 digits of SS# | Subscriber's Employer | | |
| Secondary Insurance Company Name | | | |
| Subscriber's Last Name | Subscriber's First Name | Subscriber's DOB / / | Patient's Relationship to the Subscriber |
| Subscriber's Last 4 digits of SS# | Subscriber's Employer | | |

Jefferson University Physicians

# JUP Medical History Questionnaire

MRN # _____

Patient Name *(Please Print)*: _____ Date of Birth: _____

Provider you are seeing today: _____ Today's Date: _____

Please state your problem in your own words as to why you are here today: _____

_____

_____

Did a physician request that you see one of our providers today? ☐ Yes ☐ No If yes, name of physician: _____

**Past Medical History** *(check all that apply)*: ☐ **No Past Medical History**

- ☐ Acute Myocardial Infarction (Heart Attack)
- ☐ Anemia (Low Blood Count)
- ☐ Arthritis
- ☐ Asthma
- ☐ Autoimmune Disorder (Lupus/Scleroderma/RA)
- ☐ Blood Transfusion Complications
- ☐ Cancer - list type(s):
  - _____
  - _____
  - _____
- ☐ Chest Pain (Angina)
- ☐ Chronic Liver Disease
- ☐ COPD (Chronic Obstructive Pulmonary Disease)
- ☐ Diabetes Mellitus
- ☐ Emotional Disturbance
- ☐ Gastric/Duodenal Ulcer
- ☐ Heart Disease
- ☐ Heartburn
- ☐ Hepatic (Liver) Disorder
- ☐ Hepatitis
- ☐ HIV Infection
- ☐ Hypercholesterolemia
- ☐ Hypertension
- ☐ Irritable Bowel Syndrome
- ☐ Kidney Disease
- ☐ Lower Back Pain
- ☐ Mitral Valve Disorder
- ☐ Murmurs
- ☐ Obesity
- ☐ Obstructive Sleep Apnea
- ☐ Osteoporosis
- ☐ Peripheral Vascular Disease (Poor Circulation)
- ☐ Pneumonia
- ☐ Pulmonary Disease (Lung Disease)
- ☐ Recent Methicillin-resistant Staph aureus (MRSA)
- ☐ Rheumatic Fever
- ☐ Seizure Disorder
- ☐ Sinusitis
- ☐ Stroke Syndrome
- ☐ Thromboembolic Disease (Blood Clot Disorder)
- ☐ Thrombophlebitis
- ☐ Thyroid Disorder
- ☐ Transient Ischemic Attack (Mini Stroke)
- ☐ Tuberculosis
- ☐ Other (specify):
  - _____
  - _____
  - _____

**Surgery:** ☐ **No Surgical History**

| Surgery | Date | Surgery | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Family History** *(check all that apply)*: ☐ **No Family Medical History**

| | Family Member* | | Family Member* |
|---|---|---|---|
| ☐ Anemia (Low Blood Count) | | ☐ Hypercholesterolemia | |
| ☐ Cancer - list type(s): | | ☐ Hypertension | |
| | | ☐ Osteoporosis | |
| | | ☐ Pulmonary Disease | |
| ☐ COPD | | ☐ Renal Disease | |
| ☐ Diabetes Mellitus | | ☐ Stroke Syndrome | |
| ☐ Emphysema | | ☐ Thromboembolic Disease | |
| ☐ Heart Disease | | ☐ Unattainable-Patient Adopted | |
| ☐ Hepatic (Liver) Disorder | | ☐ Other: | |
| Family Health Status of Father – Deceased Age: | | Cause: | |
| Family Health Status of Mother – Deceased Age: | | Cause: | |

***Please indicate the family member affected: mother, father, brother, sister, maternal or paternal grandmother/grandfather, etc.***

 MRN # _____

Patient Name: _____ Date of Birth: _____

## Social History:

**Marital Status:** ☐ Married ☐ Single ☐ Widowed ☐ Separated ☐ Divorced ☐ Life Partner

*(check all that apply)*

☐ **Alcohol Use:** Weekly: _____

☐ **Drug Use (Recreational):** Explain: _____

☐ **Using Intravenous Drugs:** Explain: _____

☐ **Previous History of Smoking:** Date Quit: _____ Packs Per Day _____ Years of Smoking: _____

Attempts to Quit: _____ Methods Used to Quit: _____

☐ **No History of Smoking** ☐ **Wishing to Stop Smoking**

☐ **Smoking/Nicotine Substances:** ☐ Cigarettes: Packs/Times Per Day: _____ Years _____

☐ Cigars ☐ Chewing ☐ Tobacco ☐ Pipe

☐ **Current Diet:** Explain: _____

☐ **Exercise Habits:** Times per week: _____ ☐ **Being Sedentary** (Do not exercise) ☐ **Sexually Active**

☐ **Occupation:** List All: _____

☐ **Travel:** If recently out of the country, where? _____

Do you have an advanced directive? ☐ Yes ☐ No

**Allergies:** ☐ **No Known Allergies**

| Allergy | Reaction | Allergy | Reaction |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Medications** (Include vitamins, herbal supplements and over the counter medications): ☐ **No Current Medications**

| Medications | Dosage | Frequency | Reason for Taking |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you participated in any clinical trials or used experimental drugs? ☐ Yes ☐ No Explain: _____

Are you pregnant? ☐ Yes ☐ No Last Menstrual Period Date: _____

Is there anything else about your medical history that we should know? _____

---

**Patient Signature:** _____ **Date:** _____

**I certify that I have reviewed the above information with the patient.**

**Physician Signature:** _____ **Date:** _____

Jefferson University Physicians

# JUP Patient Profile Form

**Patient Name:** _____ **Date of Birth:** _____
*(Please Print)*

**MRN:** _____

## Associated Providers

Please list any physicians below who should receive information regarding your care/visit.

**Primary Care Provider**

Name: _____ Specialty: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

**Referring Provider**

Name: _____ Specialty: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

## Pharmacy Information

Please complete your pharmacy information below.

**Retail Pharmacy**

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

**Mail Order Pharmacy**

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

## Laboratory/Radiology Information

Are your laboratory and radiology studies capitated to a specific performing location? ☐ Y ☐ N

Laboratory: _____ Radiology: _____

Jefferson University Physicians

# JUP Communication of Protected Health Information

Patient Name: _____ Date of Birth: _____
*(Please Print)*

MRN: _____

## Part A

You have informed Jefferson University Physicians (JUP) that in certain circumstances, you would like us to share your medical information with specified individuals (e.g., your spouse, mother, etc.).

JUP agrees to communicate with persons whom you designate regarding your protected health information. This agreement will remain in effect unless you provide us with written notice to terminate this consent.

## Part B

I hereby grant Jefferson University Physician's department/division of

_____

permission to communicate my protected health information to the following individuals:

| | |
|---|---|
| Name: | Relationship: |
| Address: | Telephone #: |

| | |
|---|---|
| Name: | Relationship: |
| Address: | Telephone #: |

| | |
|---|---|
| Name: | Relationship: |
| Address: | Telephone #: |

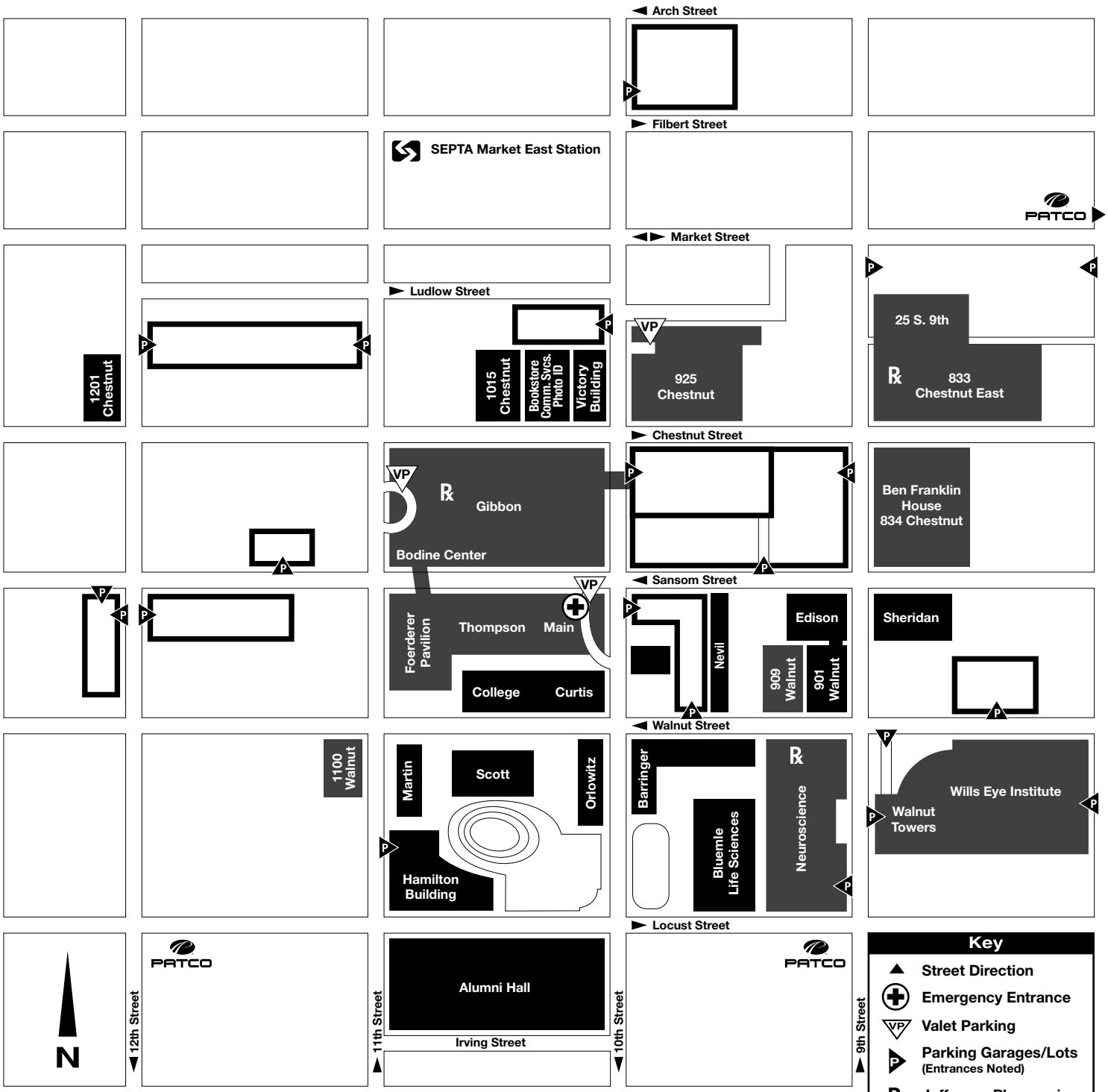
| | |
|---|---|
| Name: | Relationship: |
| Address: | Telephone #: |

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Jefferson
University Physicians

# Campus Map
## Center City




**Key**

- Street Direction
- Emergency Entrance
- Valet Parking
- Parking Garages/Lots (Entrances Noted)
- Jefferson Pharmacies (833 Chestnut, Gibbon, 908 Walnut)
- Hospital Buildings
- University Buildings

Please check with individual JUP practices regarding their policy for area parking validation or discounted rates.

87307 (REV. 02/13) JG 13-1426

# Getting to Center City Campus

**The Jefferson campus is bound by 8th and 11th Streets and Chestnut and Locust Streets. These directions will take you to the center of campus. Please refer to the campus map for specific building locations.**

## By Car

### From the Betsy Ross Bridge and Points Northeast of Philadelphia

- Follow I-95 south to Exit 22 (Central Philadelphia)
- At the end of the ramp, turn right onto Callowhill Street
- Continue on Callowhill Street to 10th Street
- Turn left onto 10th Street and continue to the Jefferson campus

### From Points North and West of Philadelphia

- Take Exit 326 (old exit 24) (Valley Forge) from Pennsylvania Turnpike
- Take Rt. 76 East and follow signs for Exit 344 (Central Phila/676 East)
- Take Exit 344 to Vine Street and follow Vine Street to 10th Street
- Turn right onto 10th Street and continue to the Jefferson campus

### From Route 309

- Take Route 309 South to the end of the expressway
- Turn right onto Rt. 611 South (Broad Street)
- Continue on Broad Street (approximately six miles) to Vine Street
- Turn left onto Vine Street and follow to 10th Street
- Turn right onto 10th Street and continue to the Jefferson campus

### From the Philadelphia Airport

- Take Rt. I-95 North to Exit 22 (Central Philadelphia)
- From the exit, stay in the left lanes and follow signs to Callowhill Street
- Once on Callowhill Street, stay in the middle lane and continue to 10th Street
- Turn left onto 10th Street and continue to the Jefferson campus

### From Delaware and Points South of Philadelphia

- Take Rt. I-95 North to Exit 22 (Central Philadelphia)
- From the exit, stay in the left lanes and follow signs to Callowhill Street
- Once on Callowhill Street, stay in the middle lane and continue to 10th Street
- Turn left onto 10th Street and continue to the Jefferson campus

### From the Main Line

- Take Rt. 476 North to 76 East and follow signs for Exit 344 (Central Phila/676 East)
- Take Exit 344 to Vine Street and follow Vine Street to 10th Street
- Turn right onto 10th Street and continue to the Jefferson campus

### From New Jersey via the Walt Whitman Bridge

- Cross the Walt Whitman Bridge. After the toll booth, take I-95 North to Exit 22 (Central Philadelphia)
- From the exit, stay in the left lanes and follow signs to Callowhill Street
- Once on Callowhill Street, stay in the middle lanes and continue to 10th Street
- Turn left onto 10th Street and continue to the Jefferson campus

### From New Jersey via the Ben Franklin Bridge

- Cross the Ben Franklin Bridge. After the toll booth, stay in the middle lane directing you to 8th Street
- Turn left onto 8th Street to Arch Street
- Turn right onto Arch Street to 10th Street
- Turn left onto 10th Street and continue to the Jefferson campus

### From the New Jersey Turnpike

- Take Exit 4 (Rt. 73 North) from the New Jersey Turnpike
- Follow Rt. 73 North to Rt. 38 West
- Continue on Rt. 38 West (follow signs for the Ben Franklin Bridge) to the Admiral Wilson Boulevard and the bridge
- Cross the Ben Franklin Bridge and follow directions immediately above

## By Public Transit

### From Northeast Philadelphia

- Take the westbound Market-Frankford elevated to 11th and Market Streets
- Walk south on 11th Street one block to the Jefferson campus at 11th and Chestnut Streets

### From South Philadelphia

- Take the Broad Street subway to Broad and Locust Streets
- Walk east on Locust Street three blocks to the Jefferson campus at 11th and Locust Streets

### From West Philadelphia

- Take the eastbound Market-Frankford elevated to 11th and Market Streets
- Walk south on 11th Street one block to the Jefferson campus at 11th and Chestnut Streets

### From the Philadelphia Airport

- Take R1 from the airport to Center City. Please check with SEPTA for the latest fares
- Call SEPTA at (215) 580-7800 for schedule
- Take the train to the Market East Station at 11th and Market Streets
- Walk south on 11th Street one block to the Jefferson campus at 11th and Chestnut Streets

### From the Suburbs

- Call SEPTA at (215) 580-7800 to determine the regional rail line closest to your home
- Take the train to the Market East Station at 11th and Market Streets
- Walk south on 11th Street one block to the Jefferson campus at 11th and Chestnut Streets

### From New Jersey

- Take the PATCO High Speed Line to the 10th and Locust Station
- Follow signs to 10th Street; this is the corner of the Jefferson campus

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