

Emerson Health Surgery Medical Health History Form

Name: _____ DOB: ____/____/____ Age: ____ Gender: _____
Height: _____ Weight: _____ Referred By: _____ Primary Care: _____
Pharmacy: _____ Address: _____

What is the Reason for your visit today? _____

Have you had any history of MRSA? [] NO [] YES: When: _____

HAVE YOU HAD AN ADVERSE REACTION TO IV CONTRAST: [] YES [] NO

ALLERGIES TO MEDICATION/FOOD/LATEX/ADHESIVES? [] YES [] NO REACTIONS TO ANESTHESIA?[] YES [] NO

Substance: _____ Reaction: _____
Substance: _____ Reaction: _____
Substance: _____ Reaction: _____
Substance: _____ Reaction: _____
Substance: _____ Reaction: _____

PLEASE LIST CURRENT MEDICATIONS: *Please include dosages and over the counter medication, vitamins or herbal supplements: You can also provide us with a copy of a list from your PCP.*

- 1. _____ 7. _____
- 2. _____ 8. _____
- 3. _____ 9. _____
- 4. _____ 10. _____
- 5. _____ 11. _____
- 6. _____ 12. _____

DO YOU ROUTINELY TAKE BLOOD THINNERS (Aspirin, Coumadin/Warfarin, Pradaxa) AND/OR Anti-Inflammatories (Aleve, Ibuprofen) [] NO [] YES If yes please list _____ Last dose: _____

Do You have a history of a bleeding disorder? [] NO [] YES: _____

PAST/CURRENT MEDICAL HISTORY: *Please list current and prior medical history, even those controlled or corrected by medication (example high blood pressure, high cholesterol, asthma, heart attack, depression, diabetes etc. Please include approximate date of diagnosis)*

- 1. _____ 7. _____
- 2. _____ 8. _____
- 3. _____ 9. _____
- 4. _____ 10. _____
- 5. _____ 11. _____
- 6. _____ 12. _____

PAST SURGICAL HISTORY: *Please list prior surgeries with approximate dates, no matter how long ago. (examples: appendectomy, gall bladder removal, tonsillectomy, hip or knee surgery etc.)*

OPERATION:

- 1. _____ Year: _____ Reason: _____
- 2. _____ Year: _____ Reason: _____
- 3. _____ Year: _____ Reason: _____
- 4. _____ Year: _____ Reason: _____
- 5. _____ Year: _____ Reason: _____
- 6. _____ Year: _____ Reason: _____

Have you ever had a Colonoscopy? [] NO [] YES If Yes, when: _____

Have you ever had polyps or abnormalities addressed during a Colonoscopy? [] NO [] Yes

If yes, please explain: _____

FAMILY HISTORY – Parents **Mother:** [] Alive [] Deceased [] Unknown **Father:** [] Alive [] Deceased [] Unknown

FAMILY HISTORY (Continued) – Check all that pertained to immediate relatives and indicate their relationship to you.

Is there any family history of The Following?

- Colon Cancer: [] NO [] YES Relationship: _____ Age Diagnosed _____
- Breast Cancer: [] NO [] YES Relationship: _____ Age Diagnosed _____
- Uterine Cancer: [] NO [] YES Relationship: _____ Age Diagnosed _____
- Bladder Cancer: [] NO [] YES Relationship: _____ Age Diagnosed _____
- Colitis: [] NO [] YES Relationship: _____ Age Diagnosed _____
- Osteoporosis: [] NO [] YES Relationship: _____ Age Diagnosed _____
- Heart Disease: [] NO [] YES Relationship: _____ Age Diagnosed _____
- Glandular Conditions: [] NO [] YES Type _____ Age Diagnosed _____
(adrenal, Pituitary, other)
- Other Cancer: [] NO [] Yes Type _____ Relationship _____ Age Diagnosed _____

SOCIAL HISTORY:

- Marital Status: _____ Number of Children: _____ Occupation: _____
- Smoking: [] Never Smoked [] Smoked in the past: packs per day? ____ How many years? ____ When did you quit? ____
[] Currently smoking Packs/amount per Day? _____ Cigarette Cigars Vape/e-cigarette other
- Do you drink alcohol? [] YES [] NO Alcohol intake: *Occasional socially* Amount: __ per day __ per week __ per month
- Recreational Drug use? [] YES [] NO Exercise? YES NO If yes how often: _____
- Living Situation: [] Live alone [] Live with spouse or significant other [] Live with a Child [] Live in a Facility or Group home

REVIEW OF SYSTEMS: Please check if *you have or have had* any of these symptoms within the last month:

CONSTITUTIONAL

- [] Fever
- [] Chills
- [] Dizziness

EYES

- [] Double Vision
- [] Loss of Vision
- [] Other: _____

EARS/NOSE/MOUTH/THROAT

- [] Pain
- [] Pressure
- [] Deafness
- [] Hoarseness

CARDIOVASCULAR

- [] Chest Pain
- [] Chest pressure
- [] Irregular Heart Beat
- [] Shortness of Breath
- [] Palpitations

RESPIRATORY

- [] Chronic cough
- [] Shortness of breath
- [] Sleep Apnea

GASTROINTESTINAL

- [] Abdominal Pain
- [] Vomiting
- [] Heartburn
- [] Change in Bowel Habits
- [] Bloody Stools
- [] Loss of Appetite

GENITOURINARY

- [] Urinary Tract Infections
- [] Kidney Stones
- [] Waking up at night to urinate
- [] Pain or Difficulty Urinating

MUSCULOSKELETAL

- [] Joint Pain
- [] Swelling
- [] Weakness
- [] Stiffness
- [] Back Pain

NEUROLOGICAL

- [] Weakness
- [] Numbness
- [] Speech Problems
- [] Memory Problems
- [] Headaches/Migraines

PSYCHIATRIC

- [] Depression
- [] Anxiety
- [] Other _____

GYNECOLOGICAL HISTORY

- Are you pregnant? [] NO [] YES
- Last Menstrual Period: _____
- Pregnancies: _____
- Dates and types of delivery: _____

Patient Signature: _____ Date: _____
 Patient Representative (minor/or unable to sign) _____ Date: _____
 Relationship of patient representative to patient: _____
 Provider Signature: _____ Date: _____

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Additionally, Massachusetts law protects you from being balance billed when receiving covered services from an out-of-network provider:

- When you did not receive advance notice that the provider was out-of-network;
- When the medically necessary, covered services are not available in-network; or
- At an in-network facility and you did not have a reasonable opportunity to choose an in-network provider.

These protections apply to patients with coverage through a health maintenance organization (“HMO”) or a preferred provider organization (“PPO”) and only require you to pay the amount required for in-network services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

Massachusetts law also protects you from balance billing when receiving emergency services if you have HMO coverage; and, if you have PPO coverage and did not have a reasonable opportunity to utilize a preferred provider.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact:

- The Centers for Medicare & Medicaid Services (CMS) at (800) 985-3059, Website: <https://www.cms.gov/nosurprises>
- The Massachusetts Attorney General's office at (888) 830-6277, or online at <https://www.mass.gov/how-to/file-a-health-care-complaint>
- The Massachusetts Division of Insurance, Consumer Services Unit at (617) 521-779, or online at <https://www.mass.gov/how-to/filing-an-insurance-complaint>

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Emerson Health Surgery is located in the **John Cuming Building** at Emerson Hospital. We recommend parking in either of the two open parking lot that run parallel to Route 2. There is ample handicap parking and when parking in the open lot, we will be validate your parking ticket for you. Valet parking is also available for your convenience for \$10.00. Please note we are unable to validate valet parking or parking in the main hospital garage, however, Valet is free for Handicap and patients needing assistance. Once you arrive in the John Cuming Building you will find the main elevators or stairs just before the laboratory. Our providers are in Suite 500.

