

Capital Endocrinology

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Whitehorse Executive Center 1235 Whitehorse Mercerville Road Building C, Suite 301 Hamilton, New Jersey 08619

Tel: 609 896 5970 Fax: 609 896 5973

capitalendocrinology.com

Welcome to Capital Endocrinology! We are happy to have you as a patient in our practice. Please take note of the following policies. Following these policies will help in making your visit as efficient as possible.

Your appointment is scheduled on:	<u> </u>
	_
Please arrive at:	

Please bring the attached paperwork to your appointment. Please arrive 15 minutes prior to your appointment time to complete any necessary additional information. Please remember to bring your insurance card, a photo ID, and co-pay to each appointment. See below for your insurance referral responsibility.

General Office Policies

<u>Appointments</u> – We set aside adequate time to spend with you to address your needs. Please respect others and arrive on time for appointments. If you are more than 10 minutes late, you will possibly need to be rescheduled. Because of our growing practice, it may be difficult to reschedule you immediately. If you cancel, we will do our best to accommodate you as soon as possible.

<u>Referrals</u> – It is your responsibility to bring your referral if required. Failure to do so may result in cancellation of your appointment.

<u>Cancellations and No-Shows</u> – If you need to cancel, please provide 24 hours notice. If you no-show, you will be billed \$20.

<u>Refills</u> – Please allow 48 hours for any prescription refill. Please inform the medical assistant or nurse if you need refills at the time of your visit and we will gladly provide you with a new prescription at that time.

<u>Pregnancy</u> – Please notify the staff when scheduling your appointment if you are pregnant so we can schedule your appointment appropriately.

<u>Cell phone</u> – For the respect of others, please refrain from using cell phones while in the office. Please place all cell phones on vibrate when entering the office.

<u>After Hours</u> – The on-call physician will be notified by the answering service for all emergencies. Please do not contact the on-call physician for prescription refills. If you are on insulin, your pharmacy will provide you with enough until the next business day when we can refill your prescription.

Please bring all medications, referrals and blood glucose logs (if you have diabetes) to each appointment. If you are a returning patient, please make sure all bloodwork and imaging studies are done at least one week prior to your appointment.

We appreciate your cooperation!

Capital Endocrinology Whitehorse Executive Center 1235 Whitehorse-Mercerville Road Bldg. C, Suite 301 Hamilton, NJ 08619 Office-609-896-5970 Fax-609-896-5973

Patient Name:		$D \cap P$			
	Please print	D.O.B			
Address:					
Street		City	State	zip code	
		A MESSAGE FOR A LE PURPOSE OF A			
Test(s) result(s), p appointment(s)	rescription(s) re	efill(s) appointmen	t(s) or resche	duling of	
HOME #		CELL #			
I give my consent for my medical information to be shared and discussed with the following person(s):					
1)		2)			
My health insur of any change i		•	/ Capital En	docrinology	
Patient Signatu Date/Relationsh	•	representative)			
Signature	Date	Signature		Date	
Signature	Date	Signature		Date	
Signature	Date	Signature		Date	
Signature	Date	Signature		Date	
Signature	Date	Signature		Date	

CAPITAL ENDOCRINOLOGY

	Date
PLEASE PRINT	
Patient Name:	H. Phone:()
Cell Phone ()	E-Mail Address
Address:	Date of Birth:
Addiess	Date of Birth:
City:State:	Zip: Soc Sec No:
Spouse/Partner:	
Sex: □M □F Marital Sta	ntus: □S □M □W □D □Sep
<u>Ethnicity:</u> □Hispanic □Nor	n-Hispanic □Unknown
Race: □Unknown □African Ame	rican □Asian □Caucasian □Chinese □Filipino □Hispanic
□Japanese □Native Amer <u>Language:</u>	rican □Native Hawaiian □Pacific Islander □Other
Employer:	W. Phone: ()
Pharmacy Name/Phone #	
Reletted by.	Primary Care Physician:
	MEDICAL INSURANCE INFORMATION*
Group#:	Policy/ID#:
Patient Relationship to Subs	criber
·	
	Soc Sec#:
	Group#:
	Patient Relationship to Subsc:
	Date of BirthSocSec#:
-	
	from Patient or Parent/Guardian):PrimarySecondary
Address :	
	State: ZIP:
Employer:	W. Phone: ()
Work Address:	City: State:ZIP

In case of Emerge	ncy, Contact:	
Relationship:		
Home Phone:	Work Phone:	Other:
Please read, sign, company for your	and date the following to allow medical care:	us to bill your insurance
the patient authoriz though I may have services. I authoriz my diagnosis and to insurance claims fil- permit a copy of thi	ed to furnish the information requ some type of insurance coverage	, I am responsible for payment for nformation, or records concerning equired to substantiate or explain tly to PRACTICE NAME and e of the original. This
be made either to not ome by that physicare provider of any (Section 1128B of the for withholding this me to release to the	cian or supplier. I understand it is y other party who may be respons	NAME for any services furnished mandatory to notify the health sible for paying for my treatment. S.C. 3801-3812 provides penalties der of medical information about d Services and its agents any
Signature of Patien	t or Authorized Person (Address/l	Relationship) DATF
If I have Medigap comade either to me to me by that physicabout me to release (Name of Medical Property (Name of Medical P	overage, I request that payment or or on my behalf to Capital Endocr cian or supplier. I authorize any h	of authorized Medigap benefits be inology for any services furnished nolder of Medicare information
Signature of Patien	t or Authorized Person (Address/l	Relationship) DATE
****	**********	*******
	viewed the attached, and there ded. (To be re-signed once a year	<u> </u>
Signature:		Date:

Capital Endocrinology Review of Symptoms New Patient Encounter Form

	 	OB:
ress:	 Phone: _	
ance Directive: Y N		
nary Care Physician:	Phone:	
thalmologist:		
diologist:		
iatrist:		
Medical History: ou have a history of:	Month/Year	Description
1 2 3 4 5	7 8 9 10	cions)
<u> </u>		

Capital Endocrinology

Patient Name	:			DOB:
Social History	,			
Single	Married	Divorced	Widowed	Alcohol Use:
Occupation: _ Please answe	er the follow	ving:		Tobacco Use:

Have you had (in the past year) or are you currently having any of the following:

	YES	NO	COMMENTS
Weight Loss			
Weight Gain			
Thirst			
Fatigue			
Dizziness			
Recent Chemotherapy			
Recent Radiation			
Headaches			
Blurry Vision			
Difficulty Swallowing			
Breathing Problems			
Cough			
Asthma			
Memory Change			
Balance Problem			
Numbness			
Frequent Urination			
Blood in Urine			
Heartburn			
Vomiting			
Constipation			

	YES	NO	COMMENTS
Back Pain			
Fracture			
Joint Pain			
Swelling of Joint			
Leg Pain at Rest			
Leg Pain Walking			
Frequent Falls			
Rashes			
Dry Skin			
Change in Hand or Feet Size			
Difficulty Sleeping			
Depression			
Irregular Period			
Libido Change			
Breast Discharge			
Kidney Stones			
Erectile Dysfunction			
Chest Pain			
Leg Swelling			

Directions:

From the North (New Brunswick and Princeton):

Follow Route 1 South to Quakerbridge Rd. Take the Quakerbridge Rd. Exit East. Go through approximately seven lights before you come to Route 33. Go through the intersection of Route 33 (Applebee's Restaurant will be on left corner). Street name changes to Whitehorse-Mercerville Rd. Go through four lights. Go ½ block Whitehorse Executive Center is on the left (across from the Hamilton Police stateion) Turn left into parking lot, then turn right and follow road to second building on the left.

From South Jersey:

Take Route 295 North to Exit 61 (Arena Drive). At the third light, make a left onto Whitehorse Avenue. Whitehorse Avenue changes to Whitehorse-Mercerville Road. Proceed on road for three lights, Whitehorse Executive Center (across from the Hamilton Police station) is located on the right after the third light. Turn right into parking lot, then turn right and follow road to second building on the left.

From the East (Freehold/Jackson):

Take Route 195 West towards Trenton. Exit at Hamilton Square. At the traffic light, make a left onto Kuser Rd. Follow Kuser Rd. for approximately two miles. The K-Mart Shopping Center will be on your left. Make a right onto Whitehorse-Mercerville Road. Proceed less than 2/10ths of a mile. Whitehorse Executive Center is on the right (across from the Hamilton Police station). Turn right into parking lot, then turn right and follow road to second building on the left.

From the West (Ewing/Trenton):

Follow Olden Ave. East to Whitehorse Ave. Make a left onto Whitehorse Ave. Proceed on Whitehorse Ave. to Kuser Rd. (K-Mart Shopping Center). Go through the intersection of Whitehorse Ave. and Kuser Rd. The name of the road will change to Whitehorse-Mercerville Rd. . Proceed less than 2/10ths of a mile. Whitehorse Executive Center is on the right (across from the Hamilton Police station). Turn right into parking lot, then turn right and follow road to second building on the left.

From Pennsylvania (Route 95):

Take Route 95 North to Route 295 South to Route 33 East (Mercerville Exit). Follow to traffic light. Make a left onto Nottingham Way. You will need to be in right lane on Nottingham Way Make a right onto Quakerbridge Rd. Go through traffic light at Route 33 (Applebee's Restaurant will be on left corner). Street name changes to Whitehorse-Mercerville Rd. Go through four lights. Go ½ block Whitehorse Executive Center is on the left (across from the Hamilton Police station). Turn left into parking lot, then turn right and follow road to second building on the left.

From Pennsylvania (Route 1):

Follow Route 1 North into New Jersey. Follow Route 1 North to Whitehead Rd. East. Make a right at the end of the ramp. Go to the traffic light and make a left onto Sloan Ave. At the fifth traffic light, make a right onto Quakerbridge Rd. Proceed straight passing through a 5-points intersection to Route 33 (Applebee's Restaurant will be on left corner). Street name changes to Whitehorse-Mercerville Rd. Go through four lights. . Go ½ block Whitehorse Executive Center is on the left (across from the Hamilton Police station). Turn left into parking lot, then turn right and follow road to second building on the left.