

# Central Texas Colon and Rectal Surgeons

## Patient Registration and History Form

Are you a(n):						
New Patient	If you are a new patient, plea	se fill out all the sections on this fo	rm.			
Established Patient	If it has been one (1) year sin	ce your last visit, please fill out all	sections on this form			
Who is your appointment with today?	<ul> <li>Robert W. Cline, M.D.</li> <li>David Fleeger, M.D.</li> <li>April W. Fox, M.D.</li> </ul>	<ul> <li>Ernest D. Graves, III, M.D.</li> <li>Thiru V. Lakshman, M.D.</li> <li>John S. Mangione, M.D.</li> </ul>		I. Miller, M.D. Shah, M.D. . Solis, M.D.		
Please describe why	you are seeking treatment	today:				
Demographic Informat						
Name						
	Mr. Miss Ms. Mrs. Dr.	Other: Sex: M F				
First: Address:	Niddle ii City:	nitial: Last:	State 7	p Code		
	Ony: / Age:	Social Security #:		-		
Employor		Occupation				
Employer Preferred Language:	Ethnicity: Not His	spanic or Latino Hispanic or La				
Race (circle one): White	Black or African American Asi	ian Hawaiian or Pacific Islander	Native American or A			
Preferred Pharmacy and	Location:	Preferred Lab:				
		Primary Care Physician:				
Insurance Information						
		5				
Primary Insurance Secondary Insurance		Policyholder Policyholder				
•	ID					
Contact Information						
Phone Home: ( ) -	Cell: ( )	- Work: ( )	- Preferred:			
Email Address:	Cen	Emergency Contact:	<u> </u>	) -		
Do we have permission		3 ,	•	,		
Do we have permission			Yes	No		
Leave a message on y	your home answering machine?					
Leave a message on your work voicemail?						
Send a text message to your cell phone (i.e. appointment reminders; announcements)?						
Register you for our patient portal? (You will receive an email invitation).           □         □         □						
2						
lf you answered yes, µ <b>Nam</b>		with and their relationship to you below ationship Phone Nu				
Allergies						
No Known Allergies	□ Yes (Please list any: for	od, drug, latex, and any other allergy w	e should know about b	elow)		
Medications						
Are you currently taking any n	nedications?   Yes	□ No				
If your answer is yes, please I Medications	list all of the medications you are taki Dosage How Ofte	-	Dosage	How Often		
1		6				
2 3	<u> </u>	8				
4		9				
5		10				
Vaccines						
Immunizations						
Flu Shot: Pneumonia Vaccination:		ast Flu Shot: ast Pneumonia Vaccination:				
	□ Yes □ No Date of La	ast i neumonia vaccination.				

Check all that apply       Cloon Polyps       High Blood Pressure       Uterine Cancer         Breast Cancer       Crohn's Disease       Kidney Disease       Other:         Colon Cancer:       Diabetes       Ovarian Cancer       Please list if "Other" checked:         Mother       Mother       Ulcerative Colitis       Please list if "Other" checked:         Mother       Yes No       No       Person       Yes No         Do you have children?       Yes No       No       Yes No       Yes No         Do you sme alcohol?       Yes No       If yes, how many children do you have?       Yes No       Yes No         Surgical History       Yes No       If yes, how many times a week?       Yes No       Yes No       Yes No         None       Gallbladder Removal       Pacemaker   Defibrillator       Knee   Type?       Pecemaker   Defibrillator         Appendectomy       Heart I Type ?       Rectal Surgery   Type ?       Pacemaker   Defibrillator       Tonsillectomy         Breast       Hip       abscess       plionidal cyst       Thyroidectomy       Tubal Ligation         Colon Scopy       Ovaries Removed       hemorthoid       Pacemaker   Defibrillator       Scoses         Past Medical History       Stocke/ CVA       hemorthoid       Sleep apnea	Family History				
Breast Cancer       Choins Disease       Norana Cancer       Please list IF "Other"         Who?       Patter       Fishing       Please list IF "Other"       Please list IF "Other"         Social History       Are you marked?       Uscrative Colitis       Please list IF "Other"       Please list IF "Other"         Social History       Yes       No       Do you ever smoked?       Yes       No       Do you ever smoked?       Yes       No         Dy you consume actorit?       Yes       No       Do you ever smoked?       Yes       No	Check all that apply				
Coho Cancer       Dibabetes       Ovarian Cancer       Please list IF "Other" checked:         Moherer       Social History	•		High Blood Pressure	Uterine Cancer	
Whote       Plant       Discase       Uccentive Collis         Social History       Area you arrefs       Vss       No         Are you arrefs       Vss       No       Do you arrefs       Vss       No         Do you bare children ?       Vss       No       Do you arrefs       Vss       No         Do you carsume alcohol?       Tyses, how many times a week?       Significal History       Krees [7] per?       No         Singlaci History       Galibaddar Removal       Pacemasker [Deficitiator       Krees [7] per?       Pacemasker [Deficitiator       Torsilicotomy         Badder surgery       Hernis [1] Location ?       Recat Surgery [Type ?       Torsilicotomy	Breast Cancer	Crohn's Disease	Kidney Disease		
Mather				Please list if "Other" checked:	
Social History <pre></pre>		Heart Disease	□ Ulcerative Colitis		
Are you married?        Yes   No       Have you ever anokod?        Yes   No         Do you have?       Do you centrols?        Yes   No         Do you centrols?        Yes   No       Do you centrols?        Yes   No         Do you centrols?        Yes   No       Do you centrols?        Yes   No         Strigted History        Yes   No       Do you centrols?        Yes   No         Appendoctomy       Heating   Dollarity   Typo?       Rocal surgery   Typo?       Paramate   Dollarity   Typo?         Cataract       Hijk       absoces       gabined to gaby.       Torsillectomy         Cataract       Hijke       absoces       gabined to gaby.       Yes   No         Cataract       Hijke   Type?       absoces       gabined to gaby.       Yes   No         Cataract       Hijke   Hood Pressure       Solure Disorder       Solure Disorder       Yes   No         Cataract (Type?)       Cateral History       Cateral History       Solure Disorder       Solure Disorder       Yes   No         Cataract (Type?)       Cateral History       Deparates       Solure Disorder       Solure Disorder       Yes   No         Cataract (Type?)       Cateral History       Deparates       Solure Disorder       Solure Disorder       Solure Disorder       Yes   No					
Dy Oy Justice Alledian (2)       IVes       No       Dy Oy Justice Alledian (2)       U'es       No         Dy Oy London (2)       'Yes       No       Dy Oy London (2)       U'es       No         Strigical History       Galibadder, Removal       Pacemaker () Definition       Presentater () Definition       Tore         Strigical History       Heant 1/pye?       Pacemaker () Definition       Tore       Pacemaker () Definition       Tore         Biaddor surgery       Heant 1/pye?       Internet (2)       Pacemaker () Definition       Tore       Tore         Catanaca       Hysterectomy       dianage       palonical cyst       Tore       Tyre/ deactomy         Past Madical History       Over (2)       Over (2)       Seizure Disorder       Seizure Disorder       Seizure Disorder         Past Madical History       Disorticus       Catanaca       Catanaca       Seizure Disorder       Seizure Disorder         Past Madical Insta apply and explain below       Disorticus       Catanaca       Seizure Disorder       Seizure Disorder         Past Madical Insta apply and explain below       Disorticus (2)       Tore (2)       Seizure Disorder       Seizure Disorder         Anatha       Disorticus (2)       Catanaca (2)       Seizure Disorder       Seizure Disorder       Seizure Dis			Have you ever smoked?		
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A triad if brillation Diverticultitis Cliver Disease Undervalues is   B ack/Spine disorder G bleeding Liver Disease Valvular Heart Disease   B ack/Spine disorder G bleeding Wi Heart Attack Valvular Heart Disease   C acnec (r please list type) G ERD/ reflux Neurologic Disease Unerative Coltis   C acnec (r plexpsema HPV   ADS Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Osteoarthris Unienty tract Infection/vecurrent   C ordon polyps Hepatiis A, B, C Significant Weight Loss (Ibs			•		
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Back/Spine disorder Gi bleeding M/ Heart Attack Varicose Veins/Phiebitis   Cancer (please list type) Hepatti SA B, C Osteoarthitis Ulcerative Colliss   Colon polyps Hepatti SA, B, C Petpic Ulcer Disease Other history / Medical Information   Corbin Si Desease HPV   Condy/oma Pulmonsure Other history / Medical Information   Corbin Si Desease HPV   Condy/oma Pulmonsure Other history / Medical Information   Corbin Si Desease HPV   Condy/oma Pulmonsure Other history / Medical Information   Corbin Si Desease HPV   Condy/oma Pulmonsure Important type   Cardiovascular: Pain Fainting Leg Swelling Palptations   Constitutional: Cold Symptoms Suspicious Lesions Changing Moles Rash I tching   Endocrine: Intolerance to: Cold   Heat Unusual Weight Change Sore Throat   Endocrine: New Skin Lesions Suspicious Lesions Changing Moles Rash I tching   Endocrine: Intolerance to: Cold   Heat Unusual Weight Change Change in Bowel Habits   Gastrointestinal: Notober Vicio Significant Weight Losion I and anxiety   Reakurine: Intolerance to: Cold   Heat Unusual Weight Change Change in Bowel Habits   Effer: Constipation Constantified like you need to pass stool Diarthea   Back Vini Dobib Visio Significant Weight Losion I anthea   Effer: Blood i					
<ul> <li>Calcor (plase list type)</li> <li>Heart (is A, B, C)</li> <li>Calcor polyps</li> <li>Hepatitis A, B, C)</li> <li>Calcor polyps</li> <li>Hepatitis A, B, C)</li> <li>Peptic Uler Disease</li> <li>Other history / Medical Information</li> </ul> Brease: <ul> <li>HPV   Condyloma</li> <li>Pulmonary Embolism</li> </ul> Brease: <ul> <li>Pain</li> <li>Current Symptoms</li> </ul> Cardiovascular: <ul> <li>Constitutional:</li> <li>Cond Symptoms</li> <li>Period</li> <li>Pain</li> <li>Constitutional:</li> <li>Cond Symptoms</li> <li>Period</li> <li>Pain</li> <li< th=""><td>•</td><td>Ũ</td><td></td><td></td></li<></ul>	•	Ũ			
Colon polyps Hepatitis A, B, C Osteoporosis Other history / Medical Information   COPD   Emphysema HIV   ADS Peptic Ulcer Disease   Crenhrs Diseases Pain   Current Symptoms			5		
Crohn's Disease       PV   Condyioma       Pulmonary Embolism         Current Symptions         Current Symptions       I below         Prease check all that apply and exit provides and anxiety       I below         Prease check all that apply and exit provides and anxiety       I below         Cardiovascular:       Chest Pain       Fatigue       Perver       Por Appetite       Significant Weight Loss (Ibs	Colon polyps	Hepatitis A, B, C	Osteoporosis	Other history / Medical Information	
Current Symptoms         Please check all that apply and explain below         Breast: <ul> <li>Pain</li> <li>Lump:</li> <li>Left   Right</li> </ul> Cardiovascular:              Chest Pain <ul> <li>Fatigue</li> <li>Fever</li> <li>Poor Appetite</li> <li>Significant Weight Loss (lbs) and anxiety</li> </ul> Dermatology:       New Skin Lesions       Suspicious Lesions       Changing Moles       Rash       Itching         Ear, Nose, Throat, and Mouth:       Cold Symptoms       Mouth Ulcers       Sleep Apnea       Sore Throat         Endocrine:       Intolerance to:       Cold Heat       Unusual Weight Change       Eyes:       Eye Pain       Double Vision         Gastrointestinal: <ul> <li>Abdominal Pain</li> <li>Blood w/Stool</li> <li>Blood in Urine</li> <li>Constigation</li> <li>Constantly feel like you need to pass stool</li> <li>Diarrhea</li> </ul> Gastrointestinal: <ul> <li>Blood in Urine</li> <li>Painful Urination</li> <li>Urine Incontinence</li> <li>Trouble with Ownement</li> <li>Stomach Ulcer</li> </ul> Genitourinary: <ul> <li>Blood in Urine</li> <li>Painful Urination</li> <li>Urine Incontinence</li> <li>Irouble with Urination</li> <li>Prob</li></ul>	COPD   Emphysema	□ HIV   AIDS	Peptic Ulcer Disease		
Please check all that appy and explored         Brease:	🗆 Crohn's Disease	🗆 HPV   Condyloma	Pulmonary Embolism		
Breast:       Pain Lump: Left   Right         Cardiovascular:       C hest Pain       Fainting       Leg Swelling       Palpitations         Constitutional:       C hills       Fatigue       Fever       Poor Appetite       Significant Weight Loss (lbs) and anxiety         Dermatology:       New Skin Lesions       Suspicious Lesions       Changing Moles       Rash       Itching         Ear, Nose, Throat, and Mouth       Cold Symptoms       Mouth Ulcers       Sleep Apnea       Sore Throat         Endocrine:       Intolerance to:       Cold   Heat       Unusual Weight Change       Change in Bowel Habits         Eges:       Eye Pain       Double Vision       Stonation       Constipation       Constipation       Constipation         Gastrointestinal:       Elyte Addominal Pain       Blood w/Stool       Bright-Red Rectal Bleeding       Change in Bowel Habits         Constipation       Constipation       Constantly feel like you need to pass stool       Diarrhea         Back Pain       Blood w/Stool       Bright-Red Rectal Bleeding       Change in Bowel Movement       Stomach Ulcer         Censtopation       Constipation       Constantly feel like you need to pass stool       Diarrhea       Bright-Red Rectal Bleeding       Change in Bowel Movement       Stomach Ulcer         Gastrointesti	Current Symptoms				
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Cardiovascular: <ul> <li>Chest Pain</li> <li>Fainting</li> <li>Leg Swelling</li> <li>Palpitations</li> </ul> Constitutional: <ul> <li>Chills</li> <li>Fatigue</li> <li>Fever</li> <li>Poor Appetite</li> <li>Significant Weight Loss (bs) and anxiety</li> </ul> Dermatology: <ul> <li>New Skin Lesions</li> <li>Suspicious Lesions</li> <li>Changing Moles</li> <li>Rash</li> <li>Itching</li> </ul> Ear, Nose, Throat, and Mouth: <ul> <li>Cold Symptoms</li> <li>Mouth Ulcers</li> <li>Sleep Apnea</li> <li>Sore Throat</li> <li>Intolerance to:</li> <li>Cold Symptoms</li> <li>Mouth Ulcers</li> <li>Sleep Apnea</li> <li>Sleep Apnea</li></ul>	Breast:				
Constitutional:       Chills       Fatigue       Fever       Poor Appetite       Significant Weight Loss (lbs) and anxiety         Dermatology:       New Skin Lesions       Suspicious Lesions       Changing Moles       Rash       Itching         Ear, Nose, Throat, and Mouth       Cold Symptoms       Mouth Ulcers       Sleep Apnea       Sore Throat         Endocrine:       Intolerance to:       Cold Heat       Unusual Weight Change         Eyes:       Eye Pain       Double Vision         Gastrointestinal:       Abdominal Pain       Blood w/Stool       Bright-Red Rectal Bleeding       Change in Bowel Habits         Constipation       Constipution       Constantly feel like you need to pass stool       Diarrhea         Hemorrhoids that come out       Hemorrhoids that need to be pushed in       Pain with Bowel Movement         Reflux / Indigestion       Difficulty Swallowing       Nausea       Vomiting         Leakage of:       Liquid Stool       Flatus / Gas       Mucous with Bowel Movement       Stomach Ulcer         Blood in Urine       Painful Urination       Urination       Urine Incontinence       Trouble with Urination         Problems with Sexual Function       Dizziness       Fainting       Headaches       Numbness       Paralysis         Respiratory       Cough		Lump:  Left    Right			
Dermatology: <ul> <li>New Skin Lesions</li> <li>Suspicious Lesions</li> <li>Changing Moles</li> <li>Rash</li> <li>Itching</li> </ul> Ear, Nose, Throat, and Mouth: <ul> <li>Cold Symptoms</li> <li>Mouth Ulcers</li> <li>Sleep Apnea</li> <li>Sore Throat</li> </ul> Ear, Nose, Throat, and Mouth: <ul> <li>Cold Symptoms</li> <li>Mouth Ulcers</li> <li>Sleep Apnea</li> <li>Sore Throat</li> </ul> Endocrine: <ul> <li>Intolerance to:</li> <li>Cold</li> <li>Heat</li> <li>Unusual Weight Change</li> </ul> Eyes: <ul> <li>Eye Pain</li> <li>Double Vision</li> </ul> Gastrointestinal: <li>Abdominal Pain</li> <li>Blood w/Stool</li> <li>Bright-Red Rectal Bleeding</li> <li>Change in Bowel Habits</li> <li>Constipation</li> <li>Constantly feel like you need to pass stool</li> <li>Diarrhea</li> <li>Hemorrhoids that come out</li> <li>Hemorrhoids that come out</li> <li>Hemorrhoids that need to be pushed in</li> <li>Pain with Bowel Movement</li> <li>Stomach Ulcer</li> <li>Reflux / Indigestion</li> <li>Difficulty Swallowing</li> <li>Nausea</li> <li>Vomiting</li> <li>Readage of:</li> <li>Liquid Stool</li> <li>Flatus / Gas</li> <li>Muscuol in Urine</li> <li>Problems with Sexual</li>	Cardiovascular:	□ Chest Pain □ Fainting	□ Leg Swelling □ Palpitations		
Ear, Nose, Throat, and Mouth:       Cold Symptoms       Mouth Ulcers       Sleep Apnea       Sore Throat         Endocrine:       Intolerance to:       Cold       Heat       Unusual Weight Change         Eyes:       Eye Pain       Double Vision         Gastrointestinal:       Abdominal Pain       Blood w/Stool       Bright-Red Rectal Bleeding       Change in Bowel Habits         Constipation       Constantly feel like you need to pass stool       Diarrhea         Hemorrhoids that come out       Hemorrhoids that need to be pushed in       Pain with Bowel Movement         Reflux / Indigestion       Difficulty Swallowing       Nausea       Vomiting         Leakage of:       Liquid Stool       Sold Stool       Flatus / Gas       Mucous with Bowel Movement         Reflux / Indigestion       Difficulty Swallowing       Nausea       Vomiting         Leakage of:       Liquid Stool       Sold Stool       Flatus / Gas       Mucous with Bowel Movement         Reflux / Indigestion       Difficulty Swallowing       Nausea       Pomiting       Stomach Ulcer         Genitourinary:       Blood in Urine       Painful Urination       Urine Incontinence       Trouble with Urination         Neurological       Dizziness       Fainting       Headaches       Numbness       Paalysis	Constitutional:	□ Chills □ Fatigue		s ( <u> </u>	
Ear, Nose, Throat, and Mouth: <ul> <li>Cold Symptoms</li> <li>Mouth Ulcers</li> <li>Sleep Apnea</li> <li>Sore Throat</li> <li>Endocrine:</li> <li>Intolerance to:</li> <li>Cold   Heat</li> <li>Unusual Weight Change</li> <li>Eyes:</li> <li>Eye Pain</li> <li>Double Vision</li> <li>Ege Pain</li> <li>Double Vision</li> <li>Constipation</li> <li>Constipation</li> <li>Constantly feel like you need to pass stool</li> <li>Diarrhea</li> <li>Hemorrhoids that come out</li> <li>Hendologic / Lymphatic</li> <li>Frequent Colds/Flu</li> <li>Problems with Immunizations</li> <li>Frequent Colds/Flu</li> <li>Problems with Immunizations</li> <li>Hematologic / Immunologic</li> <li>Frequent Colds/Flu</li> <li>Problems with Immunizations</li> <li>Hematologic / Immunologic</li> <li>Frequent Colds/Flu</li> <li>Problems with Immunizations</li> <li>Hematologic / Immunologic</li> <li>Frequent Colds/Flu</li> <li>Problems with Immunizatio</li></ul>	Dermatology:	New Skin Lesions	□ Suspicious Lesions □ Changing M	loles 🗆 Rash 🗆 Itching	
Endocrine:       Intolerance to: Cold Heat Unusual Weight Change         Eyes:       Eye Pain Double Vision         Gastrointestinal:       Abdominal Pain Bood w/Stool Bright-Red Rectal Bleeding Change in Bowel Habits         Constipation Constantly feel like you need to pass stool Diarrhea         Hemorrhoids that come out Hemorrhoids that need to be pushed in Pain with Bowel Movement         Blood in Urine Difficulty Swallowing Nausea Vomiting Leakage of Liquid Stool Solid Stool Flatus / Gas Mucous with Bowel Movement Stomach Ulcer         Genitourinary:       Blood in Urine Painful Urination Urine Incontinence Trouble with Urination Problems with Sexual Function         Neurological       Dizziness Fainting Headaches Numbness Paralysis         Musculoskeletal       Back Pain Arthritis Muscle Pain         Skin       Changing Mole Itching Rash Suspicious Abnormalities         Hematologic / Lymphatic       Excessive Bleeding Excessive Bruising Enlarged Lymph Nodes         Allergic / Immunologic       Frequent Cis/Flu Problems with Immunizations	Ear, Nose, Throat, and Mouth:	Cold Symptoms	□ Mouth Ulcers □ Sleep Apnea □ S	Sore Throat	
Eyes:          Eye Pain          Double Vision          Gastrointestinal:          Abdominal Pain          Blood w/Stool          Blood w/Stool          Dight-Red Rectal Bleeding          Change in Bowel Habits         Constipation          Constantly feel like you need to pass stool          Diarrhea         Hemorrhoids that come out          Hemorrhoids that need to be pushed in          Pain with Bowel Movement         Reflux / Indigestion          Difficulty Swallowing          Nausea          Vomiting         Leakage of:          Liquid Stool          Stoil          Stoil          Dizrness         Blood in Urine          Painful Urination          Urine Incontinence          Trouble with Urination         Problems with Sexual Function         Neurological         Dizziness          Fainting          Headaches          Numbness          Paralysis         Respiratory         Stoin          Changing Mole          Itching          Rash         Skin         Changing Mole          Itching          Rash         Supicious Abnormalities         Lexcessive Bleeding          Excessive Bruising          Enlarged Lymph Nodes         Allergic / Immunologic         Frequent Colds/Flu          Problems with Immunizations	Endocrine:				
Abdominal Pain       Blood w/Stool       Bright-Red Rectal Bleeding       Change in Bowel Habits         Gastrointestinal:       Constipation       Constantly feel like you need to pass stool       Diarrhea         Hemorrhoids that come out       Hemorrhoids that need to be pushed in       Pain with Bowel Movement         Reflux / Indigestion       Difficulty Swallowing       Nausea       Vomiting         Leakage of:       Liquid Stool       Solid Stool       Flatus / Gas       Muccous with Bowel Movement         Genitourinary:       Blood in Urine       Painful Urination       Urine Incontinence       Trouble with Urination         Neurological       Dizziness       Fainting       Headaches       Numbness       Paralysis         Respiratory       Cough       Shortness of Breath       Wheezing         Musculoskeletal       Back Pain       Arthritis       Muscle Pain         Skin       Changing Mole       Itching       Rash       Suspicious Abnormalities         Hematologic / Lymphatic       Excessive Bleeding       Excessive Bruising       Enlarged Lymph Nodes         Allergic / Immunologic       Frequent Colds/Flu       Problems with Immunizations       Enlarged Lymph Nodes					
Gastrointestinal:       Constipution       Constantly feel like you need to pass stool       Diarrhea         Hemorrhoids that come out       Hemorrhoids that need to be pushed in       Pain with Bowel Movement         Reflux / Indigestion       Difficulty Swallowing       Nausea       Vomiting         Leakage of:       Liquid Stool       Solid Stool       Flatus / Gas       Mucous with Bowel Movement         Genitourinary:       Blood in Urine       Painful Urination       Urine Incontinence       Trouble with Urination         Neurological       Dizziness       Fainting       Headaches       Numbness       Paralysis         Respiratory       Cough       Shortness of Breath       Wheezing         Musculoskeletal       Back Pain       Arthritis       Muscle Pain         Kin       Changing Mole       Itching       Rash       Suspicious Abnormalities         Hematologic / Lymphatic       Excessive Bleeding       Excessive Bruising       Enlarged Lymph Nodes         Allergic / Immunologic       Frequent Colds/Flu       Problems with Immunizations       Enlarged Lymph Nodes	Lyes.				
Genitourinary:        Problems with Sexual Function          Neurological        Dizziness         Fainting         Headaches         Numbness         Paralysis          Respiratory        Cough          Shortness of Breath         Wusculoskeletal          Back Pain        Arthritis         Muscle Pain          Skin        Changing Mole          Itching         Suspicious Abnormalities          Hematologic / Lymphatic        Excessive Bleeding         Excessive Bruising         Enlarged Lymph Nodes          Allergic / Immunologic        Frequent Colds/Flui         Problems with Immunizations	Gastrointestinal:	<ul> <li>□ Constipation</li> <li>□ Constantly feel like you need to pass stool</li> <li>□ Diarrhea</li> <li>□ Hemorrhoids that come out</li> <li>□ Hemorrhoids that need to be pushed in</li> <li>□ Pain with Bowel Movement</li> <li>□ Reflux / Indigestion</li> <li>□ Difficulty Swallowing</li> <li>□ Nausea</li> <li>□ Vomiting</li> </ul>			
Respiratory       Cough       Shortness of Breath       Wheezing         Musculoskeletal       Back Pain       Arthritis       Muscle Pain         Skin       Changing Mole       Itching       Rash       Suspicious Abnormalities         Hematologic / Lymphatic       Excessive Bleeding       Excessive Bruising       Enlarged Lymph Nodes         Allergic / Immunologic       Frequent Colds/Flu       Problems with Immunizations	Genitourinary:			rouble with Urination	
Musculoskeletal          Back Pain         Arthritis         Arthritis         Muscle Pain         Skin         Changing Mole         Itching         Rash         Suspicious Abnormalities         Excessive Bleeding         Excessive Bruising         Enlarged Lymph Nodes         Allergic / Immunologic         Frequent Colds/Flu         Problems with Immunizations	Neurological	Dizziness Difference	🗆 Headaches 🛛 Numbness 🗆 Paralysis		
Skin          Changing Mole         Itching         Rash         Suspicious Abnormalities          Hematologic / Lymphatic          Excessive Bleeding         Iscessive Bruising         Iscessive	Respiratory	□ Cough □ Shortness c	of Breath		
Skin          Changing Mole         Itching         Rash         Suspicious Abnormalities          Hematologic / Lymphatic          Excessive Bleeding         Iscessive Bruising         Iscessive	Musculoskeletal	□ Back Pain □ Arthritis	□ Muscle Pain		
Hematologic / Lymphatic <ul> <li>Excessive Bleeding</li> <li>Excessive Bruising</li> <li>Enlarged Lymph Nodes</li> </ul> Allergic / Immunologic <ul> <li>Frequent Colds/Flu</li> <li>Problems with Immunizations</li> </ul>					
Allergic / Immunologic   Frequent Colds/Flu  Problems with Immunizations					
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### **Central Texas Colon and Rectal Surgeons**

For your visit, please be prepared to:

- Provide photo ID, insurance card, referral information, and to complete and sign all patient forms.
- Pay your copay. Payment is required at time of service.
- Have your referring physician provide any prior test results and office visit notes relating to your appointment.

#### PAYMENT/BILLING INFORMATION

Procedures and diagnostic exams done in the office may be categorized under your surgical benefits which can result in charges being applied to your annual deductible and not covered under your office visit co-pay.

The office will file insurance claims for services rendered to health plans we are contracted with, but patients are not relieved of responsibility for payment because of insurance coverage. Insurance Companies offer numerous plans and it is extremely difficult to determine prior to filing the claim how your benefits will be applied. We recommend reviewing your benefit plan and/or contacting your Insurance Company.

#### **MEDICARE PATIENTS additional information**

The doctors accept assignment. Medicare pays 80% of covered charges after your annual deductible is met. The patient is responsible for the other 20%. We will file a claim for secondary insurance if the information is provided at the time your visit.

In addition, the initial consult/visit is not covered for screening and history of diagnosis. Please consult Medicare if you have any questions about your coverage for well-visits with no symptoms.

#### **PRIVATE PAY**

Payment arrangements can be made prior to your appointment. This office offers a prompt pay discount when charges are paid at the time of service; no claim filing is required and this is not in violation of contractual agreements with insurance carriers.

#### **INSURED PATIENTS**

The following are examples of services and codes which may be helpful when contacting your insurance company to determine if services will be covered under annual deductible or office visit co-payment:

- <u>In Office</u>: Anoscopy (diagnostic rectal exam) CPT code 46600; Sigmoidoscopy (diagnostic colon exam) CPT code 45330; Hemorrhoid excision (office procedure/surgery) CPT code 46221.
- Screening Colonoscopy for colon cancer, Diagnosis code Z12.11, is used when there are no symptoms present or found. A different diagnosis code must be used if there is a personal history, symptomatic diagnosis (i.e. blood in the stool) or any other diagnosis is found (i.e.polyp). These may have different insurance benefits. A modifier is added to the procedure code to let the insurance company know this was a "screening" colonoscopy.
   Diagnostic Colonoscopy CPT code 45378: This procedure code is used for reporting both screening and symptomatic colonoscopies. If polyps are removed or biopsies taken other coding is used, an example would be 45380 (colonoscopy with biopsy, single or multiple).
- Colonoscopies are performed in an outpatient setting, (Hospital or Surgery Center), not in our office. You will be billed separately by the facility.

For additional information on payment or billing, please contact our Billing Office at 512-418-1979, option 6.

I have read and understand the above information.					
Patient/Responsible Party Signature	Date				
l have received the Notice of Privacy Practices and u	understand that I may receive a copy of this information upon request.				
	Data				

Patient/Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_