

Franklin Perry, M.D., Ph.D.
Rainbow Medical Corporation
1660 S. Amphlett Blvd, Ste. 308
San Mateo, CA 94402
Phone: 650-330-3688/Fax: 650-330-3686

New Patient Registration Packet

Dear Patient,

Welcome to Rainbow Medical Corporation! At the time of your appointment, please bring the following:

- Driver's License
- Payment method for initial visit (cash, check, credit or debit card)
- Medical Records
- Labs or imaging
- Insurance Card (although we do not accept insurance, often labs need a copy of your card)

Today's Date: _____ Date of Initial Appointment: _____

Name: _____

DOB: _____ Age: _____ Gender: Male or Female

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Number: _____ Home/Cell/Work

Secondary Contact Number: _____ Home/Cell/Work

Email: _____

Insurance: _____ ID #: _____

Referring Physician: _____ Phone: _____

Address: _____

Type of Physician: _____

Pharmacy: _____ Phone: _____

Address: _____

Primary Care Physician: _____ Phone: _____

Address: _____

Marital Status: Single / Married / Widowed / Divorced / Separated / Other

Spouse or Partner's Name: _____

Phone Number: _____

Person to notify in case of emergency: _____

Relationship: _____ Phone: _____

Do you have children or step-children? If so how many? _____

Hospital Choice

Name: _____

Address: _____

Phone: _____

Employer Information

Are you employed? Yes or No

Employer/Company: _____

Occupation: _____ Phone: _____

Address: _____

Medical History

Please list all current and past (please date) medical history. Please use the chart below as a reference:

- a) _____
- b) _____
- c) _____
- d) _____

Allergies	Colitis	Hepatitis	Lung Disease	Rectal Disease
Anemia	Diabetes	Herpes	Meningitis	Recurrent UTIs
Arthritis	Eczema	High Blood Pressure	Mental Illness	Skin Disease
Asthma	Epilepsy	High Cholesterol	Migraines	Stroke
Bleeding Disorders	Gallbladder Diseases	Joint Disease	Mumps	Syphilis
Cancer	Gonorrhea	Kidney Disease	Neuritis/Neuralgia	Thyroid Disease
Chicken Pox	Gout	Liver Disease	Pneumonia	Ulcers
Chlamydia	Heart Disease	Low Back Pain	Polio	
	Hemorrhoids			

Please report any known allergies:

a) Medication allergies Yes No If yes, what to: _____

b) Food allergies? Yes No If yes, what to: _____

Please report if any personal history of dementia, trauma (including sexual assault, domestic violence, emotional, PTSD, etc.), alcoholism, drug abuse, or mental illness (including bipolar disease, schizophrenia, depression, etc).

Yes No If yes, what: _____

Please report if any family history of dementia, trauma (including sexual assault, domestic violence, emotional, PTSD, etc.), alcoholism, drug abuse, or mental illness (including bipolar disease, schizophrenia, depression, etc).

Yes No If yes, what: _____

Please report if any personal history of ADHD/ADD, anxiety, or any learning disabilities (Dyslexia, Auditory Processing Disorder, etc).

Yes No If yes, what: _____

Do you or have you worked with a psychologist or psychiatrist for your wellbeing and/or your mental health?

Yes No If yes, who: _____ and when (current / past): _____

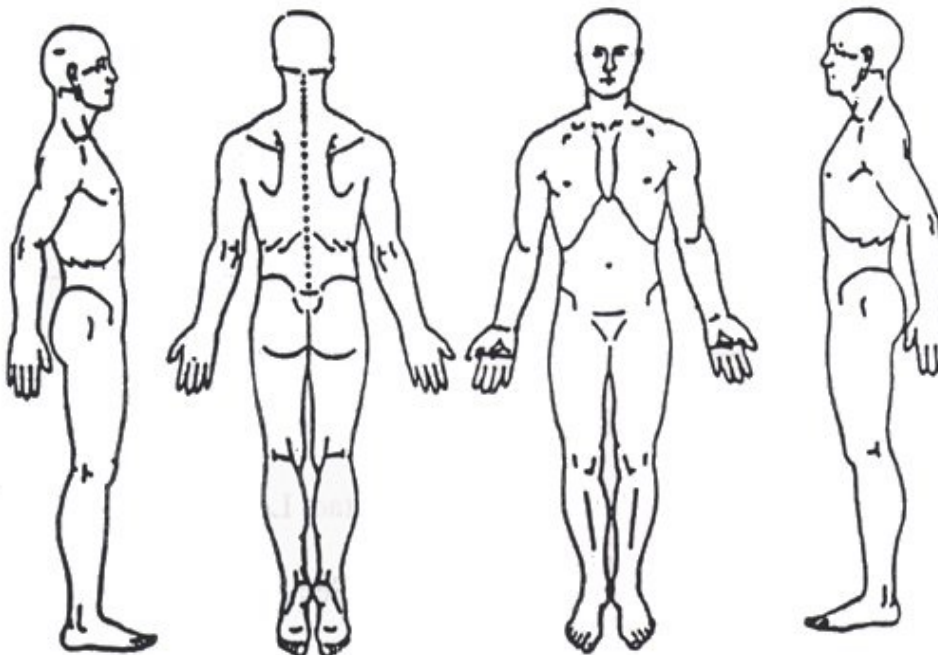
*Report any social activity:

- Gym Walking/Running/Jogging Swimming/Aquatics Exercise Yoga Dog Walking
 Visiting with family or friends Community Events Other: _____

Body Diagram

On the diagram to the right, mark where your pain is now:

A = Aching; S = Stabbing; PN = Pins and Needles; N = Numbness; SP = Sharp; T = Tingling



Intractable Pain – California Definition: A pain state in which the cause of pain cannot be removed or otherwise treated and which, in the generally accepted course of medical practice no relief or cure of pain is possible or none has been found after reasonable efforts.

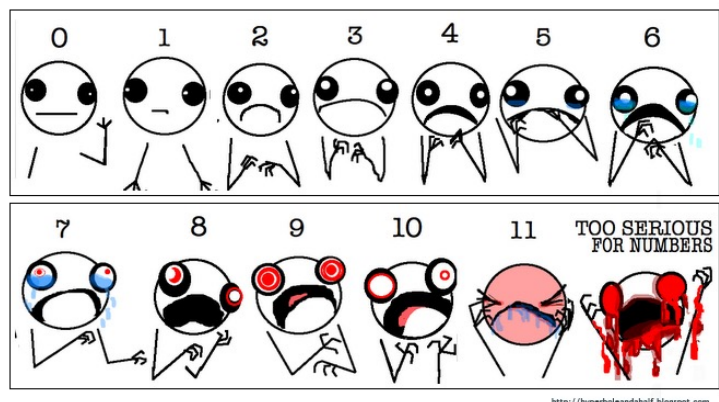
Reasons for Intractable Pain: Did you have an accident or an injury?

1. _____
2. _____
3. _____

Describe your current areas of pain and when it started: _____

If zero (0) is no pain and ten (10) is the worst pain imaginable, how do you rate your pain? Please reference the diagram below for how to rate your pain.

Now: _____ Usually: _____ At Best: _____ At Worst: _____



What worsens or increases your pain? _____

What lessens or decreases your pain? _____

Have you had surgery for your intractable pain? Yes No

If yes, how many times and the dates? _____

Describe your surgery: _____

List all other surgeries you have had and the dates of each:

- | | |
|----------|----------|
| a) _____ | b) _____ |
| c) _____ | d) _____ |
| e) _____ | f) _____ |

Current Treatments and Medications

List the main opioid, narcotic, or pain reliever (including dosage and how many times per day you take it) which you currently take for your intractable pain:

Name of Medication	Dose	# per day

Do you think you are addicted or dependent on the medications listed above? Yes No Don't know

Please check all the opioid medications you have taken in the last week:

- Codeine Fentanyl (Duragesic patch, Actiq) Hydromorphone (Dilaudid)
- Hydrocodone (Vicodin) Levorphanol (Levo-Dromaran) Methadone (Dolophine)
- Morphine Oxycodone (Percocet, OxyContin)

List all other medications, including vitamins and aspirin, that you have taken in the last 72 hours.

Name of Medication	Dose	# per day

Tried and Failed Medications:

Please include any tried and failed medications you have tried in the past or with previous doctors. If we have to fill out a prior authorization on your behalf for your medications to submit to your insurance company, it is often helpful if we have this information (especially if you are allergic to something).

Name of Medication	Dose	Duration	Reason for discontinuation of medication (i.e., intolerable side effects or allergies)

Besides medications, list all the things (non-medicinal) you have done to help your intractable pain:

- Brace
- Rest
- Crutches / Cane
- Exercise
- Physical Therapy
- Heat / Ice
- Try a nutritious diet
- Massage
- Other

In the past, list all the non-medical treatments you have taken for your intractable pain:

- Acupuncture Helped No help A little
- Physical Therapy Helped No help A little
- Chiropractic Helped No help A little
- Electrical Stimulation (TENS) Helped No help A little
- Injection Helped No help A little
- Psychological Treatment Helped No help A little
- Relaxation / Stress Management Helped No help A little
- Exercise Helped No help A little
- Nerve Blocks Helped No help A little
- Ultrasound Helped No help A little
- Epidural Blocks Helped No help A little
- Eat healthily Helped No help A little
- Other (please list) Helped No help A little

Other Treatments

Are you currently seeing any other physicians, medical specialists or visiting other clinics?

Name of doctor of clinic	Purpose	Medications / Treatments

Are you currently involved in a litigation or lawsuit related to your pain?

Yes No If yes, what type: _____

Have you been or are you any of the following?

A heroin addict A methadone addict A cocaine addict

Do you currently, or have you in the past used any of the following?

Cocaine Marijuana PCP Methamphetamine (speed) Heroin

Is there anyone living in your household including spouse, parents, children, siblings, or friend(s) who is:

A heroin addict An alcoholic Taking opioids?
 A cocaine addict A marijuana user If yes, which ones: _____

Pain Treatments Desired

List all of your current medications that you want to continue taking:

_____	_____
_____	_____
_____	_____

List any medications or treatments you would like to try:

_____	_____
_____	_____
_____	_____

Office Policies of Franklin Perry, M.D., Ph.D.

Medical Insurance:

As of **April 30, 2016**, we are no longer accepting any medical insurances. We can provide you with a reimbursement form (HICF) or for Medicare patients an invoice.

Prior Authorizations & Appeals:

Please contact your insurance to initiate and have them fax us the proper forms. As of **October 1, 2016**, our office will be charging for Prior Authorizations and Appeals. The first two are free.

Non-Controlled Prescription Refills:

Please contact your pharmacy for Non-Controlled substances and have them fax us a refill request.

Stolen or Lost Medication Policy:

You must file a police report immediately and have a copy sent to our office. Otherwise, we cannot replace stolen or lost medications. Charges will apply.

Phone Consultations:

Dr. Perry will be charging \$300 per hour for phone consultations.

Additional Prescriptions:

Any additional prescriptions written outside of an appointment are subject to an additional charge. This includes prescriptions that are partially filled due to insurance coverage or pharmacy stockage.

Payment:

If you do not have your visit payment at the time of service, you will be rescheduled and will receive no medication. As of **January 1, 2019**, new office rates will apply.

Office Hours:

Tuesday, Wednesday, and Thursday: 9:00AM to 5:00PM

Closed for Lunch: 12:00PM to 1:00PM

“These policies have been explained to me by Franklin Perry, M.D., Ph.D. and or his office staff, and I affirm that I have been given the opportunity to ask any questions I may have. I agree to its terms.”

Name: _____ Signature: _____ Date: _____