



DIANNE L. PETRONE, M.D.
JOHN J. WILLIS, M.D.
MARIAN SACKLER, M.D.
PRIYA NAIR, M.D.
IFTIKHAR A. CHOWDHRY, M.D.
SRILATHA KOTHANDARAMAN, M.D.

Specialists in:
Arthritis
Fibromyalgia
Low Back Pain
Tendinitis
Carpal Tunnel Syndrome
Connective Tissue Disease
Bursitis
Gout
Osteoporosis
Vasculitis

Dear Patient,

Thank you for selecting Arthritis Centers of Texas for your medical treatment. We know that you have a choice when deciding where to obtain your health care, and we appreciate that you chose Arthritis Centers of Texas.

Enclosed you will find copies of our **Patient Registration, Patient History, Financial Policy and Billing Procedures, Medication List, Provider Contact List, and FOCUS Health Assessment Questionnaire**. Please read and complete each of these forms and bring them with you on the day of your appointment. **Please have these forms completed when you arrive in the office. Doing so will reduce your waiting time and help avoid unnecessary confusion.**

Your first appointment will last approximately one hour. Additional time may be required if lab and/or x-rays are ordered. Please take these time requirements into account when planning your day around your appointment.

Our staff will call several days in advance to remind you of the appointment and to confirm that you will be able to make the appointment. **It is vital that you confirm your appointment by noon the day prior to your appointment.** You may call to confirm your appointment by dialing **214-580-3630**. Your call will go directly to our Appointment Desk, without being routed through a "phone tree". You may also use this number to ask questions about your appointment or to reschedule your appointment if necessary. **Appointments that are not confirmed by noon on the day prior to the appointment may be cancelled in order to allow access to that time-slot by another patient.** Unfortunately, an unused appointment time-slot is time that is lost and cannot be recovered. Therefore, unconfirmed appointment time-slots may be offered to patients that have an urgent need to see a healthcare practitioner. In addition, if you do not keep your appointment, and you do not call to reschedule prior to the day of your appointment, you may be charged a missed appointment fee.

In order to conduct a thorough examination on your first visit, we will need copies of your recent medical records from your other physician(s). This includes labs, x-rays, MRI's, and/or other information that you feel is important to your care. Please contact your healthcare provider(s) to obtain copies well in advance of your appointment. You may bring these with you to your appointment, or have them faxed to 214-826-0605 to the attention of Medical Records.

Sincerely,
The Physicians and Staff of Arthritis Centers of Texas

712 NORTH WASHINGTON SUITE 300 DALLAS, TEXAS 75246
2929 N. CENTRAL EXPRESSWAY SUITE 225 RICHARDSON, TEXAS 75080
(214) 823-6503



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PATIENT REGISTRATION

This information is confidential and will not be released unless you authorize us to do so, or subpoenaed by the court.

NAME _____ SS # _____

ADDRESS _____
CITY STATE ZIP

HOME _____ WK. _____

EMPLOYER _____
CITY STATE ZIP

EMERGENCY CONTACT _____
PHONE # _____

ADDRESS _____

INSURANCE INFORMATION

PRIMARY _____ SECONDARY _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

PHONE _____ PHONE _____

GROUP # _____ GROUP # _____

ID # _____ ID # _____

PRIMARY NAME INSURED _____

SECONDARY NAME INSURED _____

712 NORTH WASHINGTON SUITE 300 DALLAS, TEXAS 75246
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FAMILY HISTORY:

Father: Alive / Deceased Year of birth or age at death _____ Cause of death _____

Circle if he has/had: Diabetes Hypertension Heart disease Stroke Cancer
Arthritis

Mother: Alive / Deceased Year of birth or age at death _____ Cause of death _____

Circle if she has/had: Diabetes Hypertension Heart disease Stroke Cancer
Arthritis

Number of brothers _____ Number of living brothers _____

Number of sisters _____ Number of living sisters _____

Please circle if any family member have had any of the following conditions:

Rheumatoid arthritis

Lupus

Psoriasis

Iritis

Kidney disease

Liver disease

Ulcerative colitis / Crohn's

Lung disease

Tuberculosis

Mental illness

Please describe any family history of arthritis or autoimmune disease:

SOCIAL HISTORY:

MARITAL STATUS: Single Married Divorced Widowed Partner

EMPLOYMENT / OCCUPATION: _____

EDUCATION: Grade school High school College Graduate school

TOBACCO: Current smoker Former smoker Never smoker

Snuff Dip Chewing tobacco Vape or e-cigarettes

ALCOHOL USE:

- Have you had an alcoholic beverage in the past year? Yes/No
- If yes, how often do you drink?
 - Monthly or less 2–4 times a month 2–3 times a week 4 or more times a week
- If yes, how many drinks do you have on a typical day that you drink?
 - 1 or 2 3 or 4 5 or 6 7–9 10 or more
- Have you had 6 or more drinks on one occasion in the past year Yes / No

Circle if any of the following are true?

- Have you ever felt you should cut down on your drinking?
- Have people ever annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

RECREATIONAL DRUGS: Current Former Never

If current or former use, please indicate drugs used:

EXPOSURES: Travel outside US Tuberculosis

Review of Systems (Please Circle)

General

- Fever or chills
- Fatigue
- Weight Loss/Gain
- Night Sweats
- Weakness

Endocrine

- Excessive thirst
- Cold or heat intolerance
- Excessive urination
- Excessive sweating
- Flushing

Skin

- Rash
- Hair loss
- Sun sensitivity
- Hives
- Purple or red spots on legs
- Red spots on face, chest, hands
- Nodules
- Thickening or tightening of skin
- Nail problems
- Fingers/toes turn colors in the cold
- Calcium deposits
- Psoriasis

Neurologic

- Numbness and tingling
- Frequent or new headaches
- Migraines, headaches
- Dizziness
- Seizures
- Muscle cramps
- Weakness
- Bowel incontinence
- Memory loss

Scalp

- Hair loss
- Scalp tenderness
- Headache

Eyes

- Blurry Vision or Loss
- Double Vision
- Pink eye as an adult
- Pain
- Dryness
- Sandy sensation, Gritty

Ears

- Loss of Hearing
- Earache
- Swelling
- Red ear
- Floppy ear
- Ringing
- Drainage
- Vertigo

Nose

- Bleeding
- Deformity
- Dryness
- Swelling/Redness
- Nasal ulcers
- Discharge

Throat

- Dry mouth
- Sores in mouth
- Bleeding
- Loss of taste
- Sore throat
- Difficulty swallowing
- Jaw pain

Allergy

- Frequent sneezing
- Seasonal allergies
- Increased infections

Respiratory

- Chest pain with breathing
- Shortness of breath
- Cough
- Wheezing
- Coughing up blood
- Awakened by shortness of breath
- Pleurisy

Heart

- Chest pain
- Stabbing pain, Pericarditis
- Irregular heart beat
- Rapid heart rate
- Passing out
- Murmur
- Swollen legs
- Cramping while walking
- Color changes in legs/feet

Abdomen

- Nausea
- Vomiting
- History of food poisoning
- Abdominal pain
- Heartburn
- Difficulty swallowing
- Diarrhea
- Bloody/tarry stools
- Constipation
- Mucous in stools
- Jaundice

Urinary

- Difficulty urinating
- Pain/burning on urination
- Cloudy urine
- Blood in urine
- Rashes
- Genital Ulcers
- STDs
- Bladder incontinence

Women only

- Eclampsia, Hypertension in Pregnancy
- Number of pregnancies
- Miscarriages
- Genital discharge

Men only

- Discharge from penis
- Prostate trouble

Blood and Lymph Nodes

- Blood clots
- Bleeding tendency
- Bruising
- Anemia
- Low white cells
- Low platelets
- Swollen lymph nodes
- Transfusions

Psychiatric

- Anxiety
- Panic Attacks
- Depression
- Agitation
- Difficulty sleeping
- Anger
- High stress
- Wakes unrested

MEDICAL HISTORY: Please circle if you have been diagnosed with any of the following

- | | |
|--|-----------------------------------|
| Diabetes | High Blood Pressures/Hypertension |
| High cholesterol / hyperlipidemia | Heart disease |
| Stroke | Cancer / Leukemia |
| Asthma | Chronic bronchitis / emphysema |
| Ulcers / gastrointestinal bleeding | GERD / reflux / hiatal hernia |
| Crohn's disease / ulcerative colitis | Liver disease / hepatitis |
| Anemia / low blood counts | Psoriasis |
| Poor kidney function / kidney disease | Kidney stones |
| Eye inflammation / conjunctivitis / iritis | Prostate disease |
| Thyroid disease | Allergies |
| Depression | Headache / migraines |

OTHER MEDICAL HISTORY:

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

OBSTETRICAL HISTORY:

Pregnancies_____ Deliveries_____ Miscarriages_____

Preterm_____ Gestational diabetes_____

CURRENT MEDICATIONS: Please list name, dose, frequency. Include over the counter meds, supplements, inhalers, topical and eyedrops. If you have a med list, you may give it to the assistant, who will make a copy.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

PLEASE LIST MEDICATIONS PREVIOUSLY TRIED FOR THE CONDITION WE ARE SEEING YOU FOR TODAY. Please give us the dose and indicate whether or not it helped or caused any side effects

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

MEDICATION ALLERGIES / INTOLERANCE: Please list all medication to which you are allergic and the reaction you have to it.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

SURGERIES:

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

HOSPITALIZATIONS:

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

PROVIDER CONTACT LIST

NAME: _____

PRIMARY CARE PHYSICIAN:

PHYSICIAN'S ADDRESS:

OFFICE TELEPHONE NUMBER:

PHARMACY NAME:

PHARMACY ADDRESS:

PHARMACY PHONE NO.:

PHARMACY FAX NO.:

Patient Name: _____ Patient Identifier # _____

Patient Preference Regarding Communication of Health Information

Who to Contact

I hereby give permission to *Arthritis Centers of Texas* to disclose and discuss any information related to my medical condition(s) with the following family member(s), other relative(s) and/or close personal friend(s):

Name Relationship

Name Relationship

Name Relationship

I do not wish to give permission for additional family members, relatives or close personal friends to have access to any information regarding my medical condition(s).

How to Contact

Please note that you are responsible for any charges incurred in receiving our communications. For example, if you provide a cell phone number as a method of communication, then you are responsible for any charges imposed by your mobile carrier for receiving calls or text messages from the clinic.

If method of communication is by phone, please check the appropriate:

OK to leave a message with detailed information.

Leave a message with call-back number only.

Home Phone

Work Phone

Fax

Cell Phone

Letter

Other

Please print phone number clearly: _____

In-Clinic Communication Only

I request that communication regarding my medical condition(s) to occur **only** when I am in the clinic. Please print and hand me information when I am in the clinic. Do not call, mail, or otherwise communicate with me regarding my medical condition(s).

The duration of this authorization is indefinite unless otherwise revoked in writing. I understand that requests for medical information from persons not listed above will require my specific authorization prior to the disclosure of any medical information.

Signature of Patient or Legal Representative

Date

Name of Legal Representative

Relationship to Patient



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Financial Policy and Billing Procedures

Arthritis Centers of Texas is a Medicare participating provider. In addition, we participate in many private insurance networks. If you are covered by Medicare or one of the private networks that we participate in, we will file your claim directly to your insurance carrier or Medicare for payment.

Payment of all estimated patient out-of-pocket expense (co-pays, deductible, co-insurance, etc.) is required at the time of your office visit. Please come prepared to make payment of these amounts. We accept cash, personal checks, Visa, and MasterCard. Your insurance policy is a contract between you and your insurance company. The ultimate responsibility for payment of services rendered rests with you the patient or guarantor.

If your insurance carrier requires you to have a referral from your primary care physician, **it is your responsibility to make sure that the referral information and referral number is received in this office from your primary care physician prior to your office visit.**

If you do not have Medicare or private health insurance, we may still accept you as a patient. In such situations, payment in full may be made at the time of service. Please be aware that total charges can range from several hundred dollars to several thousand dollars, depending upon the services provided in addition to the office visit (lab, x-ray, imaging, etc.)

Arthritis Centers of Texas is not a Medicaid participating provider and does not accept Workers' Compensation. **If you are in litigation or claiming a work-related illness, you must pay 100% of charges at the time of service.**

I have read and fully understand the above. I authorize the release of all Medical Records for the purpose of payment of insurance and/or Medicare benefits to my insurance company and to my other physicians. I understand and guarantee that I am financially responsible for all charges not covered by Medicare and/or insurance.

Signed

Date

Name Printed

712 NORTH WASHINGTON SUITE 300 DALLAS, TEXAS 75246
2929 N. CENTRAL EXPRESSWAY SUITE 225 RICHARDSON, TEXAS 75080
(214) 823-6503



Appointment Cancellation and No Show Policy

We are experiencing an increasing number of patients cancelling less than 24 hours prior to an appointment or failing to show up for their appointments. Such short notice cancellations and no shows prevent us from accommodating other patients with sudden medical problems requiring intervention. To help resolve these issues we will provide patients with a courtesy automated reminder call to their primary phone number two (2) days in advance of all appointments. At the time of this call you may confirm, cancel, or request to reschedule your appointment.

While we understand that emergencies happen and that there are times when such things are unavoidable, we must ask that you adhere to our policy of giving at least 24 hours of notice for cancellations and rescheduling requests. As a reminder, we have a voice line you may use 24 hours a day for appointment cancellations at 214-823-6503 extension 257. Please note that failure to adhere to this policy for cancellations *may* result in a \$55.00 fee. Failure to show up for an appointment will result in a \$55.00 fee.

Please sign and date below to indicate that you have read and agree to this policy.

I understand and accept that I must adhere to the Arthritis Centers of Texas policy to provide at least 24 hours of notice prior to any appointment cancellation or request to reschedule. I acknowledge that failure to do so may result in a \$55 fee and I understand that this fee is not reimbursable by insurance. I also acknowledge and agree that failure to show up for an appointment will result in a \$55 fee, also not reimbursable by insurance.

Patient signature

Date

DIRECTIONS TO DALLAS OFFICE

From Richardson:

1. Take southbound Highway 75 Central Expressway.
2. Exit Highway 75 at Lemmon Avenue and proceed to the second traffic signal.
3. At the signal, turn left onto Lemmon Avenue, crossing over Highway 75.
4. Continue on Lemmon Avenue to the intersection of Lemmon and North Washington. Turn right onto North Washington. There is a Taco Bell at the corner of Lemmon and North Washington.
5. Continue on North Washington until you reach our office, which is located at 712 North Washington in Suite 300. This is the 5-story building located behind the McDonald's on the corner of North Washington and Gaston.

From Denton:

1. Take southbound Highway 35E toward Waco and into downtown Dallas.
2. At the junction of Highway 35E and Highway 30, take eastbound Highway 30.
3. Continue on eastbound Highway 30 to the exit for Haskell/Peak/Carroll.
4. After exiting, turn left onto North Peak Street.
5. Continue on North Peak to Gaston Avenue. Turn left onto Gaston Avenue.
6. Continue on Gaston to the intersection of Gaston and North Washington. Turn left onto North Washington. Our office is located at 712 North Washington, Suite 300. This is the 5-story building located behind the McDonald's on the corner of North Washington and Gaston.

From Lancaster:

1. Take northbound Highway 35E toward Denton.
2. At the junction of Highway 35E and Highway 30, take eastbound Highway 30.
3. Continue on eastbound Highway 30 to the exit for Haskell/Peak/Carroll.
4. After exiting, turn left onto North Peak Street.
5. Continue on North Peak to Gaston Avenue. Turn left onto Gaston Avenue.
6. Continue on Gaston to the intersection of Gaston and North Washington. Turn left onto North Washington. Our office is located at 712 North Washington, Suite 300. This is the 5-story building located behind the McDonald's on the corner of North Washington and Gaston.

From Fort Worth/Arlington:

1. Take eastbound Highway 30 to the exit for Haskell/Peak/Carroll.
2. After exiting, turn left onto North Peak Street.
3. Continue on North Peak to Gaston Avenue. Turn left onto Gaston Avenue.
4. Continue on Gaston to the intersection of Gaston and North Washington. Turn left onto North Washington. Our office is located at 712 North Washington, Suite 300. This is the 5-story building located behind the McDonald's on the corner of North Washington and Gaston.

DIRECTIONS TO RICHARDSON OFFICE

From (190) George Bush Freeway (East):

Take (190) George Bush Freeway east and take the exit labeled for Alma Road. Continue to stay on the service road of (190) George Bush Freeway traveling east until the light at Alma Road. Make a right onto Alma Road, then go down to the next light, which is Renner Road, and make a left. The second light after making a left onto Renner Road will be for the service road of (75) Central Expressway going southbound. Make a right and there will be a church on the right. The next building is the new location for Arthritis Centers of Texas.

From (190) George Bush Freeway (West):

Take (190) George Bush Freeway west and take the exit labeled for Renner Road. Exit off and stay on the service road of (190) George Bush Freeway traveling west until light labeled Renner Road and make a left on Renner Road. Continue on Renner Road until the underpass of (75) Central Expressway going southbound. There will be a church on the right and the next building is the new location for Arthritis Centers of Texas.

From (75) Central Expressway (North):

Take (75) Central Expressway going north, then exit Renner Road. Make a left onto Renner Road, then make an immediate left on (75) Central Expressway service road going southbound. There will be a church on the right and the next building is the new location for Arthritis Centers of Texas.

From (75) Central Expressway (South):

Take (75) Central Expressway going south and take the exit labeled for Renner Road. Exit off and stay on the service road of (75) Central Expressway traveling southbound until light labeled Renner Road. Continue on straight through light and there will be a church on the right, and the next building is the new location for Arthritis Centers of Texas.

**2929 N. Central Expressway
Suite # 225
Richardson, Texas 75080
972-234-3001**



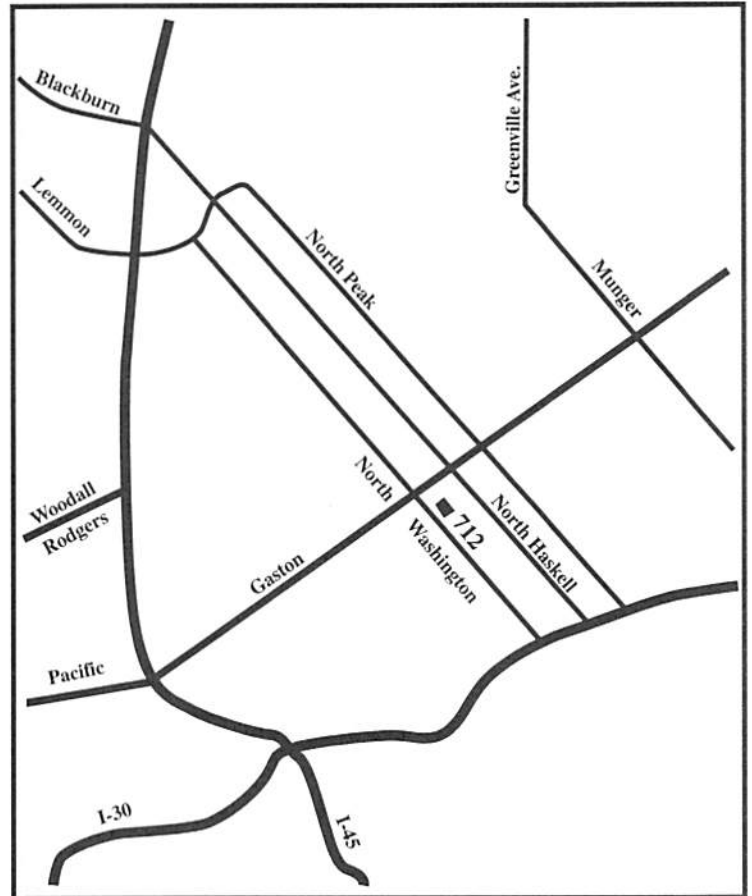
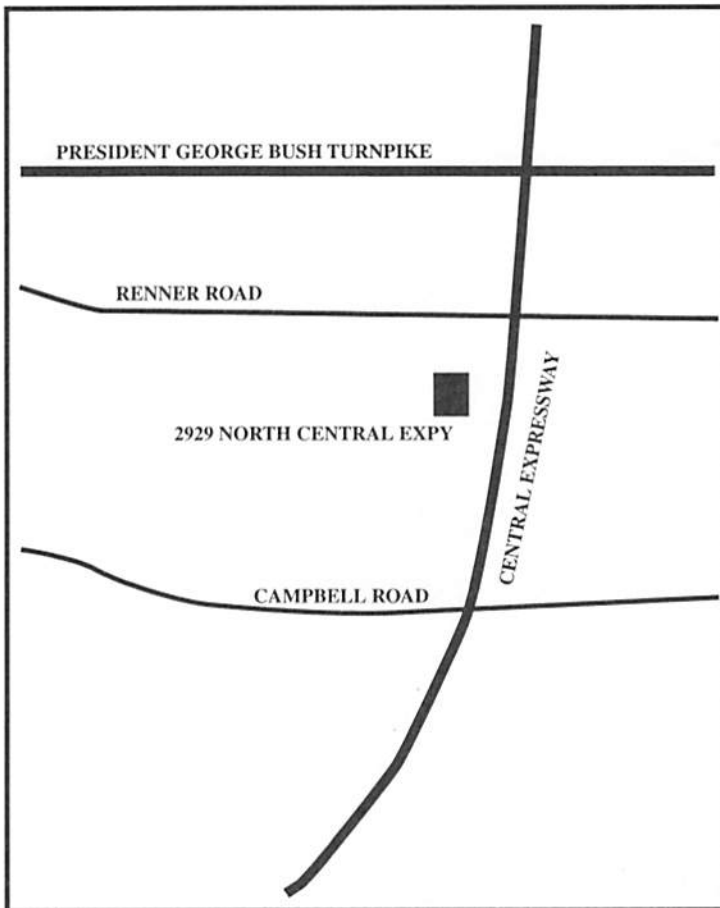
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Appointment Desk Direct Line – (214) 580-3630
General Phone Number – (214) 823-6503
Fax Line – (214) 826-0605



PLATINUM
PARKING

VISITOR PARKING RATES

0-60 Minutes	\$3.50
61 Minutes – 2 Hours	\$4.50
Over 120 Minutes	\$5.50
After 5pm Exit (Auto Cashier)	\$5.50

Lost Ticket Pays Maximum Charge

Auto Cashier Accepts

\$1's, \$5's, \$10's and Quarters

Machine Gives Change in Quarters