

The Elliot Lewis Center

For Multiple Sclerosis Care

736 Cambridge St
Brighton MA 02135

Dr. Ellen S. Lathi

Dr. Joshua D. Katz

Name: _____
Last First MI

Date of Birth: ____ / ____ / ____ Social Security#: _____

Address Street: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Primary Care Physician: _____ Phone: _____

Address: _____

PRIMARY INSURANCE

SECONDARY INSURANCE

Name: _____ Name: _____

Policy / ID: _____ Policy / ID: _____

Group #: _____ Group #: _____

Emergency Contact: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Medical Information and Payment Authorization

I request that payment of authorized medical benefits be made on my behalf to _____

For services rendered. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents, or other insurer, any information to determine these benefits payable for related services.

Signature: _____ Date: _____

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PATIENT QUESTIONNAIRE

<i>Name:</i> _____	<i>Date:</i> / /
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GENERAL	Y	N	EXPLAIN BELOW		Y	N	EXPLAIN BELOW
Skin Problems/Rash				GI			
Anemia				Nausea/Vomiting			
Fever/Chills				Diarrhea/Constipation			
Night Sweats				Bloody or black stool			
EYES/EARS				Heart Burn			
Visual Changes				Weight Loss/Gain			
Hearing Changes				Abdominal Pain			
NOSE/THROAT				NEUROLOGIC			
Hoarseness				Convulsions/Seizures			
Trouble Swallowing				Headache			
Gland Swelling				Dizziness/Passing Out			
RESPIRATORY				Shaking/Tremors			
Cough				Muscle Weakness/Fatigue			
Shortness of Breath				Tingling/Numbness			
Wheezing				Loss of Feeling			
Sputum Production				Back Pain			
UROLOGIC				MOOD/SLEEP			
Pain/Frequent Urination				Nervousness/Anxiety			
Blood in Urine				Depression			
Trouble Urinating				Sleep Disorder/Fatigue			
Urinary Incontinence				PSYCH-COGINTION			
CARDIOVASCULAR				Hallucinations			
Chest Pain				Paranoid Feelings			
Leg/Back pain walking				Memory Loss			
Ankle Swelling							
Fast Heart Beat/Murmur							

Please rate your pain on the following scale:



