

We welcome you to Lake Cook Orthopedic Associates. It is our goal to offer you the best musculoskeletal care available. We are in the process of updating our computer software, both the practice management (scheduling and billing) as well as the electronic medical record (EMR). Beginning June 1, we will begin using the scheduling and billing portions of the new software, as well as beginning the use of electronic prescription software.

Attached you will find a questionnaire. For new patients, you will be asked to fill out a comprehensive questionnaire in addition to this form. If you have given us your medication and allergy history on the comprehensive form, please skip those sections on this form. For returning patients we are asking you to fill out a smaller questionnaire. The information required includes your choice of pharmacy, your allergies and present medications. These are necessary for the use of the electronic prescriptions. There is also a consent clause allowing us to inquire electronically about your medication history. This is required in order for us to manage your prescriptions electronically.

The information also includes some demographic information required by the federal government to meet "meaningful use" rules of the EMR program. At some point we may begin using email to communicate with our patients and are beginning to accumulate the data that will allow us to do that.

We appreciate your confidence in us, and will continue to honor your privacy in accordance with our professional standards and privacy (so called HIPAA) laws.

LAKE COOK ORTHOPEDIC ASSOCIATES

27401 West Highway 22 Suite 125
Barrington, IL 60010

First Name: _____ **MI:** ____ **Last Name:** _____

Cell Phone: _____

Patient's Email Address: _____

Emergency Contact Name: _____ **Phone:** _____

Emergency Contact Relationship: _____

Primary Race (circle one) 1) White 2) Hispanic 3) African American or Black 4) Asian
5) Native American 6) Native Hawaiian 7) Other Pacific Islander
8) Other Race 9) Unreported/Refused to Report

Ethnicity (circle one) 1) Non-Hispanic 2) Hispanic 3) Refused to Report

Language 1) English 2) Spanish 3) Other _____

Current Medications: Please include all over the counter & prescription medications.

	Name of Medication	Dose	Frequency	Reason Taken
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Allergies: _____

Pharmacy of Choice:

Name	Street Address	City	State	Phone Number	Mail Order?
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N

Electronic Prescriptions:

Our electronic medical record program accesses your prescription/medication history in order for us to safely prescribe your medication. By signing this, you authorize us to do so.

Signature: _____ **Date:** _____