Rheumatology Therapeutics
MEDICAL CENTER

arthritis • osteoporosis • lupus • autoimmune diseases

Boris Ratiner, MD, Medical Director

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. a) HAVE THERE BEEN ANY RECENT CHANGES TO YOUR MEDICARE OR MEDICAL STATUS? YES NO
   b) DO YOU NOW HAVE HMO MEDICARE? YES NO

IF YES, INDICATE THE NEW GROUP YOU BELONG TO BELOW:

_____

2. ARE YOU CURRENTLY UNDER THE CARE OF A HOME HEALTHCARE AGENCY, SKILLED NURSING FACILITY, OR REHABILITATION CENTER YES NO

IF YES, PLEASE, LIST THE NAME AND CONTACT INFORMATION OF THE FACILITY?_____

3. DO YOU HAVE A NURSE OR ANY OTHER HEALTH CARE PROFESSIONAL COMING TO YOUR HOUSE? YES NO

4. ARE YOU A US CITIZEN? YES NO

IF NOT, HOW OFTEN DO YOU TRAVEL OUTSIDE OF US?_____

PATIENT NAME:_____

SIGNATURE:_____

DATE:_____

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