

3-Page Picture Tutorial: How to fill out, save, and email the Saratoga Spine Medical Information Form

1.



Medical Information Form 1 / 12

SARATOGA SPINE

**SARATOGA SPINE
NEW PATIENT PACKET**

Dr. John C. Herzog
Dr. Armin Afsar-Keshmiri
Dr. Hetal T. Amin, Dr. Radka Dooley
Rick A. Varone, PA, Christopher Stephens, PA,
Christopher Evans, PA Sheilah Scofield, NP

Saratoga Office 31 Myrtle Street T: 518-587-7746	Glens Falls Office 7 Murray Street T: 518-587-7746	Plattsburgh Office 16 DeGrandpre Way Ste 100 T: 518-587-7746
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INITIAL PATIENT VISIT:

Name: DOB:

Address:

Age: Sex: Weight: Height:

Phone: Home: Work: Mobile:

Social Security Number:

Email address:

Local Pharmacy name: Address:

Mail Order Pharmacy:

1. Click into any field to type your answers.
2. Fill out all 12 pages.
3. Hover over top right of the page to show the toolbar.
4. Click on Printer Icon.

2.

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INITIAL PATIENT VISIT:

Name: _____ DOB: _____
Address: _____
Age: _____ Sex: _____ Weight: _____ Height: _____
Phone: Home: _____ Work: _____ Mobile: _____
Social Security Number: _____
Email address: _____
Local Pharmacy name: _____ Address: _____
Mail Order Pharmacy: _____
Employer: _____ Occupation: _____
Who referred you to Saratoga Spine? _____
Referring Physician Name: _____ Referring Physician Telephone #: _____
Referring Physician Address: _____ City: _____ State: _____ Zip Code: _____
Who is your Primary Care Physician? _____
Please describe your main problem/complaint: _____

CURRENT MEDICAL CONDITION:

Do you have: Only Back Pain Back And Leg Pain Only Leg Pain
 Only Neck Pain Only Shoulder/Arm Pain
 Neck, Shoulder and Arm Pain Other _____

Which is worse: Back Pain Leg Pain Neck Pain Shoulder/Arm Pain

I have had back/neck pain: Less than 1 month 1-3 Months 3-6 Months 6 Months- 1 Year
 1-3 Years 3-5 Years Greater than 5 Years

My pain came on: Gradually, over time Quickly

MEDICAL INFORMATION FORM 1

Print 6 sheets of paper

Destination: Brother HL-L2390DW f

Pages: Brother HL-L2390DW Printer

Copies: Save as PDF (selected), Save to Google Drive, See more...

More settings

Print Cancel

- 5. After clicking on the Printer Icon, you will get a dropdown that allows you to select the destination for Printing.
- 6. Select SAVE AS PDF
- 7. Click **SAVE**

Referring Physician Name _____ Referring Physician Telephone # _____

Referring Physician Address _____ City _____ State _____ Zip Code _____

Who is your Primary Care Physician? _____

Please describe your main problem/complaint: _____

CURRENT MEDICAL CONDITION:

Do you have: Only Back Pain Back And Leg Pain Only Leg Pain
 Only Neck Pain Only Shoulder/Arm Pain

3.

Save As

This PC

Organize

WordPress

WP dash mgmt

OneDrive

This PC

3D Objects

Desktop

Documents

Downloads

Music

Pictures

Videos

Local Disk (C:)

Network

Folders (7)

3D Objects

Documents

Music

Videos

Devices and drives (3)

Local Disk (C:)

USB Drive (D:)

File name: Medical Information Form.pdf

Save as type: Adobe Acrobat Document (*.pdf)

Save

Cancel

Do you have: Only Back Pain Back And Leg Pain Only Leg Pain
 Only Neck Pain Only Shoulder/Arm Pain
 Neck, Shoulder and Arm Pain Other

Which is worse: Back Pain Leg Pain Neck Pain Shoulder/Arm Pain

I have had back/neck pain: Less than 1 month 1-3 Months 3-6 Months 6 Months- 1 Year
 1-3 Years 3-5 Years Greater than 5 Years

My pain came on: Gradually, over time Quickly

MEDICAL INFORMATION FORM

Save Cancel

Referring Physician Name _____ Referring Physician Telephone # _____

Referring Physician Address _____ City _____ State _____ Zip Code _____

Who is your Primary Care Physician? _____

Please describe your main problem/complaint: _____

CURRENT MEDICAL CONDITION:

8. After clicking on SAVE, you will get a popup that gives you options for where you want to save the PDF.

9. We recommend you click on and save to your DESKTOP to easily find it.

10. Click the SAVE button.

11. Then attach the PDF to an email to appts@saratogaspine.com