

Bruce M. McCormack, M.D. & E. Fletcher Eyster, M.D.
84 Madrone Street Willits, CA 95490
415-923-9222 Fax 415-923-9255

Dear

This letter confirms your appointment with Dr. Bruce M. McCormack / Dr. Fletcher Eyster on ____/____/____ at _____. Our office is located at 84 Madrone Willits, CA.

The following checklist contains all information needed to provide a complete evaluation:

*An authorization or referral form from your primary physician, if required by your insurance carrier must be delivered or faxed to our office prior to visit. If your insurance is Workers Compensation, an authorization must be obtained through your case manager/adjuster. **Please pull ALL WC information requested, on the forms provided.**

*All X-ray films, CT – scans, MRI, etc. must be within the past 6 months to be considered for review. It is **CRITICAL THAT YOU HAND CARRY YOUR FILMS & WRITTEN REPORT TO OUR OFFICE.** (Do not have them sent via mail or fed-x. If you do not have films, we will reschedule your appointment.

*Bring insurance cards, if applicable. If you are self-paying or have a co-pay, please bring exact change. You may pay by cash, check, or credit card.

*We have enclosed a health questionnaire to be filled out completely and hand carried to the office. It is important that you provide **ALL** physician information, requested on the forms: Full Name, Address, and current Telephone Number. Dr. McCormack & Dr. Eyster will send reports to all doctors listed on the form.

Please be advised that Dr. McCormack and Dr. Eyster could be called into surgery at any time. In the event that this happens, we will have to reschedule your appointment date. Sorry for any future inconveniences.

If you have any questions, please call us at 415-923-9222

Thank You

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Name: _____ DOB: _____ SSN: _____ Sex: M or F

Address: _____ Phone # _____

City: _____ State: _____ Zip code: _____

Email Address: _____ Occupation _____ Employer: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip code: _____

Marital Status: Married / Single / Divorced Height: _____ Weight: _____ Driver's License #: _____

Spouse/Partner: _____ Emergency Contact: _____ Phone #: _____

Primary Care Physician: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip code: _____

Referring MD: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip code: _____

WORK RELATED INJURY? _____ **AUTO ACCIDENT?** _____ (If yes, go to A)

PRIMARY HEALTH INS. _____ **ID #:** _____ **GROUP #:** _____

Policy Holder's Name: _____ Date of Birth: _____

Secondary Insurance: _____ **ID#:** _____ **GRP:** _____

A: WORKER'S COMP INS. _____ **AUTO INSURANCE** _____

Claim #: _____ **DOI:** _____

Address: _____ City: _____ State: _____ Zipcode: _____

Adjuster: _____ Phone #: _____

Reason for visit: NECK / MID-BACK / LOWER BACK / HYPERHYDROSIS / OTHER

Authorization to pay benefits to physician; I hereby authorize my insurance company to pay and assign all my medical benefits to Dr. Bruce McCormack and Dr. Edward Eyster for the services rendered by them. I understand that I am responsible for all charges that are not covered by my insurance. Release of information: I also authorized my physician to release my medical information to my insurance company for processing my claim. A photocopy of this authorization is valid.

Signature _____ Date _____

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List your current symptoms: _____

When did this condition first begin: _____

Is your pain associated with the following: (check all that apply)

Twisting _____ Pulling _____ Coughing _____

Bending _____ Pushing _____ Sneezing _____

Running _____ Reaching _____ Using Bathroom _____

Lifting _____ fall _____

What percentage of the pain is in your Neck or Back vs. Arms or Legs?

_____ % Neck / Back _____ % Arms / Legs (Total Should Equal 100%)

Do you have pain continuously or sometimes? _____

Rate your pain over the last two weeks, 0 = no pain, 10 = severe pain. (Please Circle One.)

0 1 2 3 4 5 6 7 8 9 10

Since your pain first started, has it been getting: Better _____ Worse _____ Same _____

When is your pain most painful: Morning _____ Day _____ Night _____

Have you lost any control of bowel or bladder function _____

What recreational activities have you given up because of pain? _____

Describe any regular exercise _____

Have you had any numbness or weakness? _____ If so where? _____

Any chance of pregnancy? _____

Please indicate if you see or have been a user of any of the following substances:

	Amount per day	# per years	Have you quit?
Cigarettes	_____	_____	_____
Cocaine	_____	_____	_____

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Marijuana _____
Cigar pipe, Tobacco, etc. _____
Caffeine (coffee, tea, cola) _____

List all allergies if any _____

MEDICATIONS

What medications are you currently taking? Please list the names and dosages.

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

List all past surgeries _____

WORK HISTORY

Did you stop working because of your pain? _____

What are the physical demands of your occupation? _____

How many pounds can you lift? _____

How many hours sitting until you have to get up? _____

How many hours standing until you must sit down? _____

Do you use your hands to do repetitive task (typing, etc.) ? _____

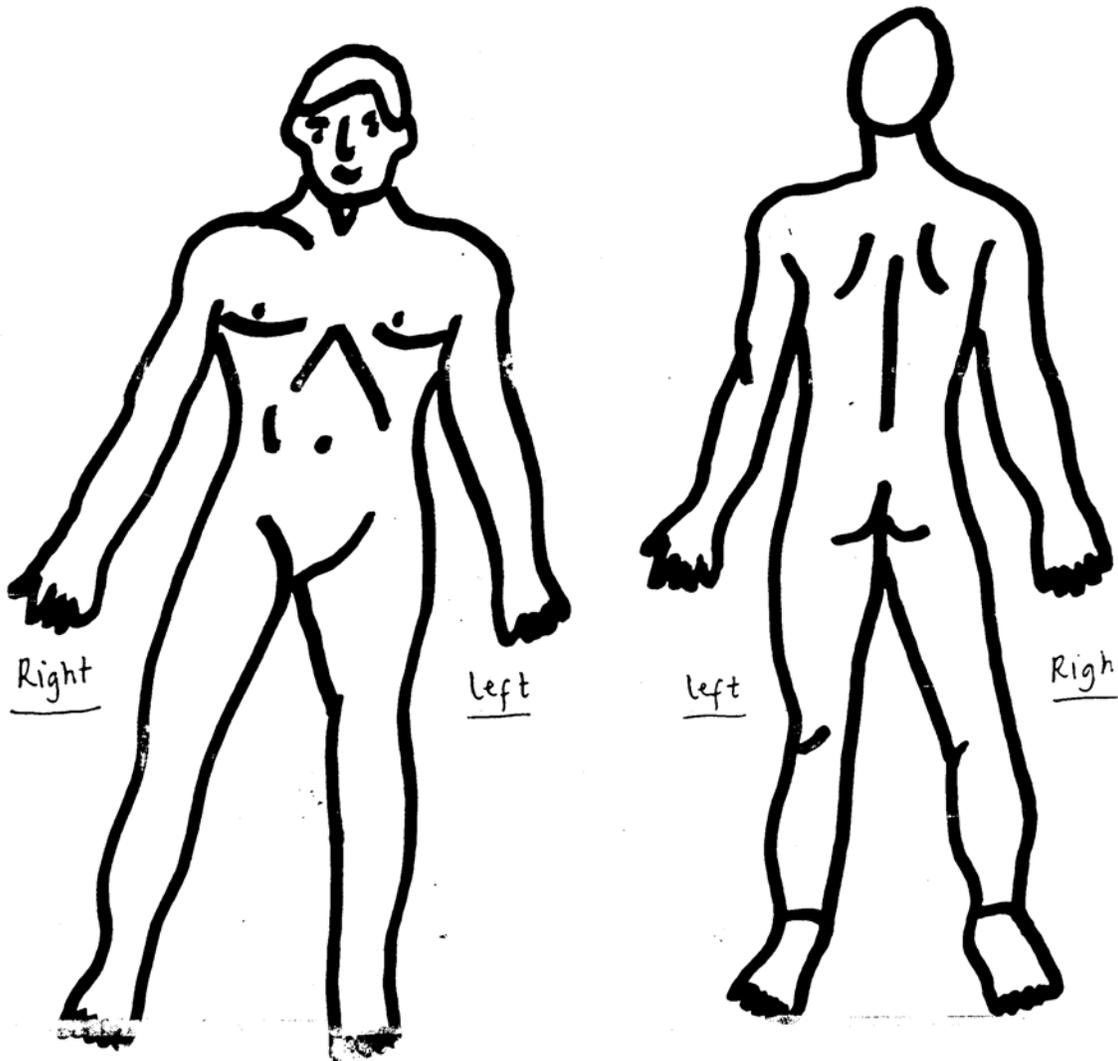
What is your current work status? Are you currently working (full time, temp., disabled, etc.) _____

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PAIN DIAGRAM

USING ONLY THE SYMBOLS PROVIDED, PLEASE MARK THE EXACT SPOTS WHERE YOU ARE EXPERIENCING ANY OF THE FOLLOWING SENSATIONS ON YOUR BODY.

ACHING	XXXXX
STABBING	/////
PINS & NEEDLES	+++++
NUMBNESS	00000



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Directions:

From 101 Northbound:

Once in Willits, you will go by Taco Bell and McDonald's on your left. A few blocks down from there you come to a stoplight and Burger King will be on your right and a gas station on your left. Take the second road to the left past the stoplight, Madrone Street, which will be the same road you will take towards the hospital. You will go up a steep hill directly off 101. At the top of the steep hill, there will be a driveway on the right into a parking lot. Go down the driveway. Dr. Bowen is in the building on the left, #84.

From 101 Southbound and HWY 20.

Going south on 101 go by HWY 20. HWY 20 people take a right going south on 101. You will go by Safeway on your left. After Safeway you will cross some railroad tracks. Take the second right after the railroad tracks, Madrone Street, which will be the same road you will take towards the hospital. You will go up a steep hill directly off 101. At the top of the steep hill, there will be a driveway on the right into a parking lot. Go down the driveway. Dr. Bowen is in the building on the left, #84.