

Patient
Name _____

1. Do you have any medication allergies? (*circle one*) Yes No
(*If yes, please list allergies including their side effects*)

2. Are you currently on a pain contract with another physician? Yes No
(*If yes, please list the physician*)

Allergy Alert-FRAGRANCE FREE ZONE

A No Fragrance Policy is implemented at our office. Many of our patients receive medications that can make them sensitive to certain fragrances such as perfumes, lotions, body sprays, powder and hair products. These scents can cause nausea and headaches. We ask that you be courteous of the people around you and refrain from wearing any fragrances for your appointment.

Please be aware that our practice is extremely busy. We often receive emergencies on the same day which need to be addressed. Because of this you may experience a delay in your appointment time of up to an hour. Please come prepared. We appreciate your understanding and offer the same availability to you in an emergency situation.

Please bring in **ALL of your medications and vitamins** in the original container to your appointment.

Please be prepared to provide a **urine specimen** at check-in time at all of your visits to our office.

Thank you,

**Shammai Rockove, M.D., Kent Toland, M.D., Melanie Crites, D.O.,
Cheri Springer, M.S., P.A.-C., Donna Anderson, M.S., P.A.-C.**