

PRE-APPOINTMENT QUESTIONNAIRE

1. DO YOU HAVE AN OPEN DISABILITY CASE? YES OR NO
(IF YES, CONTACT OUR OFFICE PRIOR TO YOUR APPOINTMENT)

2. DO YOU HAVE AN OPEN MOTOR VEHICLE ACCIDENT OR INJURY CASE? YES OR NO
(IF YES, CONTACT OUR OFFICE PRIOR TO YOUR APPOINTMENT)

3. DO YOU HAVE AN OPEN WORKERS COMPENSATION CASE? YES OR NO
(IF YES, CONTACT OUR OFFICE PRIOR TO YOUR APPOINTMENT)

4. DO YOU HAVE VOCATIONAL REHABILITATION ASSISTANCE? YES OR NO
(IF YES, CONTACT OUR OFFICE PRIOR TO YOUR APPOINTMENT)

5. HAVE YOU EVER BEEN TO A PAIN CLINIC? YES OR NO

6. HAVE YOU SEEN A RHEUMATOLOGIST BEFORE? YES OR NO
(IF YES, PLEASE HAVE RECORDS FAXED TO OUR OFFICE)

IF YOU ANSWERED YES TO QUESTIONS 1-4, YOU MUST CONTACT OUR OFFICE TO HAVE YOUR APPOINTMENT APPROVED. IF YOU DO NOT CALL YOU MAY BE TURNED AWAY ON THE DAY OF YOUR APPOINTMENT.

I HAVE ANSWERED THESE QUESTIONS TO THE BEST OF MY ABILITY. I UNDERSTAND THAT DR. KYLE HARNER, DR. ROBERT OGLESBY, MELISSA OTT FNP-C AND JENNIFER HAMMOND FNP-C **DO NOT SEE PATIENTS THAT HAVE ANY OF THE ABOVE LISTED CASES.**

SIGNATURE OF PATIENT

DATE