



Patient Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date

BODY CONSULT SHEET

Additional Patient Information

Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Check which number is the best number to contact you:  Home  Cell

Physician Information - Please list all doctors that should get a report of today's visit.

Primary Care Physician: \_\_\_\_\_  Do **NOT** include doctor to receive copy of report

City: \_\_\_\_\_ State: \_\_\_\_\_

Surgeon: \_\_\_\_\_  Do **NOT** include doctor to receive copy of report

City: \_\_\_\_\_ State: \_\_\_\_\_

Endocrinologist: \_\_\_\_\_  Do **NOT** include doctor to receive copy of report

City: \_\_\_\_\_ State: \_\_\_\_\_

Nephrologist: \_\_\_\_\_  Do **NOT** include doctor to receive copy of report

City: \_\_\_\_\_ State: \_\_\_\_\_

Gynecologist: \_\_\_\_\_  Do **NOT** include doctor to receive copy of report

City: \_\_\_\_\_ State: \_\_\_\_\_

Oncologist: \_\_\_\_\_  Do **NOT** include doctor to receive copy of report

City: \_\_\_\_\_ State: \_\_\_\_\_

Additional Specialist Physician: \_\_\_\_\_  Do **NOT** include doctor to receive copy of report

City: \_\_\_\_\_ State: \_\_\_\_\_

Pharmacy Information

Pharmacy Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_



Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date

**REVIEW OF SYSTEMS**

For new patients, established patients who may be having a new problem, or our patients who we haven't seen for a while, we need to update our records as to your general medical health. In each area, if you are not having any difficulties, please check "No Problems". If you are experiencing any of the symptoms listed, **PLEASE CHECK THE ONES THAT APPLY**, or explain any that may not be listed. If you have any questions regarding this form, please ask one of the technicians, or your doctor.

**Constitutional (Health in General)  No Problems**

- Lack of Energy
- Fever
- Unexplained Weight Gain
- Other:
- Night Sweats
- Loss of Appetite
- Unexplained Weight Loss

**Eyes  No Problems**

- Visual Changes
- Double Vision
- Other:
- Eye Pain
- Blind Spots

**Ears, Nose, Mouth, & Throat  No Problems**

- Hearing Difficulty
- Loose Teeth
- Ringing in Ears
- Sinus Problems
- Other:
- Mouth Sores
- Ear Pain
- Sore Throat
- Nosebleeds

**Cardiovascular (Heart & Blood Vessels)  No Problems**

- Chest Pains
- Irregular Heartbeat
- Feet/Leg Swelling
- Other:
- Racing Heart
- Pain in Legs While Walking
- Nonhealing Ulcers in Feet

**Respiratory (Lungs & Breathing)  No Problems**

- Wheezing
- Sputum Production
- Oxygen at Home
- Abnormal Chest X-Ray
- Other:
- Prolonged Cough
- Prior Tuberculosis
- Coughing up Blood
- Shortness of Breath

**GI (Stomach & Intestines)  No Problems**

- Heartburn
- Nausea
- Indigestion
- Vomiting
- Incontinence
- Other:
- Constipation
- Diarrhea
- Abdominal Pain
- Blood in Stool
- Difficulty Swallowing

**Allergy/Immunology  No Problems**

- Seasonal Allergies
- Hay Fever Symptoms
- Other:
- Frequent Infections
- Exposure to HIV

**Genitourinary (Kidney & Bladder)  No Problems**

- Urinary Urgency
- Prostate Problems
- Painful Urination
- Other:
- Impotence
- Bladder Problems
- Frequent Urination

**Musculoskeletal (Muscles, Bones, & Joints)  No Problems**

- Joint Pain
- Back Pain
- Other:
- Aching Muscles
- Swelling of Joints

**Integumentary (Skin, Hair, & Breast)  No Problems**

- Persistent Rash
- Change in Existing Skin Lesion
- Itching
- Other:
- New Skin Lesion
- Breast Changes
- Hair Loss/Increase

**Neurologic (Brain & Nerves)  No Problems**

- Frequent Headaches
- Weakness
- Problems with Walking/Balance
- Other:
- Tremors
- Dizziness
- Change in Sensation

**Psychiatric (Mood & Thinking)  No Problems**

- Insomnia
- Depression
- Recurrent Bad Thoughts
- Other:
- Irritability
- Anxiety
- Mood Swings

**Endocrine (Glands)  No Problems**

- Intolerance to Heat/Cold
- Frequent Hunger/Urination/Thirst
- Other:
- Menstrual Irregularities
- Change in Sex Drive

**Hematologic/Lymphatic (Blood/Lymph)  No Problems**

- Easy Bleeding
- Unexplained Swollen Areas
- Other:
- Easy Bruising
- Anemia



**PATIENT CONSENT TO DISCLOSE MEDICAL INFORMATION TO DESIGNEES**

I, \_\_\_\_\_ authorize University Radiology Group to disclose my health information to the individuals listed below:

I understand that my designees will be required to provide photo identification when requesting my health information.

In addition to the individuals listed below, I acknowledge that University Radiology Group may share my health information with my healthcare provider or as otherwise required by law.

I understand that the terms of this authorization are governed by the Health Insurance Portability and Accountability Act ("HIPAA"). I understand that I have the right to revoke this authorization or change the list of designated individuals at any time by mailing a letter expressly stating this fact and including my name, address, telephone number and my signature and that I should send it to:

University Radiology Group  
579A Cranbury Road  
East Brunswick, NJ 08816  
Attn: Privacy Officer

Such cancellation or change in authorization shall be effective as of the date of University Radiology Group's receipt of my letter cancelling or modifying my authorization.

**Designated Individuals:**

\_\_\_\_\_  
Print Name Relationship to Patient

\_\_\_\_\_  
Print Name Relationship to Patient

**Patient Information:**

\_\_\_\_\_  
Patient's Signature Patient's Date of Birth

\_\_\_\_\_  
Patient's Telephone Number Date of Authorization

**ADVANCED IMAGING SUPPLIERS NOTICE**

You are receiving this notice because a University Radiology Group (URG) physician has ordered one or more of the following advanced imaging service(s): magnetic resonance imaging, computed tomography, or positron emission tomography.

Please be advised that you may receive these service(s) from URG or a person or entity *other than* URG.

The following are five (5) other suppliers of these service(s) within a 25-mile radius of the current URG location, in no particular order:

	<b>Supplier Name</b>	<b>Address</b>	<b>Telephone</b>
1	Edison Imaging at JFK Medical Center	60 James St. Edison, NJ 08820	732-632-1650
2	MRI of Woodbridge	1500 St Georges Ave, Avenel, NJ 07001	732-574-1414
3	Woodbridge Radiology	530 Green St, Iselin, NJ 08830	732-326-1515
4	Princeton Radiology, Freehold	901 W Main St, Freehold, NJ 07728	732-462-4844
5	Princeton Radiology, Marlboro	176 Rt 9 N, Marlboro, NJ 07726	732-577-2750

*By signing below, you acknowledge receipt of this notice.*

\_\_\_\_\_  
Patient / Patient's Representative Signature

\_\_\_\_\_  
Date

**\*\*If signed by Individual's Representative, please print name and describe the nature of authority that enables you to sign for the individual:**

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Nature of Authority of Representative