#### AL ELBENDARY, M.D. FACS, FACOG

Our office is located at 11652 Studt Avenue, St. Louis, MO 63141.

Please arrive at least 15 minutes prior to your appointment with the enclosed "New Patient Forms" filled out. If your forms are not completed at the time of your appointment, the doctor may not be able to see on that day.

Also, bring your insurance cards so we can copy them for our records. If required by your insurance company, it is your responsibility to contact your primary physician's office to make sure a referral is faxed/mailed to our office. Failure to do so may result in greater out of pocket expense for you.

Co-payments are <u>required</u> at the time of each visit. Cash, checks MasterCard, Visa, Discover and American Express are accepted.

Please bring a list of your current medications. You will be responsible to verify that your records have been forward to our office from your referring physician prior to your appointment.

Out of concern and safety for our patients on chemotherapy, we ask that you refrain from bringing children under the age of 12 to the office.

If you have any questions or if we can be of assistance, please feel free to give us a call at (314) 991-5445 between 9:00 a.m. and 4:00 p.m.

Sincerely,

Al Elbendary, MD.

#### Al Elbendary MD 11652 Studt Avenue

11652 Studt Avenue Saint Louis, MO 63141-7025 (314) 991-5445

PATIENT INFORMATION	罗伊马 计控制 医多种多种激素			前周,她多种想象。 <b>"</b> 多是是是	(2) 电电子电子放射性的	And the second		
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I request that payment of authorized Medicare and/or insurance benefits be made either to me or on my behalf to the doctor or group indicated on the daim for any services furnished me by the physician. I understand that execution of this assignment in no way relieves me of my financial responsibility. I understand I am financially responsible for payment of this account regardless of insurance or third party involvement. If the account is sent to an attorney or collection agency, I will be responsible for any agency or collection fee and/or court costs.

Name:		Riethdate:		Age:	
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2.					
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Medical Conditions (P	lease check all that	apply)			n II I Nissa
AIDS/HIV	Bronchitis	E	Epilepsy	Hypertension	_ Parkins on's Disea _ Alzheimer's Disea
Alcoholism	Cancer	F	leadache	Pneumonia	
Anemia	Herpes	F	Heart Problems	Psychiatric Problems	
Asthma	Chemical Depen	dency F	<b>Tepatitis</b>	Stroke	
Arthritis/Gout Bleeding Disorder	High Cholestero	1J	aundice	Thyroid Dysfunction	
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Drinking History (ALCOHOL): Ounces per day \_\_\_\_\_ How many years \_\_\_\_

IV Drug Use: How many years \_\_\_\_\_ Date of last use \_\_\_\_ Type of drug(s) used: \_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced Education: (circle level completed) High School: 9 10 11 12 College: 1 2 3 4 Other Occupation: Yours \_\_\_\_\_ Spouse \_\_\_\_ Religious Preference \_\_\_\_

### PATIENT FORM

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raing hittis honia  rough  rup phiegm  rup blood hitts honia  rup blood hitts honia hittis honia  Religher hitting  Blackouts Paralysis or weakness of limb(s) Difficulty in speaking Dizziness Double vision Headache Loss of balance Loss of coordination Numbness Seizures  Riches	Logic ting kouts tlysis or weakness imb(s) culty in speaking iness ble vision dache of balance of coordination s of sensation nbness cures  Last menstrual period  PSYCHIATRIC Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep Loss of sleep	RESPIRATORY  Asthma  Wheezing  Bronchitis  Pneumonia  Dry cough  Cough up phlegm  Cough up blood  Pain in chest when you cough, sneeze, or move Shortness of breath  Difficulty in speaking Dizziness  Double vision Headache Loss of balance Loss of coordination Loss of coordination Numbness  Difficulty falling asleep  Last menstrual period  Approximately  PSYCHIATRIC Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep		Bruising				TICHIOI I HOIG	<del>-</del> , -	Nipple discharge	
ATORY  is zing thitis to in the state of the	Logic ting kouts alysis or weakness imb(s) culty in speaking iness ble vision dache of balance of coordination s of sensation mbness cures  Name and mammogram Last mammogram PSYCHIATRIC Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep Loss of sleep	RESPIRATORY  Asthma  Wheezing  Bronchitis  Pneumonia  Cough up phiegm  Cough up blood  Pain in chest when you  cough, sneeze, or move  Shortness of breath  MUŞCULOSKELETAL  Back Pain  A Back Pain  Last mammogram  Last menstrual period  NEUROLOGIC  Fainting Blackouts  Paralysis or weakness  of limb(s)  Difficulty in speaking Dizziness  Double vision  Headache Loss of balance Loss of coordination Loss of sensation  Numbness  Difficulty with memory of recent events  Difficulty with thinking of problem solving  Anxiety  Depression  Difficulty falling asleep	S	KIN			•	- Hemorrhoid	s	Breast lump	
Hemorrhoids  ATORY  In a sting hitts  In onia	Hoids — Break tump — Nipple discharge — Last mammogram _ / _ / _ Last mammogram _ / _ / _ Last menstrual period — Lifficulty with memory of past events — Difficulty with memory of past events — Difficulty with memory of recent events — Difficulty with thinking of problem solving — Anxiety — Depression — Difficulty falling asleep — Loss of sleep	RESPIRATORY  Asthma  Wheezing  Bronchitis  Pneumonia  Cough up phiegm  Cough up blood  Pain in chest when you  cough, sneeze, or move  Shortness of breath  MUŞCULOSKELETAL  Back Pain  Hemorrhoids  NEUROLOGIC  Fainting Blackouts  Paralysis or weakness  of limb(s)  Difficulty in speaking Dizziness  Double vision  Headache Loss of balance Loss of sensation  Numbness  Difficulty with memory of recent events  Difficulty with thinking of problem solving  Anxiety  Depression  Difficulty falling asleep						Vomiting his	ood		sweats
Vomiting blood Hemorrhoids  ATORY  In a cling chitis Inonia	Hot flashes/flight sweats hoids  Breast lump Nipple discharge Last mammogram Last menstrual period  Logic ting kouts slysis or weakness imb(s) culty in speaking iness ble vision dache of balance of coordination s of sensation nbness cures  Hot flashes/flight sweats Breast lump Nipple discharge Last menstrual period  PSYCHIATRIC Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep Loss of sleep	Vomiting blood   Hot flashes/flight sweats		•					n	_ Last Pap Smear	_/_/
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Indigestion Stomach pain Vomiting blood Hemorrhoids  ATORY  Take the store of the s	Abnormal paysment  Last Pap Smear	Indigestion Stomach pain Vomiting blood Hemorrhoids  RESPIRATORY Asthma Wheezing Bronchitis Pneumonia Cough up blood Pain in chest when you cough, sneeze, or move Shortness of breath  Shortness of breath  MUŞCULOSKELETAL Back Pain  Indigestion Stomach pain Last Pap Smear Hot flashes/night sweats Breast lump Nipple discharge Last mammogram Last menstrual period  Headsche Paralysis or weakness Of limb(s) Difficulty in speaking Dizziness Double vision Headache Loss of balance Loss of sensation Numbness Difficulty with memory of past events Difficulty with memory of problem solving Anxiety Depression Difficulty falling asleep					es/legs	Excessive his	eding	Extreme menstru	al pain
Excessive bleeding  Indigestion Stomach pain Vomiting blood Hemorrhoids  ATORY  In a cing hitts In a company to the company to	LOGIC ting kouts lights or weakness limb(s) culty in speaking iness ble vision dache of ceordination s of sensation nbness cures  Last Pap Smear Last Pap Sm	Excessive bleeding Indigestion Stomach pain Vomiting blood Hemorrhoids  RESPIRATORY Asthma Wheezing Bronchitis Pneumonia Cough up phlegm Cough up blood Pain in chest when you cough, sneeze, or move Shortness of breath Shortness of breath  MUŞCULOSKELETAL Back Pain  Excessive bleeding Indigestion Stomach pain Last Pap Smear Last Pap Smear Last Pap Smear Last mammogram Last menstrual period  NEUROLOGIC Fainting Blackouts Paralysis or weakness of limb(s) Difficulty in speaking Dizziness Double vision Headache Loss of balance Loss of coordination Loss of sensation Numbness Difficulty falling asleep  MUŞCULOSKELETAL Back Pain  Extreme menstrual para Abnormal pap smear Last Pap Smear Last Pap Smear Last mammogram Last mammogram Last menstrual period  PSYCHIATRIC Difficulty with memory of past events Difficulty with memory of problem solving Anxiety Depression Difficulty falling asleep	_	<del>-</del>	Po	or circulation	и	- DIATTILEA	•	Bleeding between	periods
Laxative use  Excessive bleeding  Indigestion  Stomach pain  Vomiting blood  Hemorrhoids  ATORY  In a cing hitts  In a companie with a compani	Bleeding between periods    Extreme menstrual pain	Laxative use			L	w blood press	ure	Kectal Dieeu	g	Painful intercour	se
Diarrhea Laxative use Excessive bleeding Indigestion Stomach pain Vomiting blood Hemorrhoids  ATORY  In a sting hittis I	Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear/ Hot flashes/night sweats Breast lump Nipple discharge Last mammogram/_ Last menstrual period  LOGIC ting kouts alysis or weakness imb(s) culty in speaking iness ble vision dache of balance of coordination s of sensation nbness cures  Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear/_/ Hot flashes/night sweats Breast lump Nipple discharge Last mammogram/_/ Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep Loss of sleep	RESPIRATORY Asthma Wheezing Bronchitis Pneumonia Cough up phiegm Cough, sneeze, or move Shortness of breath  MUSCULOSKELETAL Back Pain  Restardive use Diarrhea Laxative use Laxative use Laxative use Laxative use Extreme menstrual pain Abnormal pap smear Last Pap Smear Last Pap Smear Last mammogram Hot flashes/night sweats Breast lump Nipple discharge Last mammogram Last menstrual period  NEUROLOGIC Fainting Blackouts Paralysis or weakness of limb(s) Difficulty in speaking Dizziness Double vision Headache Loss of coordination Loss of sensation Numbness Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep		Weight gain	_ Hi	gh blood press	sure	- Change in Do	NO HAUTE	Vaginal discharge	e/itching
Rectal bleeding Diarrhea Laxative use Excessive bleeding Indigestion Stomach pain Vomiting blood Hemorrhoids  ATORY  In a companion  In a comp	leeding	The blood pressure will odd pr	-	Lack of appetite	_ SI	eep with 2 or n	nore pillows	Change in St	wel habits	Urgency in urinat	ion
Change in bowel habits Rectal bleeding Diarrhea Laxative use Excessive bleeding Indigestion Stomach pain Vomiting blood Hemorrhoids  ATORY  In a companion  In	leeding	Change in bowel habits			¯w	ake up short o	f breath	_ Black stools	nal color	Pain/burning with	n urination
more pillows ssure sure Sure Change in bowel habits Rectal bleeding Diarrhea Laxative use Excessive bleeding Indigestion Stomach pain Vomiting blood Hemorrhoids  ATORY  In a companion Indigestion Stomach pain Vomiting blood Hemorrhoids  NEUROLOGIC Fainting Blackouts Paralysis or weakness of limb(s) Difficulty in speaking Dizziness Double vision Headache Loss of balance Loss of coordination Loss of sensation Numbness Seizures	in stool color in bowel habits leeding a a e use bleeding in pain in Last Pap Smear in pain in Hot flashes/night sweats in Breast lump in Nipple discharge in Last mammogram in Last menstrual period  LOGIC ting kouts in lines in lines in lines in pain in	Second color	-		Ct	est pain with	exertion	_ Constipation		Night time urinat	ion
of breath more pillows ssure sure Sure Sure Sure Sure Sure Sure Sure S	Night time urination pain/burning with urination Urgency in urination Vaginal discharge/itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear // Hot flashes/night sweats Breast lump Nipple discharge Last mammogram Last menstrual period  LOGIC ting kouts alysis or weakness imb(s) culty in speaking iness ble vision dache of coordination s of sensation nbness cures  Night time urination Pain/burning with urination Urgency in urination Vaginal discharge/Itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear // Hot flashes/night sweats Breast lump Nipple discharge Last mammogram // Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep Loss of sleep	Set pain with exertion  ke up short of breath  psy with 2 or more pillows  Change in stool color  Change in bowel habits  Rectal bleeding  Diarrhea  Pain/burning with urination  Vaginal discharge/itching  Painful intercourse  Bleeding between periods  Extreme menstrual pain  Abnormal pap smear  Last mammogram  Hot flashes/night sweats  Breast lump  Nipple discharge  Last mammogram  Last menstrual period  NEUROLOGIC  Fainting  Blackouts  Paralysis or weakness  of limb(s)  Difficulty in speaking  Dizziness  Double vision  Headache  Loss of balance  Loss of balance  Loss of coordination  Loss of sensation  Numbness  Survess  Difficulty with thinking of problem solving  Anxiety  Depression  Difficulty falling asleep	-		C	iest pain at res	t -	_ Bloating		Blood in urine	
Stephenson	Blood in urine Night time urination Pain/burning with urination Urgency in urination Vaginal discharge/itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear // Hot flashes/night sweats Breast lump Nipple discharge Last mammogram // Last menstrual period  LOGIC ting kouts alysis or weakness imb(s) culty in speaking iness ble vision dache of coordination s of sensation nbness cures  Blood in urine Night time urination Pain/burning with urination Urgency in urination Vaginal discharge/itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear // Last mammogram // Last menstrual period  PSYCHIATRIC Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep Loss of sleep	Bloading with exertion black stools  Change in stool color Change in stool color Change in bowel habits  Rectal bleeding Diarrhea  Laxative use Excessive bleeding Indigestion  Stomach pain Vomiting blood Hemorrhoids  RESPIRATORY Asthma Wheezing Bronchitis Pneumonia Dry cough Cough up phiegm Cough up phiegm Cough up blood Pain in chest when you cough, sneeze, or move Shortness of breath  MUSCULOSKELETAL Back Pain  MUSCULOSKELETAL Back Pain  Blood in urine Night time urination Vaginal discharge Urgency in urination Vaginal discharge/itching Pain/burning with urination Vaginal discharge/itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear / Hot flashes/night sweats Breast lump Nipple discharge Last mammogram Last menstrual period  NEUROLOGIC Fainting Blackouts Paralysis or weakness of limb(s) Difficulty in speaking Dizziness Double vision Headache Loss of balance Loss of coordination Loss of sensation Numbness Sciences Difficulty with memory of problem solving Anxiety Depression Difficulty falling asleep	_	Sweats	- Iri	regular heart b	oeat .		nng	Kidney/bladder in	fections
Nausearyomaning   State   State   Bloating   Constipation   Black stools   Change in stool color   Change in bowel habits   Rectal bleeding   Diarrhea   Laxative use   Excessive bleeding   Indigestion   Stomach pain   Vomiting blood   Hemorrhoids     ATORY   State   Attraction   Attractio	Kidney/bladder infections ation  Blood in urine Night time urination Pain/burning with urination Urgency in urination Vaginal discharge/itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear / / Hot flashes/night sweats Breast lump Nipple discharge Last mammogram / Last menstrual period  LOGIC ting kouts alysis or weakness imb(s) culty in speaking iness ble vision dache of coordination s of sensation nbness cures  Kidney/bladder infections Blood in urine Night time urination Vaginal discharge/itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear / / Last mammogram / / Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep Loss of sleep	Respiratory  Respiratory  Respiratory  Respiratory  Respiratory  Asthma  Wheezing  Bronchitis  Preumonia  Dry cough  Cough up philogm  Cough up blood  Pain in chest when you cough, sneeze, or move  Shortness of breath  Cough up blood  Pain in chest when you cough, sneeze, or move  Shortness of breath  Cough up blood  Pain in chest when you cough, sneeze, or move  Shortness of breath  MUSCULOSKELETAL  Bloating  Bloating  Constipation  Bloack stools  Constipation  Bloack stools  Constipation  Bloack stools  Constipation  Blood in urine  Pinghoruning with urination  Urgency in urination  Vaginal discharge/itching  Painful intercourse  Bleeding between periods  Extreme menstrual pain  Abnormal pap smear  Last Pap Smear / Hot flashes/night sweats  Breast lump  Nipple discharge  Last mammogram / Last menstrual period  Last menstrual period  Pain ting  Blood in urine  Night time urination  Vaginal discharge/itching  Painful intercourse  Bleeding between periods  Extreme menstrual pain  Abnormal pap smear  Last Pap Smear / Last mammogram / Last menstrual period  Last menstrual period  Last menstrual period  PSYCHIATRIC  Difficulty with memory of past events  Difficulty with memory of recent events  Difficulty with memory of recent events  Difficulty with thinking of problem solving  Anxlety  Depression  Difficulty falling asleep						Loss of appet	ite	- Urinary dribbling	/incontinence
heat Sist Bloating Constituting Bloating Constitution  exertion of breath Black stools Change in stool color Change in bowel habits Rectal bleeding Diarrhea Laxative use Excessive bleeding Indigestion Stomach pain Vomiting blood Hemorrhoids  ATORY  for a string hitts monia bugh up phlegm arup blood no chest when you these of breath Pain Choss of balance Loss of coordination Loss of sensation Numbness Seizures  SKELETAL Pain Constitute The string Bloating Dizziness Seizures	Urinary dribbling/incontinence Kidney/bladder infections Blood in urine Night time urination Pain/burning with urination Urgency in urination Vaginal discharge/itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear / / Hot flashes/night sweats Breast lump Nipple discharge Last mammogram / Last menstrual period  LOGIC ting kouts Alysis or weakness imb(s) culty in speaking iness ble vision dache of balance of coordination s of sensation nbness cures  Urinary dribbling/incontinence Kidney/bladder infections Blood in urine Night time urination Vaginal discharge/itching Painful intercourse Bleeding between periods Extreme menstrual pain Abnormal pap smear Last Pap Smear / / Hot flashes/night sweats Breast lump Nipple discharge Last mammogram / / Difficulty with memory of past events Difficulty with memory of recent events Difficulty with thinking of problem solving Anxiety Depression Difficulty falling asleep Loss of sleep	ret palpitations	J					V	140	Excessive urination	n

## CONSENT FORM

The following information is to be complegally authorized representative/parer		the patient's
I,, co Elbendary or his designee, for myself or or legally authorized representative. I been made to me as a result of medica examinations.	acknowledge that no gu	om I am the parent Jarantees have
Signature of Patient (or legal guardian,	/representative)	
Date		
Relationship to patient		
Witness	Date	

# FINANCIAL RELEASE WAIVER

## AL ELBENDARY MD

Patient Name:	<del></del>
I have an appointment today	, with Elbendary MD, Alaa A/Kate Burch.
Should my insurance plan fail to cover today's amount of the services incurred.	s services, I understand I am fully responsible for the full
Patient/Responsible Party Signature	Date
Witness	Date

# Al Elbendary MD

Patient Name:
Patient DOB:
I have received or have been provided the opportunity to receive a copy of the "Notice of Privacy Practices" that explains when, where and why my confidential health information may be used or shared. I acknowledge that <u>AI Elbendary MD</u> , the physicians, the nurses and othe <u>AI Elbendary MD</u> staff may use and share my confidential health confidential health informatio with others in order to treat me, in order to arrange for payment of my bill, and for issues that concern <u>AI Elbendary MD</u> operations and responsibilities.
Patient/Guardian Signature
Date signed

Due to the federal privacy regulations, we cannot leave messages with protected health information on home answering machines or with family members without written permission.

give <u>Al Elbendary MD</u> permission to	leave detailed messages:	
On my home answering maching	ne/voice mail #	
On my work answering machir	ne/voice mail #	
On my cell phone #		
With the person listed below	(names and relationship to patient)	
•		
	· · · · · · · · · · · · · · · · · · ·	
Signature of patient	Date	
I do not want any medical infor	rmation released except to myself.	
Signature of patient	Date	

### PATIENT DEMOGRAPHIC FORM

In order to better serve our patients, and to update our records, please complete this basic information form:

Name:	
Date of Birth:	
Email address:	
Home Phone Number ( )	
Alternate Number ( )	
Primary dental provider (Dentist) and phone # _	
Race:	
HispanicAlaskan NativeNative AAsianOtherAsian/PacificPacific IsBlack/African (not Hispanic)Spanish A	merican
Ethnicity:Hispanic/LatinoNot Hispanic	/Launoonknown
Preferred Spoken Language: ArabicBulgarianCentral KhmerChineseEnglishFrenchGermanHaitian/Haitian CreoleHebrewHindiItalianOther (please specify)	JapaneseKoreanPolishPortugueseRussianSomaliSpanish/CastllianSwahiliThaiUrduVietnamese