

Benny S. Wang, M.D.

Patient History Form

Patient Name: _____

D.O.B.: _____

Past Medical History:

Past Surgical History:

Last Hospital Visit- Indicate which hospital & (MO/YR):

Drug Allergies:

Medications:

Name of Medication:	Dosage/MG:	# of times a day:	Notes

Social History: **Married** **Single** **Divorced** **Widowed**

Smoker: Yes No **Alcohol:** If yes, How much per day/week/month: _____ **No** **Drugs:** Yes No

If Yes, How many packs per day: _____

Woman: Date of last menstrual cycle: _____ **# of miscarriages:** _____

Family Medical History:

Texas

Electrodiagnostics, PLLC

**PATIENT AUTHORIZATION TO RELEASE
PROTECTED HEALTH INFORMATION TO THE DESIGNATED REPRESENTATIVE(S)**

I, _____, give my authorization to release my protected health information; including results of my laboratory tests, x-ray and/or other test results to the following designated representative(s):

Patient Initials

_____ My Spouse (Name) _____

_____ My Child (Name) _____

_____ Other (Name) _____

_____ Personal Representative _____

_____ May be left on my answering machine at home.

_____ May be left on my answering machine at work or cell.

_____ MAY NOT BE GIVEN TO ANYONE OTHER THAN MYSELF.

Patient Signature

Date

Witness

Date

As a patient, you have the right to revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or, if applicable, during a contestability period. In order for the revocation of this authorization to be effective, the office must receive the revocation in writing to: Texas Electrodiagnostics, PLLC, 9305 Pinecroft Dr., Ste 304, The Woodlands, Texas 77380 or by fax at: 1-866-936-7076. I understand that the written revocation must be signed and dated with a date that is later than the authorization. The revocation will not affect any actions taken before the receipt of the written revocation.

CANCELLATION AND NO SHOW POLICY

We are dedicated to helping our patients and appreciate those who value this dedication of time, energy, and service. We receive many calls from patients who wish to be seen the same day. Our schedule is often full. Last minute cancellations and no shows adversely affect other patients.

CANCELLATION, NO SHOW, AND RESCHEDULED APPOINTMENTS

All no show appointments will result in a fee of \$75 effective: 09-01-13.

The same \$75 fee will also apply to patients with two (2) cancellations or two (2) rescheduled appointments.

Extraordinary circumstance will be taken into consideration.

ARRIVING LATE

If you are more than 15 minutes late to an appointment without calling the office be prepared to reschedule.

We appreciate your cooperation.

Dr. Benny S. Wang, M.D.

Patient Signature

Date

Print Name

Benny S. Wang, M.D.
Board Certified in Neurology and Neurophysiology
EEG, EMG, Sleep Study
9305 Pinecroft Dr., Ste. #304, The Woodlands, Texas 77380
690 South Loop 336 W, Ste. #240, Conroe, Texas 77304
832-510-6553

Dear Patients:

Please check one of the following boxes:

I am willing to provide my email address: _____ AND
learn how to use the patient portal and electronic communications with Dr. Wang's office.

I prefer not to provide my email address or do not wish to use the patient portal.

Patient Signature

Print Name

Benny S. Wang, M.D.
Board Certified in Neurology and Neurophysiology
EEG, EMG, Sleep Study
9305 Pinecroft Dr., Ste. #304, The Woodlands, Texas 77380
690 South Loop 336 W, Ste. #240, Conroe, Texas 77304
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Dear Patients:

When it comes to your medical care, you always have a choice in terms of doctors, testing facilities and medications. Your insurance company will always have preferred medications and testing facilities (which usually cost them less) but may or may not be better for you from medical or financial standpoint. You have the right to choose.

For complete disclosure I would like to state that I have either stocks, directorship, partnership, speaker bureau or other forms of financial interests in the following healthcare companies:

Johnson and Johnson, Pfizer, Cyberonics, Aspire, Conroe Premier Imaging, Reliant Rehab, Bluebonnet pharmacy, Woodlands Premier Sleep Center, OneStep Diagnostics (at Red Oak), Physician Ancillary Services, Frontier Toxicology, Montgomery ER, Livingston ER, Wallisville ER.

Sincerely,



Benny Wang, M.D. 09-20-14

Patient Signature

Date

Benny S. Wang, M.D.
Board Certified in Neurology and Neurophysiology
EEG, EMG, Sleep Study
9305 Pinecroft Dr., Ste. #304, The Woodlands, Texas 77380
690 South Loop 336 W, Ste. #240, Conroe, Texas 77304
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Consent

By signing this consent form you are agreeing that your provider at Texas Electrodiagnostics PLLC request and use you prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

You may decide not to sign this form. Your choice will not affect your ability to get medical care, payment for you medical care, or your medical care benefits. Your choice to give or deny consent may not be the basis for denial of health services. You also have a right to receive a copy of this form after you have signed it.

This consent form will remain in effect until the day you revoke your consent. You may revoke this consent at any time in writing but if you do, it will not have an effect on any actions taken prior to receiving the revocation.

Understanding all of the above, I herby provide informed consent to Bellview Medical Partners to enroll me in the Eprescribe Program. I have had a chance to ask questions and all of my questions have been answered to my satisfaction.

Print Name

Patient D.O.B.

Signature of Patient or Guardian

Today's Date

Relationship to Patient