



Your appointment with _____ at OSU Sports Medicine
physician or physical therapist name
at Morehouse is on _____. Please arrive at _____.
date time

**OSU Sports Medicine at Morehouse Medical Plaza is located
at 2050 Kenny Road, Suite 3100.**

Please arrive promptly at your scheduled arrival time. We request that you call **614-293-3600** to reschedule if you are unable to arrive on time for your appointment. Check in at the front window with the following forms and give your insurance card to the office associate.

To save time, you may print the patient registration materials from the Contact Us page on our website and fill them out before your appointment: www.sportsmedicine.osu.edu

Please bring the following items to your physician appointment:

- A **referral** from your Primary Care Provider. Please check with your insurance company to find out if you need to obtain a referral before you can see a specialist physician.
- **X-rays/MRI**, notes, reports or any other documentation regarding your injury from the Emergency Department or a referring physician
- **Insurance card, photo ID, and co-payment**
- **Appropriate clothing** – shorts for a lower back or leg injury; tank top or sleeveless shirt for shoulder or arm injury

If you are scheduled for physical therapy:

- Please bring the **prescription** from your physician and your **insurance card** to your first physical therapy appointment and dress in comfortable **clothing** appropriate for your injury evaluation.

We offer physical therapy services at our Stoneridge location as well as at the following locations in central Ohio. Please phone to reschedule if you are unable to make your appointment.

| | |
|---|--------------|
| OSU Sports Medicine, Stoneridge | 614/366-9324 |
| OSU Sports Medicine, Kenny Road 3rd floor | 614/293-2385 |
| Downtown OSU Sports Medicine | 614/366-3600 |
| Gahanna YMCA | 614/293-7600 |
| Grove City YMCA | 614/293-1068 |
| Hilliard YMCA | 614/293-6384 |
| Liberty/Powell YMCA | 614/293-1008 |

Patient Data Form

Name: _____ Date of Birth: _____ Appointment Date: _____

Date of last: Physical _____ Eye exam _____ Dental exam _____ Tetanus shot _____
 Pneumonia shot _____ Cholesterol test _____ Flexible sigmoidoscopy _____

Past Medical History:

Have you had or do you currently have any of the following? (Y=yes, N=no)

| | | | | | | | |
|-----------------|-----|-------------------|-----|---------------------|-----|---------------------|-----|
| Chicken pox | Y N | Tuberculosis | Y N | High blood pressure | Y N | Stroke | Y N |
| Rheumatic fever | Y N | COPD / emphysema | Y N | High cholesterol | Y N | Epilepsy / seizures | Y N |
| Mumps | Y N | Asthma | Y N | Osteoporosis | Y N | Glaucoma | Y N |
| Measles | Y N | Pneumonia | Y N | Kidney disease | Y N | Anemia | Y N |
| German measles | Y N | MI / heart attack | Y N | Thyroid disease | Y N | Arthritis | Y N |
| Scarlet fever | Y N | Diabetes | Y N | Cancer: | Y N | HIV | Y N |
| Shingles | Y N | Stomach ulcers | Y N | Depression | Y N | Hepatitis A, B or C | Y N |

| | |
|--|--|
| List all hospitalizations and surgeries: | List all current medications / vitamins / herbs: |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| List all known allergies (drugs, food, environmental): | 5. |
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |

Family History: Does anyone in your family have any of the following?

___ Diabetes ___ Heart Disease ___ Cancer ___ Mental Illness/Alcoholism

Mother: Age ___ A D* Health problems: _____

Father: Age ___ A D* Health problems: _____

Sibling: Age ___ A D* Health problems: _____

Age ___ A D* Health problems: _____

Age ___ A D* Health problems: _____

* (A=Alive, D=Deceased – circle one)

Social History:

Occupation: _____ # Persons in household _____ Stress: (circle one) work, home, both, none

Do you use tobacco products? ___ No ___ Yes: What kind and how much? _____

Have you used recreational substances within the last 2 years? ___ No ___ Yes

Do you drink alcohol? ___ No ___ Yes: # drinks per day/week/month) _____

Caffeine: # drinks per day _____ Exercise (type, # days per week): _____ Sleep (hours/day): _____

Review of Systems:

Are you currently having problems with any of the following?

| | | | | | | | |
|--|-----|---------------------|-----|---------------------------------|-----|--------------------|-----|
| Fever | Y N | Chest pain | Y N | Constipation | Y N | Convulsions | Y N |
| Blurred or double vision | Y N | Palpitations | Y N | Nausea or vomiting | Y N | Headaches | Y N |
| Loss of vision | Y N | Shortness of breath | Y N | Abdominal pain | Y N | Depression | Y N |
| Problem swallowing, food stuck in throat | Y N | Persistent cough | Y N | Blood in stools or black stools | Y N | Joint pain | Y N |
| Sore throat | Y N | Coughing up blood | Y N | Painful urination | Y N | Muscle pain | Y N |
| Earache | Y N | Diarrhea | Y N | Blood in urine | Y N | Hives or skin rash | Y N |

Form completed by: _____ Date: _____

Reviewed by: _____ DO/MD/NP Date: _____



INJURY QUESTIONNAIRE

Patient Name: _____ Appointment Date: _____

Is your visit today the result of an automobile accident or other third party personal liability claim?

YES / NO

Is your visit today the result of a work-related injury?

YES / NO

Did your injury occur on the job or while you were working?

YES / NO

Please be advised that if you are seeing one of our doctors or physical therapists today for a work-related injury or a personal liability claim, you **MUST NOTIFY** the front desk office associate immediately. If you fail to notify us of such a claim, your health insurance may deny coverage and you will ultimately be responsible for all charges related to the medical care you receive at OSU Sports Medicine.

We maintain strict guidelines on the processing of work-related and personal liability claims. In order to process paperwork in a timely manner, we must know on your first visit if your injury is work-related or the result of a personal liability claim.

Again, if you do not notify us, you may ultimately be responsible for all charges incurred at OSU Sports Medicine

We appreciate your cooperation. Please let us know if you have any questions.

Patient Signature: _____ Appointment Date: _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO OFFICE ASSOCIATE



OSU Sports Medicine Center – Office Policies

Thank you for choosing the OSU Sports Medicine Center for your health care needs! We realize that you have a choice in medical providers and we appreciate your business. We developed these policies having the most optimal patient experience in mind.

- Please bring your insurance card to every visit. Your insurance card has all the required information for us to process an insurance claim on your behalf. We also use your insurance card to verify coverage and eligibility. We will make a copy of your card and place it in your chart.
- Please inform us, at check-in, if you have any changes to your name, address, phone number, insurance or other demographic items. This will allow us to update our database so that we may contact you if questions or issues arise after your visit.
- From time-to-time, you may require additional paperwork depending on your injury. We charge \$25 for completing forms that are not required by your insurance company. Please allow up to 10 business days to complete these forms since they must be completed by the physician. Examples of these forms include, short term and long term disability forms and family and medical leave forms.
- We gladly accept requests for copies of your medical records. Please allow up to 2 weeks for medical records requests.
- Most health insurance plans require that patients pay a co-pay at the physician office at the time of service. For your convenience, you may pay before or after seeing the physician.
- All of our schedules are busy, so if you find yourself running late, please call our main phone number shown on the cover page of this packet. As a courtesy to our other patients, we will request that your visit be rescheduled if you are 30 minutes or more behind.
- If you are a new patient, thank you and welcome.

We appreciate your cooperation in assisting us in providing you the best patient experience possible. By signing, you acknowledge that you have read and understand the policies listed above.

Welcome, and thank you for choosing The Ohio State University Sports Medicine Center.

Signature: _____ Date: _____

Directions to OSU Martha Morehouse Medical Plaza

(Formerly OSU Outpatient Services at Kenny Road)



2050 Kenny Road, Columbus, OH 43221 (614) 293-5123
www.medicalcenter.osu.edu

From the North (Sandusky, Delaware and Cleveland):

Take any major highway to I-270
Take I-270 to State Route 315 south
Take State Route 315 south to the Lane Avenue exit
Turn right onto Lane Avenue
Turn left onto Kenny Road
OSU Martha Morehouse Medical Plaza is located on your left

From the South (Circleville, Chillicothe, Portsmouth and Cincinnati):

Take any major highway to I-71 north
Take I-71 north to State Route 315 north
Take State Route 315 north to the Lane Avenue exit
Turn left on Lane Avenue
Turn left onto Kenny Road
OSU Martha Morehouse Medical Plaza is located on your left

From the East (Newark, Zanesville and Pittsburgh):

Take any major highway to I-70 west
Take I-70 west to State Route 315 north
Take State Route 315 north to the Lane Avenue exit
Turn left on Lane Avenue
Turn left onto Kenny Road
OSU Martha Morehouse Medical Plaza is located on your left

From the West (Springfield, Dayton and Indianapolis):

Take any major highway to I-70 east
Take I-70 east to State Route 315 north
Take Route 315 north to the Lane Avenue exit
Turn left on Lane Avenue
Turn left onto Kenny Road
OSU Martha Morehouse Medical Plaza is located on your left

Parking:

Free parking is located in the surface parking lots and in the attached parking garage.



Smoking and the use of tobacco products are not permitted inside or outside of any OSU Medical Center building.

Updated on July 27, 2007

Finding Your Way to OSU Martha Morehouse Medical Plaza

(Formerly OSU Outpatient Services at Kenny Road)



2050 Kenny Road, Columbus, OH 43221 (614) 293-5123
www.medicalcenter.osu.edu

Directions

From the North:

Take State Route 315 south to Lane Avenue Exit
Turn right onto Lane Avenue
Take Lane Avenue to Kenny Road (first traffic light)
Turn left onto Kenny Road
SEE "PARKING" DIRECTIONS

From the South:

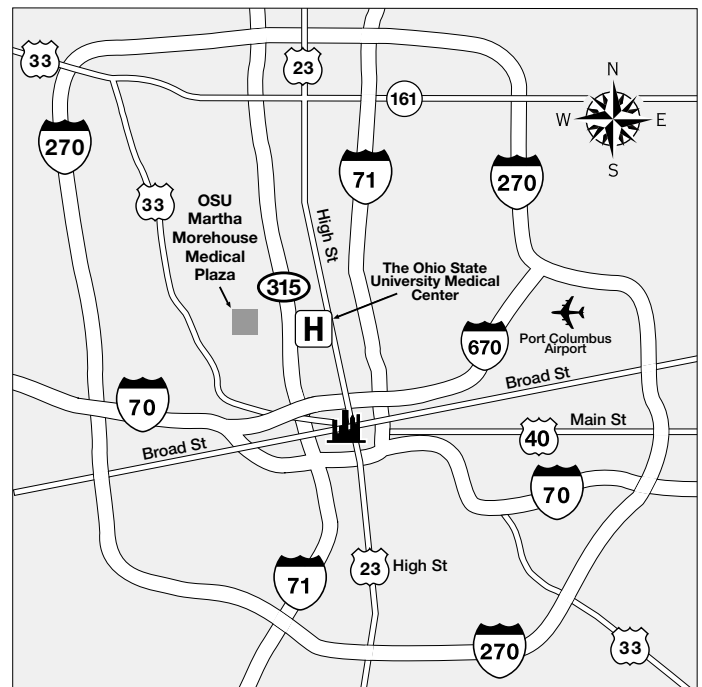
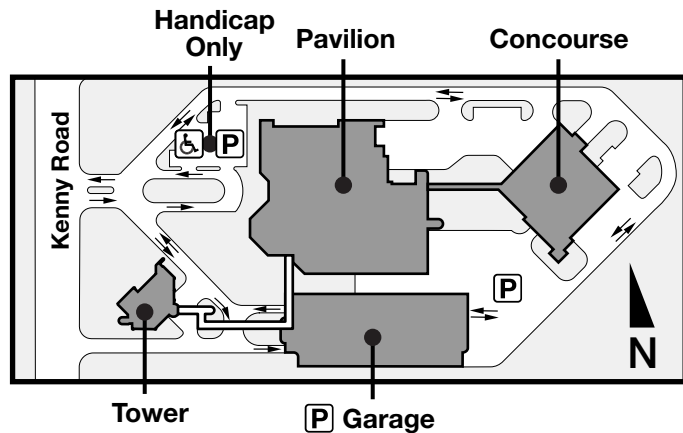
Take State Route 315 north to Lane Avenue Exit
Turn Left onto Lane Avenue
Take Lane Avenue to Kenny Road (second traffic light)
Turn left onto Kenny Road
SEE "PARKING" DIRECTIONS

Parking-Garage **P**:

Turn left into entrance
Take an immediate right and follow signs to garage

Parking-Disability **P**

Turn left into entrance
Disability only parking is near the front



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The OSU Sports Medicine Center

How Did You Hear About Us?

Did any of the following influence your decision to come here today?

Please mark all that apply.

OSU SPORTS MEDICINE SPECIALTY PROGRAMS:

- ACL Injury Prevention*
- Arthritis in Active People*
- Endurance Athlete / Team in Training*
- Industrial Rehabilitation*
- Performing Arts / Ballet Met*
- Ohio Premier Girls Soccer Club (OP)*

- Information from OSU Sports Medicine WEBSITE
- Information from ADVERTISING
- Information from the YMCA (Hilliard, Gahanna, Grove City, Liberty)
- Information from Columbus Public Schools
- Based on your INSURANCE PLAN
- OSU athlete – sent by athletic trainer, team physician or coach
- high school athlete School: _____

- Other _____

What is your local zip code? _____

If you would like to receive information on future OSU Sports Medicine programs please provide your email address: _____

We sincerely appreciate your feedback

*Dr. Chris Kaeding and Dr. Tom Best
Medical Directors, OSU Sports Medicine*