Optimal Health Physicians
15235 Shady Grove Road, Suite 102, Rockville, MD 20850
Phone: (301) 330-9430 Fax: (301) 330-6515 www.ohpmd.com

Prospective Patient Summary

Please write clearly in ink

Thank you for your interest in Optimal Health Physicians. Today's Date _____

First Name _____ Last Name _____ Gender _____Age _____

Address (city and state only) _____ Phone(s) _____

Best times to call _____ May we leave a message? _____ eMail _____

We take your health concerns seriously and want to help you find the care you deserve. Because our medical practice is small and our medical/clinical staff works as a team to care for each patient, it is important that we have a good understanding of your needs so we can make the most of your initial visit should you choose to become a patient.

As soon as we receive this summary from you, we will call to discuss your needs and describe our practice for you. Again, it is extremely helpful to have some prior understanding of your healthcare circumstances when we call. So please answer the questions below and fax this form to us. Any information you provide will be treated with the utmost confidence in accordance with all patient privacy regulations and requirements. You are under no obligation whatsoever to use our services or pay for any preliminary conversations with us about your healthcare needs.

1. Primary symptoms and concerns. When did these begin?

2. Prior or current diagnoses. When were these made? Any specific test results?

3. Prior or current treatments and medications. When did they begin? Stop?

4. General impact of these conditions on lifestyle.

5. Your expectations of us.

Privacy Statement: This document shall be treated in accordance with all requirements of the Health Insurance Portability and Accountability Act (HIPAA). For a complete description of OHP's Privacy Policy, please see our website: www.ohpmd.com. PPS 20110301.docx