

[x] DEVON [x] SCHAUMBURG [] BOLLING BROOKS [] NAPERVILLE [] KEDZIE [] DES PLAINES [] DOWNTOWN [] ELGIN [] TALMAN [] HAMDARD []
 [] GLENN WINTER, M.D. [x] M.S. KAPADIA, M.D. [] AHMED SHAFI, M.D. [] MAYA SHAHANI, M.D. [] J. BHALERAD, M.D. [] V. MADIREDDY, M.D. [] A. SCHOENFELD, M.D.

TEL : 800-325-1812 **TEL:** 630-539-9900 **EMAIL:** prismkapa@aol.com **FAX:** 773-920-3322 **WEBSITE:** www.immigrationmedical.com

PATIENT INFORMATION		EMPLOYER'S COMPANY		VITAL SIGNS	
LAST NAME: _____ FIRST NAME _____		Employer Name: _____		HT _____ ' _____ "	
MIDDLE FULL NAME: _____		YOUR PROFESSION: _____		WT. _____ Lbs	
ADDRESS: _____ APT# _____		City _____ State _____ Zip _____		PULSE _____ / min	
CITY _____ STATE _____ ZIP _____		REASON OF VISIT		MEDICATIONS	
TEL: CELL _____ / _____ / _____ HOME _____ / _____ / _____		[x] IMMIGRATION EXAM		[-] SLEEPING PILLS	
Email: _____ SEX: [] MALE [] FEMALE		[] TRAVEL VACCINES		[-] TRANQUILIZER	
STATUS: [] SINGLE [] MARRIED [] DIVORCED [] WIDOW		[] BLOOD TEST		[-] COUGH MEDS	
D.O.B. _____ / _____ / _____ CITY OF BIRTH: _____ COUNTRY _____		[] X-RAYS		[-] T.B. MEDICINES	
ALIEN # _____ S.S.# _____ / _____ / _____		[] URINE DRUG /EXAM		[-] HIGH B.P. MED	
		[] F/U/P - PICK UP		[-] DIABETES MED	
		FAMILY HISTORY		REFERRED BY:	
		[-] T.B. [-] HEART DIS. [-] CANCER		[] Attorney _____	
		[-] HTN [-] DM [-] OTHER		[] Wen based	
				HABITS	

PERSONAL HISTORY : If you have had any of the following , please mark " X " in the PT BOX

PT	DESCRIPTION	ICD	PT	DESCRIPTION	ICD	PT	DESCRIPTION	ICD	FEMALES ONLY	DPT 1	
	Abnrmal C. X-ray	V71.2		Depression	311		High Fever now	780.6	[-] BIRTH CONTROL PILLS	DPT 2	[-] SMOKING
	Abnormal E.K.G.	794.3		Diabetes	250		Hyper Lipedemia	272.4	[-] MISSED PERIODS	DPT 3	[-] TOBACCO CHEW
	Abnrmal RPR			Disabilities	738		Insanity	296	[-] PREGNANT WE	DPT 4	[-] PIPE
	Abnrmal T.B.Test	795.5		Dizziness	780.4		Lymphogranuloma Ven.	099	[-] TRYING FOR PREGNAND	OPV 1	[-] STREET DRUGS
	Aids	V.08		Dysuria	788.1		Menopausal Syndrome	627.2	[-] IRREGULAR PERIODS	OPV 2	[-] ALCOHOL
	Anemia- Unsp.	285.9		Elevated B.P.	796.2		Mental defect	319	[-] ON FERTILITY MEDS.	IPV 1	
	ARTHRITIS	715.8	X	Examination	V70.0		Mental retardation	317	[-] TUBAL LIGATION	Hep B 1	PAST MED. HISTORY
	Asthma	493.9		Exposure to V.D.	V01.7		Narcotic drug addiction	304	[-] INFECTIONS	Hep B 2	[-] HIGH B.P.
	Cancer	239		Exposure to T.B.	V01.1		Obesity	278	[-]	Hep B 3	[-] DIABETES
	Cardiac conditions	785		Fatigue	780.7		Pregnancy	V22.2	REMARKS:	MMR 1	[-] CANCER
	Chancroid	99		Gonorrhea	098.0		Psychopathic personality	301.7		Var 1	[-]
	Chicken Pox any age	52		Granuloma Inguinal	099		Sexual deviation	302		Pneumo	P.P.D.
	Chronic alcoholism	303		H/o BCG Vaccination	90585		Syphilis, infectious	97		Influenza	
	Chronic cough	786.2		Hansen's Disease, Infec.	030		Verenal Disease	99	LAST PERIOD DATE	Hep A 1	Placed _____ / _____ / _____

PHYSICAL EXAMINATION:

HEENT: [] Normal - PEERL, EOMI FULL	[] ABNL
NECK : [] NL-SUPPLE, NO JVD, BRUIT, NO ADENOPATHY	[] ABNL
CHEST : [] NL - Lungs clear. No rales Good air entry. No Crep.	[] ABNL
CVS: [] NL - S1 S2 . No S3 or S4 . PMI ok. No murmurs	[] ABNL
P/A : [] NL - Soft. B.Sounds NL. No Tenderness /Rigidity	[] ABNL
EXT : [] Normal - No Clubbing, Cyanosis or Edema	[] ABNL
GU / SKIN [] NL - No focal Lesions, Ulceration or discharge	[] ABNL
CNS : [] NL - No focal defects. Sensory /Motor/ Reflexes NL	[] ABNL

REMARKS / FINDINGS
 I WAS PRESENT DURING EXAM _____
 Read _____ / _____ / _____
 INDURATION : _____ MM

IMPRESSIONS : [] NL Exam [] Abnl Exam **DIAGNOSIS :** _____ / _____

DR.	PROCEDURE	CPT	FEE	DR.	PROCEDURE	CPT	FEE	DR.	PROCEDURE	CPT	FEE	LOT NUMBER	COMPANY	EXPIRY	INSTRUCTIONS
X	New Comp Exam	99204			CHEST XRY-1	71010		X	VAC ADM X						[x] CHECK P.P.D.
	Est. Level 3	99213			Chest x-ray-2	71020			DT	90718					[] CHECK XRY
	Est. Level 2	99212			HLTH PROF I	11111			MMR	90711					[] VACCINES
X	VENIPUNCTURE	36415			HLTH PROF II	22222			VAR	90707					[] CK LABS.
	HIV	86689			MMR TITER	33333			DPT	90701					[] FASTING BLOOD SUG
X	RPR	86592			VAR TITER	44444			IPV	90732					[x] EXERCISE
X	P.P.D.	86580			U/A & MICRO	81000			PNEUMO	90724					[] REDUCE WT / LIPIDS
	URINE PREG.	81025			HIV CONFIRM	86781			INFLUENZA	90746					[] MAMMOGRM /PAP
	SERUM HCG	84702			URINE DRUG	80100			HEP. B	90730					[] NO PREGNANCY 8WK
	I. EXAM PACKAGE I - EXAM / RPR / P.P.D					55555			HEP. A	90733					[] STOP SMOKING
	I. EXAM PACKAGE II - EXAM / RPR / P.P.D / DT / MMR					66666			MEN-IMMUNE	90733					[x] F/U PRIVATE MD
	I. EXAM PACKAGE III - EXAM/RPR/P.P.D/DI/MMR/VAR					77777			CHOLERA	90725					[] REF. TO T.B. CLINIC
	I. EXAM PACKAGE IV - EXAM / CHEST X-RAY ONE VIEW					88888			TYPHOID	90692					[] REF. TO CORE CLINIC

[X] I only have above mentioned insurance & authorize release of information to process the claims. [X] I authorize urine /blood Drug screening and report findings to appropriate authorities.
 [X] I authorize examination by physician & authorize medical benefits payments to the above physician. [X] I authorize testing blood for HIV / RPR testing. I authorize P.P.D. testing and Vaccines administration
 [X] I have been given rules and regulation regarding HIP-PA privacy act

PAYMENT METHOD		PAID	INITIAL	DATE: _____ / _____ / _____	PAID	VITALS	TOTAL CHARGES PAID
[] CASH [] CRD [] JINS [] CK	\$				\$	EXAMINATION	\$
NEXT VISIT: [] EXAM [] P.P.D CK [] XRY [] DT [] MMR [] VAR [] BRING VACCINATION RECORDS [] LAB [] _____				FOLLOW UP VISIT CHARGES		SKIN TEST	BALANCE
X _____ X _____				FDR [] XRY [] DT [] MMR [] VAR [] VISIT []		VACCINES	
Patient's Or Guardian's Signature				Attending Physician's Signature		BLOOD	
				FOLLOW UP _____ / _____ / _____ TIME: _____ [] AM [] PM		X -RAYS	

FOLLOW UP _____ / _____ / _____ **TIME:** _____ [] AM [] PM [] FED-EX [] MAIL