



Division of Endocrinology  
New Patient Welcome Packet

The physicians in Drexel University College of Medicine's Division of Endocrinology have special training, education, and interest in the care of adult patients with endocrine disorders, including diabetes, thyroid disease, calcium disorders, adrenal problems and pituitary disorders.

Please bring filled out forms with you to your appointment.

Thank you!



Drexel Endocrinology  
219 N. Broad St., 2<sup>nd</sup> Floor  
Philadelphia, PA 19107  
215-762-5030 Phone  
215-762-5463 Fax

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# *MAKING THE MOST OF YOUR VISIT*

The physicians and staff of Drexel University College of Medicine want you to benefit from your health appointment. It is important for us that we address your healthcare concerns and questions in a timely manner. We need your participation to help us answer your medical questions. This sheet can assist you with organizing your healthcare information that you need to share with us.

Here are a number of communication tips that may be helpful during your physician visit.

- Make sure you provide the physician with your complete health history. Make sure to note all of your medications, vitamins and supplements on the medication list.
- Allergies can be an important factor in your healthcare. Know what you are allergic to and advise the physician.
- Be honest with your health history and don't withhold information. The physician needs to know all of your previous healthcare conditions in order to evaluate your current concerns.
- Explain your symptoms to the physician as completely as possible. Again you can make notes.
- Tell the physician if you are in pain. It is helpful to use a scale from 1 to 10 – 10 being a very high level of pain.
- It is important to follow the physician's instructions for your healthcare problems.
- If you have any questions about the physician's instructions, be sure to take time to clarify the medications, schedules and required follow-up procedures.
- If you do not speak English, please bring a translator with you or contact our office prior to your appointment.
- Remember you are entitled to courteous, professional treatment at all times.
- Your healthcare is important to us. If you have any questions or concerns, please call 215-762-5030.

Thank you,

DREXEL ENDOCRINOLOGY



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## PATIENT COVER SHEET

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please list any additional specialist physician you also see or would like us to send a letter to (i.e. cardiologist):**

**Specialist Physician # 1:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Specialist Physician # 2:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Specialist Physician # 3:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



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Division of Endocrinology  
 Patient Questionnaire

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Did a physician refer you here (for consultation with endocrinology) YES NO

What is the name of that physician? \_\_\_\_\_

Who is your primary care physician? \_\_\_\_\_

Reason for Endocrinology visit: \_\_\_\_\_

This questionnaire is intended to help your physician assess your health risks and medical needs. All of the information that you give to your physician is confidential. If you feel uncomfortable answering any questions, or are not sure how to answer, please discuss this with your physician when he/she reviews this form with you.

Please check any of the following medical conditions that you have had, and use the space provided to briefly explain:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Heart attack                          | <input type="checkbox"/> Liver disease       |
| <input type="checkbox"/> Thyroid disorder    | <input type="checkbox"/> Heart bypass surgery                  | <input type="checkbox"/> Lung disease        |
| <input type="checkbox"/> High Cholesterol    | <input type="checkbox"/> Heart Arrhythmia                      | <input type="checkbox"/> Stomach/GI ulcers   |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Other heart condition                 | <input type="checkbox"/> Psychiatric illness |
| <input type="checkbox"/> Kidney Disease      | <input type="checkbox"/> Other medical problems (please list): |  |

Please check any symptoms that you are CURRENTLY experiencing, and use the space provided to briefly explain:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Excessive thirst   | <input type="checkbox"/> Muscle weakness   | <input type="checkbox"/> Menstrual disturbances       |
| <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Breast discharge             |
| <input type="checkbox"/> Weight loss        | <input type="checkbox"/> Chest pain        | <input type="checkbox"/> Acne                         |
| <input type="checkbox"/> Weight gain        | <input type="checkbox"/> Palpitations      | <input type="checkbox"/> Hair loss                    |
| <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Nausea/vomiting   | <input type="checkbox"/> Unwanted hair growth         |
| <input type="checkbox"/> Vision changes     | <input type="checkbox"/> Constipation      | <input type="checkbox"/> Skin changes or ulcers       |
| <input type="checkbox"/> Headache           | <input type="checkbox"/> Diarrhea          | <input type="checkbox"/> Change/lack of sexual desire |
| <input type="checkbox"/> Unexplained fevers | <input type="checkbox"/> Abdominal pain    | <input type="checkbox"/> Other sexual difficulties    |
| <input type="checkbox"/> Night sweats       |  |   |

Brief Explanation:

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**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Please list any hospitalizations (for reason for hospitalization) or past surgeries that you have had: You may use the back of this sheet if you need more room.

Hospitalizations/Past Surgeries	Approximate Date

Please list all medications that you take including vitamins, birth control, hormones and injections

Name of medicine/dosage	Times taken per day	Name of medicine/dosage	Times taken per day

It helps us to know the medical history of your close relatives. Please give us any information that you have on the health of the following family members. If deceased, please cause of death and age at death (if known).

Family Member	Major medical conditions	Living?	Deceased? Please enter age at death and cause of death if known
Father			
Mother			
Siblings			

Do you have any allergies to medicines?  YES  NO

If YES, please list the medication/s and specify the reaction? \_\_\_\_\_  
 \_\_\_\_\_

Do you smoke cigarettes?  YES  NO If so, how often? \_\_\_\_\_  
 Do you drink alcohol?  YES  NO If so, how often? \_\_\_\_\_

Physician Comments: \_\_\_\_\_





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**AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I hereby consent and authorize:

Drexel Endocrinology – HUH  
 219 N. Broad Street – 2<sup>nd</sup> Floor  
 Philadelphia, PA 19107  
 Phone: 215-762-5030 – Fax 215-762-5463

To release and disclose medical information to:

For the purpose of: \_\_\_\_\_

For the following dates of service: \_\_\_\_\_

Please release these records via  Fax  Copy/Mail  Telephone. I understand that depending on the volume of materials and/or potential confidentiality issues, it may not be possible for records to be faxed. In these cases, the records will be copied and mailed.

Please Include  Do Not Include **Any and all psychological and psychiatric information**

Please Include  Do Not Include **Any and all drug and alcohol treatment information**

Please Include  Do Not Include **Any and all HIV/AIDS related treatment information**

I have been informed and understand that this authorization, except for action already taken, may be voided by me at any time. I am further aware that, unless ended, this authorization to release information will expire on the date indicated below, a period of time not to exceed one year.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_ and has been fully explained to me, and my signature certifies that I understand its contents.

\_\_\_\_\_  
 Signature of Patient Date

\_\_\_\_\_  
 Signature of Legal Guardian/Parent/Authorized Representative Date

This form is provided to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) as explained in the Notice of Privacy Practices presented at patient registration by the physician's office staff. The form also complies with applicable Federal and Pennsylvania State Law



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## PATIENT POLICIES

### Arrival Time:

New patients are requested to arrive approximately 20-30 minutes early for the first appointment unless medical history information has been completed prior to the appointment. For subsequent appointments, please arrive at least 10 minutes early so we can verify all your important information. Bring your current insurance card to each appointment and a picture ID. Please bring any appropriate records from referring physician or previous evaluations to facilitate your consultation (lab, x-rays.) Also bring all medications at the time of the appointment (even those prescribed by other consulting physicians.)

### Lateness:

A specialist appointment is labor-intensive and requires the allotted time to complete so please maximize your experience by being on time. If you are more than 20 minutes late you may not be seen depending on the physicians schedule for that day. If you are late for your appointment and if the next patient has arrived early, the next patient may be seen during your appointment time in an effort to preserve the rest of the day's schedule and not shortchange any one patient.

### Walk-ins:

**Our primary concern is the safe, efficient delivery of medical care for *all of our patients*. We *do not* have any set "Walk in Hours".**

We see our patients by appointment and do our best within the limits of circumstances that we can control, to see our patients on time. We feel that patients deserve our attention during the appointment time we have reserved for them. We do not allow walk in appointments, as it interferes with our ability to deliver safe medical care in a timely manner to all of our patients. To that end, we request that all patients call for an appointment time before coming to our offices.

### Referrals:

Some insurance plans require you to obtain a referral from your primary care provider or clinic in order to see a specialist. It would be helpful to become familiar with your insurance plan requirements. It is your responsibility to make sure a referral is sent. If when you arrive your referral is not here we will give you approximately 15 minutes to have it faxed to us. If you cannot get it within this time frame you must reschedule your appointment.

## **Co-pays and outstanding balances:**

These are to be paid at the time of service.

## **Cancellations:**

Cancellations: If you need to cancel an appointment, we ask that you call 48 hours in advance. Repeated failure to cancel appointments in a timely manner could result in termination from your physician.

## **Telephone Calls**

You are encouraged to call our office if you have any questions regarding your condition, medication or treatment.

For your health and safety, we prefer to see you in person if you think you may need adjustments in medication or new medications. Many diseases have similar symptoms or can develop complications. Please call for an appointment to be seen by your health care provider.

Drexel Endocrinology Associates does not interrupt your office visits with your health care provider for telephone calls from other patients needing to ask questions. We give that same courtesy to all our patients, so expect to leave a message for either the medical assistant or provider and you will be called back. Be sure to leave both a daytime and nighttime telephone number.

## **Cell Phones**

The use of cell phones is not permitted in our office. When you arrive for your appointment please turn off your cell phone.

## **Prescription Refills**

All prescriptions will be called in within 48 hours. You may access this line by calling (215) 762-5030 and follow the prompts.

## **Billing questions:**

Please contact our billing office at 215-965-6020.

## **Medical Records Letters and Physician Reports:**

These will be completed at your request with your written authorization. A fee may be charged for this service. Please provide a 48 hour notice if you would like your medical records released. Your health record is considered confidential; information about your health is never released without your written authorization.

## **Patient Complaints:**

All patient complaints or concerns should be addressed with the Office Manager. You can reach her at 215-762-5030. Complaints are documented and sent to the Quality Improvement Office at Drexel Medicine.



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## **DRIVING DIRECTIONS**

### **Schuylkill Expressway -**

Take I-76 East or West, the Schuylkill Expressway, to I-676 East, the Vine Street Expressway, into Center City Philadelphia. Exit at Broad Street (Route 611). At the end of the exit ramp, go straight to the second light (Broad Street). The hospital is on your right. The 219 Broad Street Building is behind the hospital.

### **Interstate 95 in Either Direction -**

Take I-676 West, the Vine Street Expressway. From the Expressway, take the Broad Street exit. Once off the exit ramp, turn left at the first light onto Vine Street East. Take Vine Street East to Broad Street. The hospital will be on your right. The 219 Broad Street Building is behind the hospital.

### **Pennsylvania Turnpike from the West**

Take the Pennsylvania Turnpike East to Valley Forge, Exit 24. Travel east on I-76, the Schuylkill Expressway, to I-676 East, the Vine Street Expressway. Exit at Broad Street. At the end of the exit ramp, go straight to the second light (Broad Street). The hospital is on your right. The 219 Broad Street Building is behind the hospital.

### **Northeast Extension**

Take the Northeast Extension (I-476) South to I-76 East, the Schuylkill Expressway. Take I-76 East to I-676 East, the Vine Street Expressway. Exit at Broad Street (Route 611). At the end of the exit ramp, go straight to the second light (Broad Street). The hospital is on your right. The 219 Broad Street Building is behind the hospital.

### **New Jersey Turnpike from the North -**

Take the New Jersey Turnpike South to Exit 4. Take Route NJ-73 North to NJ-38 West and follow signs to Philadelphia and the Benjamin Franklin Bridge. When crossing the bridge, stay in Lane 2. Continue straight ahead and follow signs for Vine Street Local Traffic and Route 611. Continue straight on Vine Street for about 10 blocks to the intersection of Broad Street (Route 611) and Vine Street. The hospital is located on your left. The 219 Broad Street Building is behind the hospital.

### **New Jersey Turnpike from the South**

Take the New Jersey Turnpike North to Exit 3. Turn left off the exit onto NJ-168 North to I-295 South. Follow signs for I-76 and I-676 North to the Benjamin Franklin Bridge. When crossing the bridge, stay in Lane 2. Continue straight ahead and follow signs for Vine Street Local Traffic and Route 611. Continue straight on Vine Street for about 10 blocks to the intersection of Broad Street (Route 611) and Vine Street. The hospital is located on your left. The 219 Broad Street Building is behind the hospital.

### **I-295 North from Southern New Jersey -**

Take I-295 North to I-676 North following signs for Philadelphia and the Benjamin Franklin Bridge. When crossing the bridge, stay in Lane 2. Continue straight ahead and follow signs for Vine Street Local Traffic and Route 611. Continue straight on Vine Street for about 10 blocks to the intersection of Broad Street (Route 611) and Vine Street. The hospital is located on your left. The 219 Broad Street Building is behind the hospital.

### **Atlantic City Expressway -**

Take the Atlantic City Expressway West to 42 North. Take 42 North to I-676 North following the signs for Philadelphia and the Benjamin Franklin Bridge. When crossing the bridge, stay in Lane 2. Continue straight ahead and follow signs for Vine Street Local Traffic and Route 611. Continue straight on Vine Street for about 10 blocks to the intersection of Broad Street (Route 611) and Vine Street. The hospital is located on your left. The 219 Broad Street Building is behind the hospital.

### **Pennsylvania Route 1 from the Northeast and Bucks County -**

Take Route 1 South to Route 63 East (Woodhaven Road). Take Route 63 East to I-95 South. Take I-95 South to I-676 West, the Vine Street Expressway. Exit at Broad Street. Once off the exit ramp, turn left at the first light onto Vine Street East. Take Vine Street East to Broad Street. The hospital will be on your right. The 219 Broad Street Building is behind the hospital.

### **Route 476 (Blue Route) -**

Take Route 476 (Blue Route) to Philadelphia Exit. Travel east on I-76, the Schuylkill Expressway, to I-676 East, the Vine Street Expressway. Exit at Broad Street. At the end of the exit ramp, go straight to the second light (Broad Street). The hospital is on your right. The 219 Broad Street Building is behind the hospital.

### **City Line Avenue -**

Take City Line Avenue (Route 1) to I-76 East. Take I-76 East to I-676 East, the Vine Street Expressway. Exit at Broad Street. At the end of the exit ramp, go straight to the second light (Broad Street). The hospital is on your right. The 219 Broad Street Building is behind the hospital.

### **PARKING**

The **Hahnemann lot** is located between Vine and Wood Streets. The cost is approximately \$10.00 per hour.

**Lisa Realty Parking Lot** is directly next door to 219 North Broad. Access is directly from Broad Street. The cost is \$10.00 if in before 10:00 AM and out before 7:00 PM. They do valet...you leave your key.

**Parkway Parking lot** is approximately one block south of the 219 building on the opposite side of Broad Street. The cost is \$11.00 if in before 10:00 AM and out before 6:00 PM. They do discount for Hahnemann and Drexel Med. The ticket needs to be stamped and they will discount 20%.

### **PUBLIC TRANSPORTATION**

The Southeastern Pennsylvania Transportation Authority (**SEPTA**) serves Philadelphia and the Pennsylvania suburbs, and New Jersey Transit (**NJT**) serves New Jersey. Both lines use Broad Street, which borders Drexel University College of Medicine Complex on the east.

Using NJT, you will travel to **Amtrak's** 30th Street Station and/or to the Greyhound Station at 10th and Filbert Streets. From either location you may transfer directly to SEPTA.

The 219 Broad Building is conveniently located near three SEPTA lines:

**Trolley:** Ride to City Hall, then walk three blocks north on Broad Street to Race Street to Drexel University College of Medicine. The 219 Broad Building is across the street from the hospital.

**Subway:** Take the Market/Frankford line to 15th Street, then walk three blocks north to Race Street to the Drexel University College of Medicine Complex.

**Subway:** Broad Street line to the Race-Vine stop. When you come out from the subway stop, you will have arrived at Drexel University College of Medicine. The 219 Broad Building is across the street from the hospital.

SEPTA'S Regional High Speed Line System All trains stop at Penn Center-Suburban Station (16th Street and John F. Kennedy Boulevard), four blocks from Drexel University College of Medicine. Walk east (toward City Hall) to 15th Street, then north (left) on 15th Street to Race Street to get to Drexel University College of Medicine. The 219 Broad Building is across the street from the hospital.

### **Port Authority Corporation (PATCO) High Speed Line**

(From South Jersey) –

The High Speed Line stops at 16th and Locust Streets, where you can get a #2 bus northbound to 16th and Race Streets. Or walk one block east to 15th Street and eight blocks north to Race Street to get to Drexel University College of Medicine. The 219 Broad Building is across the street from the hospital.

From **Amtrak's** 30th Street Station (30th and Market) –

Take any eastbound SEPTA train one stop to Penn Center-Suburban Station (16th Street and John F. Kennedy Boulevard). Walk east on JFK Boulevard (toward City Hall) to 15th Street, then north (left) on 15th Street towards Race Street to get to Drexel University College of Medicine. The 219 Broad Building is across the street from the hospital.

For **SEPTA** information, call 215-580-7800 from 6 a.m. to midnight; to request SEPTA schedules, call 215-580-7777.

For **NJT** information, call 1-800-582-5946 from New Jersey or 215-569-3752 from Pennsylvania.



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**Drexel University Physicians is happy to introduce!**

**Drexel Medicine E-mail Health Information Service!**

Drexel University Physicians is collected the e-mail addresses of our patients so that we can be a better health information resource for you.

When you sign up for this program, you will receive, via e-mail, important information and tips that will serve to help keep you healthy and well informed about a variety of health topics including the services available at Drexel Medicine.

The E-mail Health Information Service is a completely voluntary program whose sole purpose is to deliver to you important health information. We will not share your e-mail address with anyone outside of Drexel University College of Medicine and you may quit the program at any time.

If you are interested in receiving e-mail about health-related topics and services available from Drexel University Physicians, please complete the information below and hand this form to any practice employee.

I would like to sign-up for the E-mail Health Information Service program at Drexel University College of Medicine. I understand that information received does not substitute for medical care. I understand that this is a voluntary program and I may cancel my participation at any time.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Year of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address