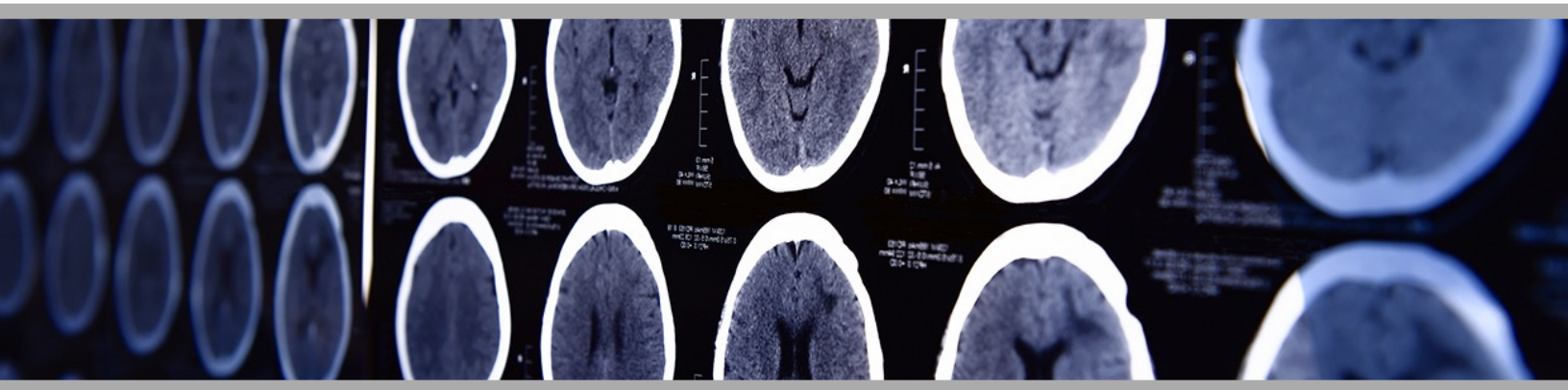
EMORY
BRAIN HEALTH CENTER



New Patient Packet

Guide for Your Upcoming Neurosurgery Appointment

EMORY
BRAIN HEALTH CENTER

Department of Neurosurgery

IMPORTANT NOTICE REGARDING YOUR APPOINTMENT

Thank you for allowing us to assist in your care. In order for your first visit to be as productive as possible, it is imperative that you bring with you:

1. **Film or a disc including your MRI, CT or any type of scan related to your diagnosis, done within the past 6 - 12 months.**
2. A printed report documenting the findings of the scan
3. Any lab results related to your diagnosis

In order to provide you with the most comprehensive appointment possible, it is important that any imaging and/or lab work is completed prior to your visit. Your provider will review these images as part of your appointment. **Failure to bring your images, reports and any lab results to your visit may result in your appointment being rescheduled.**

If you are uncertain about whether you should have imaging or labs completed prior to your appointment, please contact us at 404-778-5770, and a member of your care team will advise you on the best course of action. Please contact us at least 5 business days prior to your appointment with any questions regarding testing or lab results.

Our goal for each patient is to provide you with the highest level of service possible, and the most comprehensive visit with your provider. Thank you for your attention to this matter. We look forward to seeing you soon.

The Emory Clinic Brain Health Center
Department of Neurosurgery

EMORY
BRAIN HEALTH CENTER

Welcome to the Emory Clinic Brain Health Center!

Thank you for choosing us and entrusting us with your healthcare needs. By choosing an Emory Clinic Brain Health physician or facility, you have become a partner with us in pursuing the most appropriate, medically advanced treatment available to you today. As a teaching facility, you will be treated and seen by the brightest and best physicians.

Please understand that our surgeons spend a great deal of time performing surgeries and evaluating patients at the Emory University Hospital. As a result, they are available to see patients in the clinic setting just a few days a month. We appreciate your understanding and stress that while our clinic hours are limited, you can expect to receive exceptional, one-on-one attention at all of your visits.

Enclosed in this packet you will find information for your upcoming appointment. **The Department of Neurosurgery has two locations, so please confirm that you are proceeding to the correct location for your appointment:**

Emory Clinic - Building B (Main Campus)
- 1365 Clifton Rd NE, Building B, 2nd Floor, Suite 2200, Atlanta, GA 30322

Emory St. Joseph's Hospital
- 5673 Peachtree Dunwoody Road, NE, Suite 350, Atlanta, GA 30342

(Patients of Dr. Faiz Ahmad & Dr. Christopher Deibert only)

The Department of Neurosurgery is open Monday through Friday from 8:00 am to 5:00 pm, excluding holidays. Please call us at 404-778-5770 to schedule or change an existing appointment. Please note there is a $25.00 no-show fee for any appointments canceled less than 24 hours in advance. To contact your provider, please call the office during regular business hours and a representative will take a message for your call to be returned. If you have a life-threatening emergency, please call 911.

Sincerely,

The Emory Clinic Brain Health Center
Department of Neurosurgery

EMORY
BRAIN HEALTH CENTER

During & After Your Visit: What to Expect

What to Bring to Your Appointment

- ID & Insurance Card
- Insurance Referrals/Authorizations
- List of current medications
- Parking payment
- **Any MRI, CT Scan and/or lab results related to your diagnosis. Bring disc and printed reports**
- Please fax medical records to 404-778-3279 prior to your appointment

Referrals

Please ensure that your referring physician has completed an insurance referral **before your visit**. If you are not sure if your plan requires a referral, contact your insurance provider.

After your appointment, any internal referrals to see another Emory provider will be completed within 5 business days. Please contact your insurance provider for a referral to see any external, non-Emory providers.

Co-Pay & Billing

Co-Pay is due at the time of service. Acceptable methods of payment include cards bearing the MasterCard, Visa, Discover or American Express logo.

Any billing questions should be directed to the Emory Clinic Billing Office at 404-778-3710.

Arrival Time

Due to construction to make The Emory Clinic, the best facility possible for our patients, please be advised there may be **heavy traffic surrounding the clinic.** Please allow yourself enough time to arrive to your appointment on time. Also, please allow at least 2 hours in your schedule for your appointment.

Imaging & Lab Results

Imaging reports will post to your patient portal within 7 business days of the date imaging was completed. Lab results will post to your patient portal within 36 hours of the date labs were drawn.

If you are not on the portal, or if you went to a non-Emory lab or imaging center, such as Quest, please provide 10 business days for your results to be received and reviewed by your doctor.

Emory Clinic Department of Neurosurgery

1365 Clifton Rd NE
Building B, 2nd Floor, Suite 2200
Atlanta, GA 30322

Phone: 404-778-5770
Fax: 404-778-3279

Emory Neurosurgery's Care Model

Our multidisciplinary care team consists of doctors, advanced practice care providers (nurse practitioners and physician assistants), and nurses. We coordinate care to provide you the best possible patient experience.

EMORY
BRAIN HEALTH CENTER

Surgeon/Physician
I am the head of your care team. Your first visit may be with me, an advanced practice provider, or both of us. I will work with the entire care team to ensure the care intended for you is carried out.

Advanced Practice Provider
(Nurse Practitioner or Physician Assistant)
I work directly with the attending physician and will most often see you for follow up care. I will collaborate directly with the attending physician to support you and make decisions about your medical journey.

You

Nurse
I may provide some clinical care during your visit. I will communicate with you over the phone and the patient portal to ensure your care is coordinated.

Have you signed up for the **Emory Patient Portal** yet?

www.emoryhealthcare.org/patientportal

The Emory Healthcare Patient Portal is a convenient and secure health-management tool you can use anywhere you have access to the Internet.

✓Prescription Refills

First, confirm with your pharmacy that there are not refills.

Contact us at least a week prior to your prescription running out.

You can contact us via phone for refills, too.

✓Form

Paperwork takes 10 business days to complete. Prepare your contact information for returning the form when you request the form.

✓Question

For non-urgent clinical matters, clinical questions, and communicating with your care team.

Need to schedule an appointment?

✓Scheduling

Please call us at the number below. We will help you plan a visit to the Emory Neurosurgery clinic.

404-778-5770

EMORY HEALTHCARE

Emory BLUE Patient Portal

The Emory BLUE Patient Portal is our preferred method of communicating with our patients. We ask that you use the portal for prescription renewal requests and clinical (non-urgent) questions. In addition to communicating with us, you can also use the portal to view your labs, radiology reports, medications, allergies, immunizations, visit summaries and upcoming appointments.

To register for the Emory Blue Patient Portal please leave your information and turn in to the Front Desk.
To register via phone please call (404) 727—8820

Name:

DOB:

Email:

Phone Number:

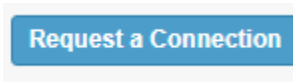
Messages sent through the Emory Blue Patient Portal will be received by the clinical nursing staff and forwarded to the appropriate provider. Messages will receive a response during clinic business hours; Monday—Friday, 8am-5pm. Please only use for non-urgent issues. Any urgent issues should be addressed by contacting the call center at (404) 778-5770 or by dialing 911.

Neurosurgery Patient Imaging Upload

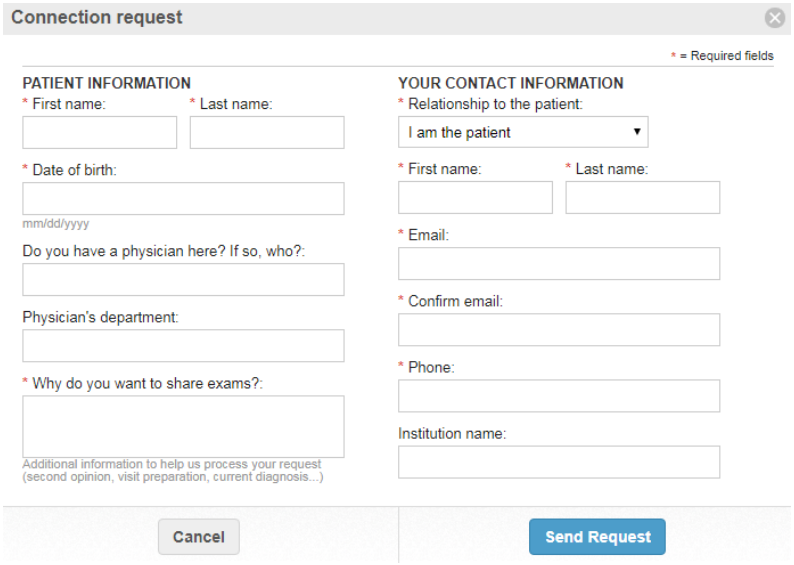
Please follow the below instructions to upload your imaging (including MRI, CT, X-Ray scans, etc.) via our secure imaging platform before your appointment.

1. Go to: https://www.emoryhealthcare.org/emory-clinic/neurosurgery/second-opinion.html and click button on right hand side of page:

2. A new window will open. Select “rRequest connection”

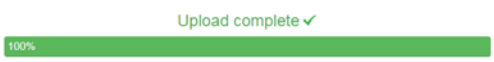


3. Enter “Patient information” and “Contact information”



4. Select “Send Request”
5. Email will be received: “Connection Request to Emory Healthcare Neurosurgery” and subsequently, a “welcome” email.
6. Open the “welcome” email and select “get started”
7. Accept the agreement form
8. select “browse exams”

9. Open the cd/dvd drive and enter your disc
10. Check if the “who should we contact” information is correct and select “continue”
11. Images will upload



12. If there are more discs, select “upload more files” or select “finish uploading” when complete

Directions to Emory Clinic B

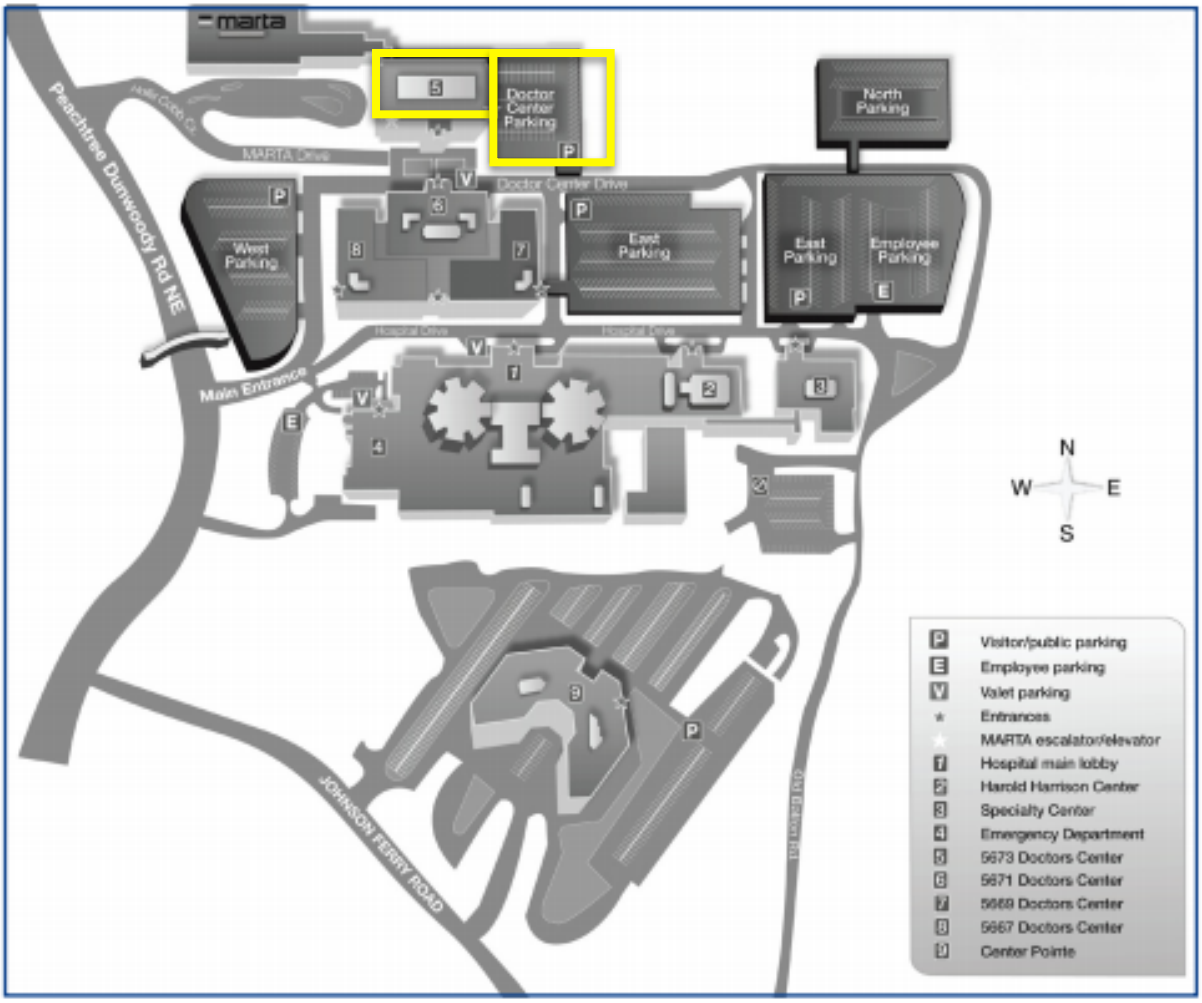
From the South: Take I-75 to I-85 North. Stay on I-85 to Clairmont Rd, Exit # 91. After exiting, follow the signs to Decatur. Drive 4 to 5 miles on Clairmont Rd. to North Decatur Rd. Turn right onto North Decatur Rd. Proceed one mile to Clifton Rd. Turn right onto Clifton Rd. The clinic is 100 yards on the right.

From the North: Take I-85 South to Clairmont Rd, Exit # 91. After exiting, follow the signs to Decatur. Drive 4 to 5 miles on Clairmont Rd. to North Decatur Rd. Turn right onto North Decatur Rd. Proceed one mile to Clifton Rd. Turn right onto Clifton Rd. The clinic s 100 yards on the right.

Address: 1365 Clifton Rd NE, Building B, Suite 2200, Atlanta, GA 30322

EMORY
BRAIN HEALTH CENTER

Directions to Emory Saint Joseph's Hospital



From the North: Travel GA 400 South to exit 3 (Glenridge Connector) and turn right onto Glenridge Road. Cross Johnson Ferry Road and immediately enter the right turn lane. Turn right into the Emory Saint Joseph's Hospital campus.

From the South: Travel I-85 North to GA 400 North (exit 87). Take exit 3 (Glenridge Connector) and turn right onto Glenridge Road. At the second light, turn left onto Peachtree Dunwoody Road. Cross Johnson Ferry Road and immediately enter the right turn lane. Turn right into the Emory Saint Joseph's Hospital campus.

Address: Emory Saint Joseph's Hospital, 5673 Peachtree Dunwoody Road, NE Atlanta, GA 30342

For More Information, please visit www.emoryhealthcare.org/centers-programs/brain-health-center/

EMORY
BRAIN HEALTH CENTER

Travel Accommodations

The following hotels are located within five miles of The Emory Clinic. Many offer special rates for the families of Emory patients. Our concierge can help you make reservations, give you room rates and provide maps to the hotels. The concierge desk is located in the main lobby of the hospital and can be reached by calling 404-712-5619.

Courtyard by Marriott - Executive Park 1236 Executive Park Drive 404-728-0708	**LaQuinta Inn** 2535 Chantilly Drive 404-321-0999
Doubletree Hotel 2061 North Druid Hills Road 404-321-4174	**Microtel Inn & Suites** 1840 Corporate Blvd 404-325-4446 or 1-800-771-7171
Emory Conference Center Hotel 1615 Clifton Road, NE 404-712-6000 or 1-800-933-6679	**Quality Inn - Northlake** 2155 Ranchwood Drive 770-491-7444 or 1-866-633-5252
Extended Stay of America 3115 Clairmont Road 404-679-4333	**Red Roof Inn** 1960 North Druid Hills Rd., NE 404-321-1653
Hampton Inn 1975 North Druid Hills Road 404-320-6600 or 1-800-426-7886	**Residence Inn by Marriott** 2220 Lake Blvd 404-467-1660
Holiday Inn Express - Emory 2183 North Decatur Road 404-320-0888 or 1-800-465-4329	**Residence Inn by Marriott** 2960 Piedmont Road, NE 404-239-0677 or 1-800-331-3131
Holiday Inn Northlake 2158 Ranchwood Drive 770-934-6000	**Super 8 Motel** 917 Church Street 404-378-3765
Holiday Inn Select 130 Clairmont Avenue 404-371-0204 or 1-800-225-6079	**University inn** 1767 North Decatur Road 404-634-7327 or 1-800-654-8591
Homestead Inn 1339 Executive Park Drive, NE 404-325-1223 or 1-888-782-9473	

For More Information, please visit www.emoryhealthcare.org/centers-programs/brain-health-center/

EMORY
BRAIN HEALTH CENTER

Emory Clinic Parking Rates (Clifton Road)

Location	Entrance Address
Lowergate Visitor Deck	1717 Lowergate Drive

Visitor Parking Rates

0 - 30 minutes	Free
30 minutes - 1 hour	$4.00
1 - 2 hours	$5.00
2 - 3 hours	$6.00
3 - 4 hours	$7.00
4 - 7 hours	$8.00
7 - 24 hours	$12.00

Lowergate Visitor Deck
Parking entrance is located at 1717 Lowergate Drive, across Clifton Road from the Emory University Hospital. Proceed to Level B of the parking deck and follow the signs to Clinic B.

EMORY
BRAIN HEALTH CENTER

EMORY
CLINIC

Department of Neurological Surgery

The Emory Clinic

FOR OFFICE USE

New Patient Information

Today's Date: _____

Physician you are seeing today: _____

Name: _____ Date of Birth: _____

Marital Status:
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Single

Work Status:
- ☐ Employed as: _____
- ☐ Worker's Compensation
- ☐ Retired
- ☐ Disabled
- ☐ Unemployed

General Health Status:
- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Dominant Hand:
- ☐ Right Hand
- ☐ Left Hand
- ☐ Ambidextrous

PRIMARY CARE PHYSICIAN

Name: _____ Fax #: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

REFERRING PHYSICIAN

Name: _____ Fax #: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

EMORY CLINIC

OTHER PHYSICIAN (to inform about your progress)

Name: _____ Fax #: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Vital Signs (FOR OFFICE USE ONLY)

BP: _____ Height: _____ Temp: _____

Pulse: _____ Weight: _____

EMORY CLINIC

Name: _____ **Date of Birth:** _____

What medical problems or symptoms are you being seen for today?

Medical Problem/Symptom	Onset Date

Do you now or have you ever had the following:

Heart problems	☐ Yes	☐ No	Diabetes or problems with blood sugar	☐ Yes	☐ No
Lung problems	☐ Yes	☐ No	GI problems (i.e. ulcers, hiatal hernia, gastritis)	☐ Yes	☐ No
Kidney problems	☐ Yes	☐ No	Liver disease (such as hepatitis)	☐ Yes	☐ No
High blood pressure	☐ Yes	☐ No	Problems with blood (i.e. clotting problems)	☐ Yes	☐ No
Any type of cancer	☐ Yes	☐ No			

Please list other medical problems:

_____

_____

_____

Please list any surgical procedures that you have had:

Surgical Procedure	Date	Facility/Hospital

EMORY CLINIC

Name: _____ **Date of Birth:** _____

SOCIAL HISTORY

Alcohol Use: ☐ Yes ☐ No How much per day? _____

Tobacco Use: ☐ Yes ☐ No How much per day? _____

Illicit Drug Use: ☐ Yes ☐ No How much per day? _____

Physical Activity: ☐ Yes ☐ No Type: _____ Days/Week: _____ Mins/Day: _____

How many times have you fallen in the last year? _____ Were you injured? ☐ Yes ☐ No

ALLERGIES & MEDICATIONS

Please list ALL prescription medications, over-the-counter medications, and vitamins/supplements that you are taking:

Medication	Dosage	# of Pills/Times Taken Per Day	Method/Route (Ex. By Mouth)

Please list any allergies you have (drugs and other substances):

Drug/Substance	Reaction

Have you ever had a reaction to any dye given for a special test? ☐ Yes ☐ No

If so, what was the test and what kind of reaction did you have?

EMORY CLINIC

Name: _____ **Date of Birth:** _____

Are you on a special diet? ☐ Yes ☐ No

If so, please specify the type of diet:

_____

_____

FAMILY HISTORY

Has anyone in your immediate family had:

High blood pressure	☐ Yes	☐ No	If so, who? _____
Heart disease	☐ Yes	☐ No	If so, who? _____
Cancer	☐ Yes	☐ No	If so, who? _____
Diabetes	☐ Yes	☐ No	If so, who? _____
Asthma	☐ Yes	☐ No	If so, who? _____
Stroke	☐ Yes	☐ No	If so, who? _____
Seizures	☐ Yes	☐ No	If so, who? _____
Migraine	■ Yes	■ No	If so, who? _____

Please list other illnesses/diseases that your immediate family members have had:

_____

_____

_____

	Alive (Current Age)	Deceased (Age)	Health Status	Cause of Death
Father				
Mother				
Brother(s)				
Sister(s)				
Children				

EMORY CLINIC

Name: _____ **Date of Birth:** _____

REVIEW OF SYSTEMS

Please check any of the symptoms you are currently experiencing:

No	Yes	Neurological/Psychiatric
☐	☐	Seizures
☐	☐	Headaches
☐	☐	Blackouts
☐	☐	Dizziness
☐	☐	Double Vision
☐	☐	Paralysis or Weakness of Limb(s)
☐	☐	Loss of Sensation
☐	☐	Loss of Balance
☐	☐	Loss of Coordination
☐	☐	Difficulty in Speaking
☐	☐	Nervousness
☐	☐	Depression
☐	☐	Difficulty in Going to Sleep
☐	☐	Early Morning Awakening
☐	☐	Difficulty Remembering Past Events
☐	☐	Difficulty Remembering Recent Events
☐	☐	Difficulty with Thinking/Problem Solving

No	Yes	Musculoskeletal
☐	☐	Muscle Pain
☐	☐	Neck Pain
☐	☐	Shoulder or Arm Pain
☐	☐	Back Pain
☐	☐	Pain Down Right Leg
☐	☐	Pain Down Left Leg
☐	☐	Painful Joints
☐	☐	Swelling of any joints
☐	☐	Redness of any joints
☐	☐	Stiffness of any joints
☐	☐	Deformities of the joints or extremities

No	Yes	Cardiovascular
☐	☐	Chest Pain, Tightness, or Squeezing
☐	☐	Shortness of Breath when Lying Down
☐	☐	Need to Sit Up to Breathe
☐	☐	Heart Racing
☐	☐	Irregular Heart Beat (Palpitations)
☐	☐	Heart Murmur
☐	☐	Swelling of the Legs
☐	☐	Varicose Veins

No	Yes	General
☐	☐	Weakness
☐	☐	Tiredness
☐	☑	Lack of Appetite
☐	☐	Excess Appetite
☐	☐	Weight Loss
☐	☐	Weight Gain
☐	☐	Chills
☐	☐	Fever
☐	☐	Night Sweats
☐	☐	Difficulty Sleeping

No	Yes	Vision/ENT
☐	☐	Decreased Ability to See
☐	☐	Blurred Vision
☐	☐	Spots Before Your Eyes
☐	☐	Pain in the Eyes
☐	☐	Difficulty in Hearing
☐	☐	Ringing in the Ears
☐	☐	Discharge from the Ears
☐	☐	Nasal Discharge (Frequent)

No	Yes	Gastrointestinal
☐	☐	Nausea
☐	☐	Vomiting
☐	☐	Diarrhea
☐	☐	Constipation
☐	☐	Heartburn
☐	☐	Abdominal Pain
☐	☐	Bright Red Blood in Stools
☐	☐	Black Stools
☐	☐	Change in Bowel Habits
☐	☐	Need for Antacids

No	Yes	Urinary
☐	☐	Urinary tract infections
☐	☐	Pain or burning on urination
☐	☐	Frequent urination – day
☐	☐	Frequent urination – night
☐	☐	Unusually large volumes of urine
☐	☐	Extreme urge to urinate

☐	☐	Leg Pain at Rest	☐	☐	Difficulty starting urinary stream
☐	☐	Leg Pain with Exertion	☐	☐	Difficulty stopping urinary stream
☐	☐	Blue/Purple Discoloration of Hands/Feet	☐	☐	Kidney stones

EMORY CLINIC

Name: _____ **Date of Birth:** _____

No	Yes	**Respiratory**
☐	☐	Cough
☐	☐	Wheezing
☐	☐	Asthma
☐	☐	Shortness of Breath
☐	☐	Shortness of Breath with Exertion
☐	☐	Pain in Chest During Cough/Sneeze,
☐	☐	Moving

No	Yes	**Genito-Reproductive (Male)**
☐	☐	History of Sexually Transmitted Disease
☐	☐	Discharge from Penis
☐	☐	Testicular Pain
☐	☐	Lumps in Testicles or Scrotum
☐	☐	Decrease in Testicular Size
☐	☐	Decreased Sexual Desire
☐	☐	Decreased Ability to Achieve Erection

No	Yes	**Genito-Reproductive (Female)**
☐	☐	History of Sexually Transmitted Disease
☐	☐	Decreased Sexual Drive
☐	☐	Vaginal Bleeding Since Menopause
☐	☐	Hot Flashes
☐	☐	Are You Taking Any Female Hormones?
☐	☐	Do You Ever Bleed Between Periods?

_____ What is the Date of Your Last Normal Period?

_____ What is the Date of Your Period Before That?

_____ How Far Apart Are Your Periods?

_____ How many days do they last?

_____ Is Flow Heavy, Scanty, or Normal?

_____ Age at Onset of Menstrual Periods

_____ Age at Which Periods Stopped (Menopause)

No	Yes	**Skin**
☐	☐	Dryness of Skin
☐	☐	Itching
☐	☐	Rash
☐	☐	Change in Skin Color
☐	☐	Change in Texture of the Hair
☐	☐	Change in Skin Temperature
☐	☐	Falling Out of the Hair
☐	☐	Nail Changes
☐	☐	Skin Ulcers

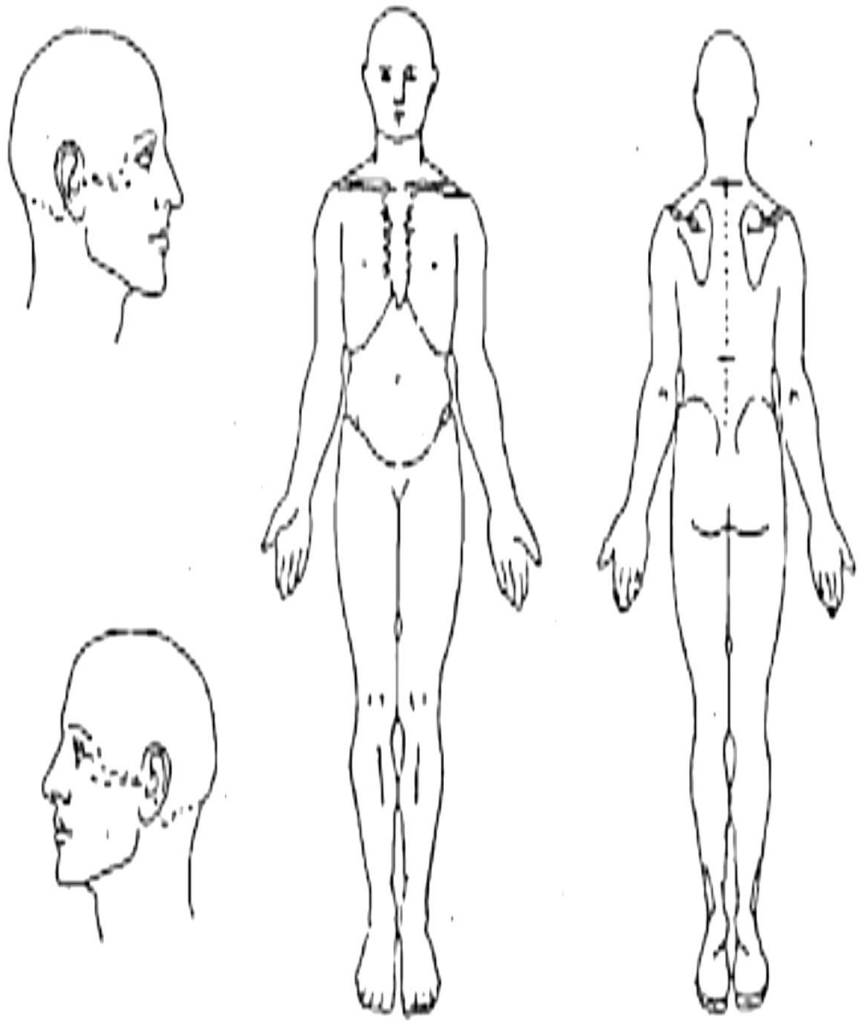
No	Yes	**Endocrine**
☐	☐	Goiter
☐	☐	Heat Intolerance
☐	☐	Cold Intolerance
☐	☐	Tremulousness of the Hands
☐	☐	Change in Pitch of the Voice
☐	☐	Increased Body Hair
☐	☐	Decreased Body Hair
☐	☐	Decrease in Breast Size
☐	☐	Loss of Periods (Not Due to Menopause)

EMORY CLINIC

Name: _____ **Date of Birth:** _____

Are you experiencing pain, numbness, or tingling at the present time? ☐ Yes ☐ No

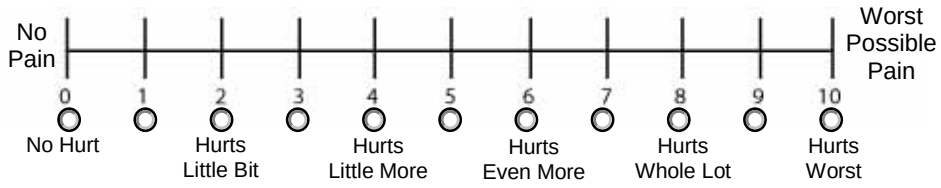
If yes, please indicate with an 'X' on the following diagram the location of your symptoms:



Severity: ☐ Constant ☐ Occasional ☐ Wakes You Up ☐ Difficulty Walking

Description: ☐ Aches ☐ Tingles ☐ Throbs ☐ Stabbing ☐ Burns ☐ Numbness

Indicate your current pain level on the following scale:



What makes your condition worse? _____

What helps your condition? _____

Other body parts affected: _____

Symptoms affected by: _____

What kind of effect do the following situations have on your symptoms?

Sitting: ☐ Increase ☐ Decrease **Standing:** ☐ Increase ☐ Decrease

Exercise: ☐ Increase ☐ Decrease **Resting:** ☐ Increase ☐ Decrease

***Please complete your new patient questionnaire at least 2 business days prior to your appointment. Please send the completed questionnaire to our office via fax at 404-778-3279 or via email at neurosurgery.building.b@emoryhealthcare.org**

You must also bring your imaging disc and report (MRI, CT Scan, etc.) to your appointment.

Medical records must be **faxed prior to your appointment to 404-778-3279.** Please include a cover sheet with your name, date of birth and the name of the doctor you are scheduled to see.