



**To Schedule Your Physical, Please Complete this form and Fax to 404-778-2710
For questions or comments call Emory Executive Health at (404) 778-1234.**

Full Name _____ Date _____
(name as it appears on your driver's license)

Company _____ Title _____
(Responsible for bill: ___ Self ___ Company)

Home Address _____ Work Address _____

Date of Birth _____ SS# _____ Cell Phone # _____

Home Phone # _____ Work Phone # _____

E-Mail Address _____ Fax# _____

List Available Dates by Priority---Allow 5-8 weeks for appointment requests.

(Earlier dates are often available due to cancellations. Please note if you would like 1st available or a specific earlier date. Your appointment time will be confirmed and final itinerary sent to you.)

1st Choice _____ 2nd Choice _____ Do you have a physician preference? _____

3rd Choice _____ 4th Choice _____ Do you prefer first available? _____

IMPORTANT: 90 minutes of physician time is blocked for each executive physical. Please notify us at least **10 days in advance if you need to reschedule** to assure that our physicians' time can be coordinated with another busy executive's schedule. **There is a \$70 cancellation fee charged to the patient for appointments canceled within 72 hours to pay for lost physician time and scheduling re-work.**

Are you coordinating your physical to coincide with an Atlanta meeting? Yes No

Are you coordinating your physical with a spouse or coworker? Yes No

If Yes, Name: _____

Please note any special requests/concerns:

(next page)

Important Privacy Note: This form contains Private Healthcare Information and must be transmitted via secure fax to ensure confidentiality. Please fax this health history questionnaire to Emory Executive Health at 404-778-2710.

Patient Name: _____

Health History Systems – Screening Questions for Possible Procedures

- Are you a Diabetic?** Yes No **Are you on insulin?** Yes No
Are you on Coumadin? Yes No

Gastroenterology:

1. Have you had a **Colonoscopy**? Yes No
 a. If yes, when? _____ b. What facility? _____
2. Family history of Colon Cancer? Yes No
 a. Relationship _____
3. Personal history of intestinal polyps? Yes No Were they malignant? Yes No
4. Personal history of bleeding from bowels? If yes, when? _____ Yes No

Cardiac/Pulmonary:

1. Have you had an **Exercise Stress Test (Treadmill)**? Yes No
 a. If yes, when? _____ b. What facility? _____
2. Have you had a **Screening Cardiac CT Scan**? Yes No
 a. If yes, when? _____ What facility? _____ Was your score elevated? Yes No

b. Our program recommends a Cardiac CT at age 45 for men and 50 for women, plus one study five years later depending upon results. The Cardiac CT is designed to find early evidence of coronary heart disease by finding calcified plaque in the arteries well before it becomes symptomatic. The CT scan does use radiation, and no amount of radiation is totally risk free. Current evidence is that the risk is extremely low, but possibly as high as 1-2 cases of lung cancer for every 10,000 scans performed in an adult age 40 or older. Breast cancer is also very slightly increased in women, but hard to quantify. However, coronary artery disease is the number one killer of both male and female Americans, with 2/3 of all fatal heart attacks occurring without prior history of heart disease. A routine stress test can only identify blockages >70 % and only with an accuracy of 70-80%, whereas the Coronary CT can find disease well before symptoms develop and can lead to earlier treatment. **If appropriate for you, would you like a Cardiac CT?** Yes No

3. Do you have a history of heart disease? Yes No
 a. Have you ever had a Thallium Nuclear Stress Test? Yes No
 If yes, when? _____ Was it Abnormal? _____ Yes No
 b. Have you ever had a Cardiac Catheterization? Yes No
 If yes, when? _____ Was it Abnormal? _____ Yes No
 c. Are you under the care of a cardiologist? Yes No
4. Are you on beta blocker medications? Please List _____ Yes No

Questions for Females:

1. Risk Factors for Osteoporosis:
 a. Do you have a family history of osteoporosis? (relationship _____) Yes No
 b. Are You Menopausal? Yes No
 c. Are You Underweight? Yes No
2. Have you had a **Bone Density scan**? (Recommended at menopause) Yes No
 a. If yes, when? _____
3. When was your last mammogram? _____
 a. Do you receive your mammogram from your personal GYN doctor? ? Yes ? No
 b. **Do you want to schedule a mammogram at the time of your physical?** ? Yes ? No
 c. Do you have a history of any breast problems or **implants**? ? Yes ? No
 (please explain: _____)
4. Personal history of breast/uterine/ovarian cancer? ? Yes ? No