Preparing for Your Appointment

Preparation begins with obtaining your medical records and information from your current physician. Information requested:

_____current medical history and physical examination
_____recent imaging (CT scan, MRI/MRCP, EGD, ERCP, EUS, PET scan)
actual x-rays or scans are required along with the written report
_____current blood work including any tumor markers (CEA, CA19-9, etc.)
_____pathology slides from any biopsy related to diagnosis

Please have the following information available when calling for an appointment:

Personal Information

First Name: _____
Last Name: _____
Middle Initial: _____

Street Address: _____
City: _____
State: _____
Zip Code: _____
Country: _____

Date of Birth: _____
Gender: _____
Social Security No: _____
Mother's Maiden Name: _____
Have you ever been seen at Johns Hopkins Hospital?
Yes_____ No_____
If yes, what is your history number?
_____

Daytime Phone: _____
Work Phone: _____
Cell Phone: _____
FAX: _____

Diagnosis: What have you been told is your diagnosis? _____

Biopsy Done: Yes_____ No_____

Slides Sent: Yes_____ No_____

Treatment Information

Are you currently under treatment: Yes_____ No_____
Treatment Method: *Check all that apply*

____Chemotherapy
____Radiation therapy
____Combination
____Surgery
____Other, please specify_____

Reason for Consultation:

____New diagnosis
____Second opinion
____High risk

Information about your Referring Physician/Health Care Provider

First Name: _____
Last Name: _____
Street Address: _____
_____
City: _____
State: _____
Zip Code: _____
Country: _____
Office Phone: _____
FAX: _____

Information about your Primary Care Provider

First Name: _____
Last Name: _____
Street Address: _____
_____
City: _____
State: _____
Zip Code: _____
Country: _____
Office Phone: _____
FAX: _____

Insurance Information

Name of Insurance Company: _____
Member Number: _____
Group Number: _____