

*Naples Nephrology, P.A.*  
NEW PATIENT INFORMATION FORM

MARK S. RUSSO, M.D., Ph.D.  
VERA M. STRICEVIC, M.D.  
LAUREN BLEDSOE, PA-C

NAME \_\_\_\_\_

ADDRESS (LOCAL) \_\_\_\_\_

APT/UNIT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

ALTERNATE ADDRESS \_\_\_\_\_

APT/UNIT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ALTERNATE ADDRESS PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX (CIRCLE) MALE FEMALE

SOCIAL SECURITY NUMBER \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

EMPLOYMENT STATUS (CIRCLE) FULL-TIME PART-TIME RETIRED UNEMPLOYED

**EMERGENCY CONTACT (LOCAL)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**NEXT OF KIN CONTACT (IF DIFFERENT THAN ABOVE)**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**PRIMARY INSURANCE PROVIDER:**

CLAIMS ADDRESS \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_ RELATIONSHIP TO INSURED \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

**SECONDARY INSURANCE PROVIDER:**

CLAIMS ADDRESS \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_ RELATIONSHIP TO INSURED \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

PRIMARY PHYSICIAN \_\_\_\_\_ REFERRING PHYSICIAN \_\_\_\_\_

WHY ARE YOU HERE TODAY? \_\_\_\_\_

**I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS INSURANCE CLAIM.**

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INITIAL ENCOUNTER QUESTIONNAIRE**

Place a check mark by all that apply. If checked, explain in the space provided.

**HEAD**

HISTORY OF STROKES \_\_\_\_\_  
IF YES WHEN \_\_\_\_\_  
ANY RESIDUAL WEAKNESS \_\_\_\_\_  
HEADACHES \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**DIABETES**

TYPE I OR TYPE II \_\_\_\_\_  
WHEN WAS IT DIAGNOSED \_\_\_\_\_  
DO YOU HAVE ANY NEUROPATHY \_\_\_\_\_  
PAIN, TINGLING, NUMBNESS IN YOUR \_\_\_\_\_  
LEGS DUE TO DIABETES \_\_\_\_\_

**EARS**

DIFFICULTY HEARING \_\_\_\_\_  
DEAFNESS \_\_\_\_\_  
HEARING AIDES \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**MOUTH**

DIFFICULTY CHEWING \_\_\_\_\_  
DIFFICULTY SWALLOWING \_\_\_\_\_  
MOUTH ULCERS \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**EYES**

DO YOU SEE AN EYE DOCTOR \_\_\_\_\_  
REGULARLY? \_\_\_\_\_  
TROUBLE SEEING \_\_\_\_\_  
BLINDNESS \_\_\_\_\_  
DIABETIC RETINOPATHY \_\_\_\_\_  
WEAR GLASSES \_\_\_\_\_  
EYE SURGERY \_\_\_\_\_  
CATARACTS \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**NOSE**

NOSE BLEEDS \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**BLOOD**

ANEMIA \_\_\_\_\_  
DO YOU RECEIVE INJECTIONS \_\_\_\_\_  
EPOGEN, ARANESP, PROCRIT \_\_\_\_\_  
LEUKEMIA \_\_\_\_\_  
LOW PLATELETS \_\_\_\_\_  
DISEASES \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**URINARY**

KIDNEY STONES \_\_\_\_\_  
IF YES, HOW MANY TIMES \_\_\_\_\_  
LEFT, RIGHT OR BOTH KIDNEYS \_\_\_\_\_  
WHEN WAS THE LAST TIME YOU HAD \_\_\_\_\_  
PAIN DUE TO KIDNEY STONES \_\_\_\_\_  
COMPOSITION: CALCIUM OXALATE, \_\_\_\_\_  
URIC ACID, STRUVITE, STAGHOURN, \_\_\_\_\_  
CYSTEINE \_\_\_\_\_  
NIGHTTIME URINATING \_\_\_\_\_  
HESITANCY \_\_\_\_\_  
FREQUENCY \_\_\_\_\_  
BLOODY URINE \_\_\_\_\_  
FOAMY URINE \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**MUSCULOSKELETAL**

WEAKNESS \_\_\_\_\_  
LETHARGY \_\_\_\_\_  
JOINT PAIN/SWELLING \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**OTHER**

SKIN RASH \_\_\_\_\_  
NIGHT SWEATS \_\_\_\_\_  
PERSISTENT FEVERS \_\_\_\_\_  
THYROID DISEASE \_\_\_\_\_  
WEIGHT LOSS \_\_\_\_\_  
WEIGHT GAIN \_\_\_\_\_  
USE OF NSAID'S \_\_\_\_\_  
ex. ibuprofen, celebrex, vioxx, aleve, \_\_\_\_\_  
motrin, naproxen, meloxicam, advil, \_\_\_\_\_  
celecoxib, diclofenac, mobic, etc. \_\_\_\_\_  
HOW OFTEN \_\_\_\_\_ HOW LONG \_\_\_\_\_  
NON-PRESCRIPTION DRUGS \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**NECK**

SWOLLEN GLANDS \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**PULMONARY**

COPD \_\_\_\_\_  
SHORT OF BREATH \_\_\_\_\_  
COUGH \_\_\_\_\_  
ASTHMA \_\_\_\_\_  
SMOKING \_\_\_\_\_  
TUBERCULOSIS \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**CARDIAC/HEART**

HYPERTENSION \_\_\_\_\_  
WHEN WAS IT DIAGNOSED \_\_\_\_\_  
DO YOU HAVE ANY SIDE AFFECTS \_\_\_\_\_  
FROM ANTI-HYPERTENSIVES \_\_\_\_\_  
WHAT IS YOUR AVERAGE \_\_\_\_\_  
HOME BLOOD PRESSURE \_\_\_\_\_  
CHEST PAIN \_\_\_\_\_  
PALPITATIONS \_\_\_\_\_  
ANGINA \_\_\_\_\_  
HEART ATTACK \_\_\_\_\_  
CATHETERIZATION \_\_\_\_\_  
BYPASS \_\_\_\_\_  
DEFIBRILLATOR \_\_\_\_\_  
PACEMAKER \_\_\_\_\_  
STENT PLACEMENT \_\_\_\_\_  
EJECTION FRACTION \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**GASTROINTESTINAL**

GERD \_\_\_\_\_  
ULCER \_\_\_\_\_  
NAUSEA/VOMITING \_\_\_\_\_  
DIARRHEA \_\_\_\_\_  
CONSTIPATION \_\_\_\_\_  
BLOODY STOOLS \_\_\_\_\_  
DARK STOOLS \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU HAD ANY CT SCANS WITH IV \_\_\_\_\_  
CONTRAST DONE RECENTLY? \_\_\_\_\_  
ANY SURGICAL PROCEDURES IN THE \_\_\_\_\_  
LAST MONTH? \_\_\_\_\_

LIST ALL SURGERIES: \_\_\_\_\_  
\_\_\_\_\_

The above represents a complete disclosure of all medical problems I have had. I will also provide Naples Nephrology with a list of all medications I am taking, including any known allergies.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FAMILY HISTORY**

NAME: \_\_\_\_\_

MOTHER ALIVE DECEASED

CURRENT AGE (IF STILL LIVING) \_\_\_\_\_

AGE AT TIME OF DEATH \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_

ILLNESSES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER ALIVE DECEASED

CURRENT AGE (IF STILL LIVING) \_\_\_\_\_

AGE AT TIME OF DEATH \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_

ILLNESSES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**SMOKING HISTORY**

(CIRCLE ALL THAT APPLY)

HAVE YOU EVER SMOKED ON A REGULAR BASIS?

YES NO

(IF NO, SKIP TO THE DRINKING HISTORY)

ARE YOU STILL USING TOBACCO?

YES NO

WHAT AGE DID YOU START SMOKING? \_\_\_\_\_

WHAT AGE DID YOU QUIT SMOKING? \_\_\_\_\_

IN TOTAL, I SMOKED \_\_\_\_\_ PACKS OF CIGARETTES  
PER DAY FOR \_\_\_\_\_ YEARS.**DRINKING HISTORY**

HAVE YOU EVER USED ALCOHOL ON A REGULAR BASIS?

YES NO

ARE YOU STILL USING ALCOHOL?

YES NO

IN TOTAL, I CONSUMED \_\_\_\_\_ BEVERAGES PER DAY  
FOR \_\_\_\_\_ YEARS.**SOCIAL HISTORY**

DESCRIBE YOUR LIVING ARRANGEMENT

(ALONE, WITH SPOUSE, NURSING HOME, ASSISTED LIVING, etc.)  
\_\_\_\_\_**SLEEPING HISTORY**

DO YOU SNORE LOUDLY? YES NO

DO YOU FALL ASLEEP EASILY DURING DAYTIME HOURS? YES NO

OCCUPATION \_\_\_\_\_ RETIRED? YES NO

**ALLERGIES OR ADVERSE REACTIONS TO MEDICATIONS** (LIST REACTION, IF KNOWN)  
\_\_\_\_\_  
\_\_\_\_\_**OTHER ALLERGIES: FOODS, ENVIRONMENTAL, etc.****CURRENT MEDICATIONS**Include: supplements / over the counter medications  
(Name, dosage, how often taken)

Records Release Form

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS # XXX-XX- \_\_\_\_\_

LIST OF DOCTORS/HOSPITALS WHO HAVE MY MEDICAL RECORDS AND CAN RELEASE THEM TO NAPLES NEPHROLOGY, P.A.

NAME: \_\_\_\_\_  
ADDRSS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LIST OF PEOPLE ALLOWED ACCESS TO ALL MY HEALTH INFORMATION:

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MESSAGES CAN BE LEFT ON MY VOICE MAIL YES NO  
MESSAGES CAN BE LEFT ON MY CELL PHONE YES NO  
COMMUNICATION BY PATIENT EMAIL YES NO

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS MEDICALLY PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURES UNDER APPLICABLE LAW. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THIS ORIGINAL MESSAGE TO US AT THE ADDRESS BELOW; THANK YOU,

NAPLES NEPHROLOGY, PA, 878 109<sup>TH</sup> AVENUE NO., NAPLES, FL 34108

PHONE 239-513-1002 FAX: 239-513-1915



*Naples Nephrology, P.A.*

MARK S. RUSSO, M.D., Ph.D.  
VERA M. STRICEVIC, M.D.  
LAUREN BLEDSOE, PA-C

Kidney Disease • Transplant Nephrology • Hypertension • Nephrolithiasis • Hemodialysis • Peritoneal Dialysis

**NAPLES NEPHROLOGY, PA**

**FINANCIAL AGREEMENT**

In consideration of the patient receiving services from NAPLES NEPHROLOGY, PA, I agree:

- I am responsible for all expenses for treating the patient.
- Payment of charges is due at the time of the appointment
- If NAPLES NEPHROLOGY, PA files my insurance claims for me, I agree to pay for non-covered insurance benefits, co-insurance, co-pays and deductibles.
- I authorize my insurance company to make payments directly to Naples Nephrology, PA for covered services.
- I will be responsible for costs of collections including court costs and attorney fees and any late fees incurred
- Past due balances are subject to a late fee and/or monthly statement fee if not paid in full within 30 days of receipt of bill.

Acknowledged and Agreed:

\_\_\_\_\_  
Signature-Responsible Party-Patient, Parent, Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

878 109th Avenue North · Naples, Florida 34108 · 239-513-1002 · fax 239-513-1915  
www.naplesnephrology.com

## Notice of Privacy Practices Naples Nephrology

*This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review it carefully.*

We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we will describe them in this notice.

### **Ways in Which We May Use and Disclose Your Protected Health Information**

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your health information fall within one of these categories.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally, we may from time to time disclose your health information to another physician whom we have requested to be involved in your care. *For example* – we would disclose your health information to an outside treatment provider, such as a pathologist to whom we have used to determine a diagnosis to help in your treatment.

**Payment:** We will use and disclose your protected health information to obtain payment for the health care services we provide you. *For example* - we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

**Health Care Operations:** We will use and disclose your protected health information to support the business activities of our practice. *For example* – we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform in billing, consulting, or transcription services for our practice.

### **Other Ways We May Use and Disclose Your Protected Health Information**

**Appointment Reminders:** We will use and disclose your protected health information to contact you as a reminder about a scheduled appointment or treatment.

**Treatment Alternatives:** We will use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

**Others Involved in Your Care:** We will use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical or payment for your care.

**Research:** We will use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has been reviewed. The research proposal and established protocols to ensure the privacy of your health information.

**As Required by Law:** We will use and disclose your protected health information when required to by federal, state, or local law. You will be notified of any such disclosures.

**To Avert a Serious Threat to Public Health or Safety:** We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

**Worker's Compensation:** We will use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**For Law Enforcement Purposes:** We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the facility has a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have reviewed Naples Nephrology's Privacy Practices Notice.

Further by signing below I provide my permission for this facility to use and disclose my medical information for the permitted purpose of treatment, payment and health care operations as discussed in the Notice of Privacy Practices.

\_\_\_\_\_  
Signature (Patient or Personal Representative)

\_\_\_\_\_  
Date

If personal representative's signature appears above, please print name below and describe relationship to the patient:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship



*Naples Nephrology, P.A.*

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LAUREN BLEDSOE, PA-C

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Kidney Disease • Transplant Nephrology • Hypertension • Nephrolithiasis • Hemodialysis • Peritoneal Dialysis

Dear Patient,

The doctors at Naples Nephrology, P.A. would like to make you aware that if you are admitted to a hospital, you have the RIGHT to ask to be seen by the doctors of Naples Nephrology.

Thank you,

Dr. Mark Russo  
Dr. Vera Stricevic

878 109th Avenue North • Naples, Florida 34108 • 239-513-1002 • fax 239-513-1915  
[www.naplesnephrology.com](http://www.naplesnephrology.com)



**DIRECTIONS TO NAPLES NEPHROLOGY, PA**

**MEDICAL OFFICES OF:**

**MARK S. RUSSO, M.D., Ph.D.  
VERA M. STRICEVIC, M.D.  
LAUREN BLEDSOE, PA-C**

239-513-1002

**DIRECTIONS FROM 75, EXIT 111.**

HEAD WEST ON IMMOKALEE ROAD UNTIL YOU REACH ROUTE 41. TURN LEFT AND GO SOUTH FOR TWO BLOCKS AND MAKE A RIGHT HAND TURN ON 109<sup>TH</sup> AVENUE NORTH. WE ARE THE SECOND BUILDING ON THE LEFT IN MANGO SQUARE, IN SUITE TWO (2).

**DIRECTIONS FROM BONITA BEACH, FORT MYERS AND AREAS NORTH OF IMMOKALEE ROAD.**

HEAD SOUTH ON ROUTE 41. WHEN YOU REACH IMMOKALEE ROAD, CONTINUE TO HEAD SOUTH FOR TWO BLOCKS AND MAKE A RIGHT HAND TURN ON 109<sup>TH</sup> AVENUE NORTH. WE ARE THE SECOND BUILDING ON THE LEFT IN MANGO SQUARE, IN SUITE TWO (2).

**DIRECTIONS FROM SOUTH NAPLES, EAST TRAIL AND MARCO ISLAND**

BEST ROUTE WOULD BE TO TAKE 75 AND FOLLOW DIRECTIONS FOR THAT ROUTE.  
IF YOU PLAN ON TAKING ROUTE 41, CONTINUE HEADING NORTH UNTIL YOU REACH IMMOKALEE ROAD. YOU WILL NEED TO GET IN THE LEFT HAND TURN AROUND LANE, TO HEAD SOUTH FOR TWO BLOCKS. MAKE A RIGHT HAND TURN ON 109<sup>TH</sup> AVENUE NORTH. WE ARE THE SECOND BUILDING ON THE LEFT IN MANGO SQUARE, IN SUITE TWO (2).

**DIRECTIONS FROM WEST OF 41**

HEAD EAST UNTIL YOU REACH 41. DEPENDING ON WHICH WAY YOU ARE TRAVELING, YOU WILL MAKE EITHER A LEFT OR RIGHT AND 41. YOU CAN FOLLOW THE DIRECTIONS ABOVE. HEADING SOUTH WE WILL BE ON THE RIGHT SIDE, HEADING NORTH; YOU WILL NEED TO GO TO IMMOKALEE ROAD AND TAKE THE TURN LANE TO HEAD SOUTH. MAKE A RIGHT HAND TURN ON 109<sup>TH</sup> AVENUE NORTH. WE ARE THE SECOND BUILDING ON THE LEFT IN MANGO SQUARE, IN SUITE TWO (2).