Doctor’s Name: Today’s Date:

Doctor’s Phone Number: Person with Whom You Spoke:

**1**. **Does the doctor accept your insurance? (See Section on Insurance Questions)**

Yes No

**2**. **When is the first available appointment?**

(Is your doctor comfortable with you waiting this long to be seen?) Yes No

(Hint: Call everyday for cancellations)

**3. What medical records does the office need?**

* Specific reports
* Slides
* CD’s, MRI’s
* ***When are these records needed?***

ASAP (before appointment is made)?

 OR

At first appointment?

* **BE SURE TO ASK FOR 3 COPIES OF EACH RECORD**

\*\*See information on how to get copies of records (Medical Records Section)

* **SHOULD YOU NEED TO CANCEL YOUR APPOINMENT, PLEASE REMEMBER TO CANCEL AT LEAST 24 HOURS IN ADVANCE**
* **BE SURE TO CALL DR’S OFFICE TO CONFIRM RECEIPT OF ANY FAXES SENT**

**4**. **Is any additional testing needed before you are seen? If Yes, then what?**

**5**. **How much time should be set aside for the first appointment?**

**6**. **Specific questions for your particular situation:**