Fred Grover Jr. M.D. FAAFP
Regenerative PRP Registration

Today's date: _____ At visit: **Weight_____ Height_____**

Patient Registration

Last Name:_____ First Name:_____

Address:_____ Apt:_____

City:_____ State:_____ Zip_____

Phone: (H): _____ (C)_____ (W)_____

Email:_____ Please note, email will not be given to others and will only used for reminders and a periodic health newsletter.

DOB:_____ Sex: F M

Please circle: Married Single Divorced

Employer: _____ Occupation:_____
Emergency Contact:
Name:_____ Relationship:_____
Phone:_____

Guarantor:
Person responsible for the bill: Self Spouse Parent other
If different than self, please fill in below-
Last Name_____ First name_____
Address_____ Apt._____
City_____ State_____ Zip_____
Phone: (H)_____ (C)_____ (W)_____
DOB:_____ SSN: _____ Employer_____

3400 E. Bayaud Ave. Suite 444, Denver 80209
Office:303-355-2385/fax 303-974-5945
info@revolutionarymd.com

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Health Information Questionnaire

Which areas are you interested in treating with PRP today:_____

Have you had PRP in the past? If so what region and date?

_____

Please list any **Medication Allergies** and reactions you've had, write "none" if you don't have any._____

Non-Med Allergies (ie: food, pollen, pets mold,etc.)_____

Please list **Medications** you are taking with dosage:

1._____ 6._____
2._____ 7._____
3._____ 8._____
4._____ 9._____
5._____ 10._____

Please List any **Supplements** (vitamins or herbs) with dosage: use back if needed

1._____
2._____
3._____

Chronic Medical Problems with date of onset

1._____
2._____
3._____
4._____
5._____

Surgeries with approx. dates

1._____
2._____
3._____
4._____
5._____

Family History:

Problem	Family Relation	Describe any Details	Age of Death if applies
High Blood pressure			
Heart attack or disease			
Stroke			
High Cholesterol			
Diabetes			
Thyroid disease			
Depression or other			
Alcoholism			
Cancer			
Other			

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Lifestyle Q's	
Exercise: How often? Aerobic/Resistance?	
Diet: Balanced? Limiting fast foods?	
Mindful activities? Yoga, meditation etc?	
Tobacco? Type, how much, how long?	
Alcohol: How much?	
Street drugs?	

Please list any *alternative medicine therapies* you have received or are undergoing and provider names if available._____
Please list the names of other people who live with you if applicable:_____
What kind of work do you do? _____
Is your life balanced?_____
Are you happy?_____
Do you feel spiritually connected to a religion, nature, etc?_____
Is there anything else concerning you such as domestic violence, or abuse that you'd like to discuss?_____
Any other comments_____
How did you hear about us?_____

Preventative Screening

Women/Men over 50: Have you had a colonoscopy or other form of colon cancer screening?_____ Results and year last performed?_____
Any 2nd hand smoke exposure for >20 years __yes___no
If **over 60**, have you had the shingles vaccine (zostavax)? ___yes __no
If **over 65** have you had a pneumonia vaccine (pneumovax)?___yes__no
Last tetanus shot approximate year_____ (update every 10 yrs)
If this if Flu season, are you interested in a flu shot?___yes___no

Women

When was your last pap smear?____ Any abnormals?___ If yes, what year____
If over 50, when was your last mammogram?_____ Bone density osteoporis screen yet if over 50?_____, results_____

Men over 50:

When was your last prostate cancer screening?, Last PSA?_____

Advanced Wellness Program (AWP)

Dr. Grover requires patients to be enrolled in the AWP if you plan to have him provide ongoing medical or hormone balancing. The program includes up to 10 visits a year and discounts on skin care services, and all products. Please see the new patient packet for details on this program. You can sign up for this at your 2nd visit if you are unsure, and

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please feel free to ask us if any q's. If you are only doing a procedure such as Botox, Juvederm, laser therapy, PRP you do not need to join this program.

Bio-identical Hormone balancing/Sex Hormone Balancing
Dr. Grover is an expert in hormone replacement and is board certified in anti-aging medicine. Do you have an interest in hormone testing and restoration? __yes__no
Hormone pellet therapy lasting for 4-6 months is now available. Any interest? __y__n

Thyroid/Adrenal /Growth hormone balancing
Dr. Grover also specializes in the treatment of hypothyroidism,subclinical hypothyroidism, adrenal fatigue, growth hormone deficiency. Are you interested in screening or treating this condition? ___yes___no

Aesthetic Dermatology
As part of his anti-aging services, he also offers aesthetic dermatology treatments including Botox and Juvederm, Kybella, and is an advanced injector since 2005. Any interest in this anti-aging therapy? ___yes___no

Kybella Therapy is available for treatment of the double chin, aka turkey gobbler! This is an easy in office treatment with small injections under chin. Any interest? __Yes __No

Photofacials using intense pulsed light (laser like therapy) for treatment of age spots, rosacea, sun damage, enlarged pores and other common conditions are also offered. We also offer the **Fractional Laser treatment** for fine lines too.
Any interest __yes __no

Genetic testing
Dr. Grover offers testing to determine how well you are aging with the Telomere test, and additional tests to determine cancer risks, detox/methylation (mthf) impairment, optimal diet for your gene type, and other health conditions to optimize your wellness.
Any interest? __yes___no

Weight loss programs
Dr. Grover offers metabolic and body composition testing on site, and genotypic testing to determine your best diet to lose weight. He employs numerous progressive therapies to ensure your success.
Any interest __yes __no

HIPPA

- I authorize the release of medical information if necessary to process my insurance claim.
  _____(initial)
- I have reviewed Dr. Grover's Notice of Privacy Practices,(waiting room book) which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document if I so request.
  _____(initial)
- Please circle which phone number we may use to leave detailed information: (home, cell or office)

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- I give permission to leave health information on my answering machine
  Yes /No
- I give permission send health information by email. (excluding HIV)
  Yes/No

Signature:_____Date_____

Financial Policy

Thank you for choosing Dr. Grover as your health care provider. We are committed to providing the most successful treatment options for our patients. Our charges are reasonable given the higher degree of personalized care, and pro-active management of your health via Integrative, Anti-Aging, Functional, and Family Medicine expertise of Dr. Grover. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. We do not take insurance, but you can submit the superbill on your own to the insurance company. We will provide codes for you to submit in a superbill if desired, but cannot guarantee that any portion of fees will be covered by a particular plan. I cannot engage in phone calls or letters with insurance plans, as it is extremely time consuming, and a major reason I stopped taking them. The codes I give you to submit will be the best that one can provide based on an up to date electronic medical record, therefore additional code requests from insurance will be an attempt by them to avoid payment and a task I cannot engage in.

All patients must complete our patient registration form before seeing the practitioner.

- We accept cash, checks, MasterCard and Visa. Fee schedule is online and available at front desk.
- The fee for a returned check is $50.
- Patients are responsible payment after completing patient visit on day of service.
- Advanced wellness program may incur additional fees for surgical supplies used, or vaccines or other injectable (ie: B12, Botox etc) given. Refer to Advanced Wellness Plan Membership Agreement for full details.
- You may mail the superbill invoice given to you with codes for reimbursement to your insurance company. Reimbursement will vary, and we cannot participate in appeals on denied reimbursement. In most cases with PPO plans, you should be able to submit for at least partial reimbursement. HMO's however (ie Kaiser), are restrictive and unlikely to reimburse to an out of network provider. You cannot submit to Medicare/Medicaid, since I have opted out of these
- **Labs** are typically done through Quest, Labcorp, Genova, Boston Heart and/or Spectracell, Pathway and Alcat. Most labs are covered under insurance plans, but it is always a good idea to check with them or read their policy to see if they are covered.
- **Advanced Wellness Program Reimbursement from plans**

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I can give you receipts with codes to apply to Flex, Health Savings accounts and insurance plans for the individual visits. The amount they may reimburse if variable, and may not be covered if they have exclusions for preventative care, and out of network providers. You cannot submit the invoice for the whole year to insurance. They will only recognize individual coded office visits. Pricing for our annual plan is very reasonable compared to other providers locally and nationwide, and includes numerous additional services that other concierge practices don't provide.

- **Prescription refills** should be called in no less than **4 days prior** to needed refill. Please call your pharmacy and have them fax us the refill request. **303-974-5945**. If unable to have to have a pharmacy fax us, then call our main number to help process. Please do not call my cell phone for refills!
- Patients are responsible for providing prescription **prior authorization forms** and mail in pharmacy forms if needed from their insurance company. Please fill them out prior to faxing or giving them to us. Please check with your plan to see if an generic alternative is available that does not require a prior auth. Calling a **mail-in pharmacy** is very time consuming, so please have them fax me, send e- prescribe request, or bring in the forms for me to fill out for you to mail. They do not function like a normal pharmacy, and impose numerous hurdles to docs/patients to discourage prescribing.
- **Appointments cancelled** less than 24 hours prior to a scheduled time may be subject to a $50 cancellation fee. 3 or more missed appointments without notification will result in dismissal from practice.
- I have read the policies presented above. I understand and agree to this financial policy. A copy of this is available on our website in the patient registration should you need one for reference.
- Please be sure to fill out our advanced wellness program agreement and sign up today or at your follow-up visit if you plan to receive medical and or hormonal care with Dr. Grover.
- **Thank you for your time in reading and filling out our paperwork and welcome to the practice!!!**

Signature of patient or responsible party_____Date_____

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