



Dear _____,

We are looking forward to seeing you on _____ at _____.

Your appointment with Dr. _____ has been set aside, especially for you and includes time for us to answer any questions you may have.

Please arrive **15 minutes** before your scheduled appointment time.

To help us with your visit, please be sure to arrive at your appointment with all the following items:

- Completed forms enclosed in this packet.
- ALL insurance cards. IF YOU HAVE ONLY BEEN ISSUED A DIGITAL COPY OF YOUR INSURANCE CARD, PLEASE MAKE SURE YOU BRING A PRINTED COPY OF THE CARD TO YOUR APPOINTMENT.
- If needed, a current referral for your visit.
- A list of your current medications.
- Reports on recent laboratory tests, if applicable.
- Reports on recent X-rays or other imaging tests, if applicable. Reports on your most recent bone density scan (DXA), if applicable.

If you cannot keep this appointment, we require a 48-hour notice to avoid a missed appointment charge of \$75.

Thank you for your trust and confidence in us providing your medical care.

Sincerely,

Adrienne R. Hollander, M.D.
Arielle S. Silver, M.D.
Michael C. Schuster, M.D., Ph.D.
Amy M. Evangelisto, M.D.
Alicia Wollermann, M.D.
Joshua B. Sundhar, M.D.

Neha M. Patel, M.D.
Shawn G. Abraham, M.D.
Carrie Edelman, M.D.
Ruchika Patel, M.D.
Nadi Dissanayaka, D.O.
Sneha Sundaram, M.D.

Mugdha Agrawal, M.D.
Priya Chokshi, M.D.
Mark Fisher, M.D.
Emily Purcell, M.D.
Nancy Eisenberger, DNP, FNP
Chandi Bhalodia, P.A.

Phone: (856) 424-5005 • www.arthritissj.com

VOORHEES

The Pavilions of Voorhees 2301 E.
Evesham Road, Building 800, Suite 115
Voorhees, NJ 08043 Fax: (856) 424-
4716

HAMILTON

3635 Quakerbridge Road Suite 33
Hamilton, NJ 08619

Haddon Heights

713 Station Ave.
Haddon Heights, NJ 08035

MOORESTOWN

The Pavilions at Moorestown 740
Marne Hwy S. Suite 102 Moorestown,
NJ 08057
Fax (856) 235-0201

GALLOWAY

314 Chris Gaupp Drive Suite 103
Galloway, NJ 08205

SEWELL

354 Hurffville Cross-Keys
Suite 100 Sewell, NJ 08080
Fax (856) 740-0369

BRICK

1759 Highway 88 West
Laurelton Plaza
Brick, NJ 08724



PATIENT REGISTRATION FORM

PATIENT INFORMATION

Patient Name:		Preferred Name:		Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	
Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them				Last 4 of SS#:		Sex assigned at birth:	
Street:				Home Phone:			
City:		State:	Zip:	Cell Phone:			
Occupation:				Work Phone:			
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			Preferred Language:	
						Marital Status:	
						E-Mail Address:	

CONTACTS AND CARE TEAM

Emergency Contact Name:		Primary Care Physician Name and Phone:	
Emergency Contact Phone:		Referring Physician (if applicable):	
Relationship to Patient:		Are you required to have a referral from your Primary Care Physician to see a specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like your emergency contact to be added to your HIPAA? This will allow us to speak with them regarding your medical information and appointments. <input type="checkbox"/> Yes <input type="checkbox"/> No			

List any providers below you wish to be informed of your care.

Provider Name	Specialty	Phone Number

PHARMACY INFORMATION

Local Pharmacy: Name, address, and phone:	Mail Order Pharmacy (if applicable): Name, address, and phone:

HISTORY FORM

SOCIAL HISTORY

Do you currently Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , how many packs per day? _____ If No , have you smoked in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , when did you quit? _____	Do you currently use, or have you used in the past: (Y=Yes, N=No, O=Occasional) IV Drugs: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O Heroin: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O Cocaine: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O Do you currently use, or have you used Marijuana in the past? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O	Do you currently drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , how much alcohol do you consume weekly? _____ If No , did you drink in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , when did you quit? _____
Do you currently vape? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , how many times per day? _____ If No , have you smoked in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , when did you quit? _____		

To be answered by women only:

Are you post-menopausal? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking oral contraceptives? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had any complications of pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last menstrual period: _____ How many children born alive? _____ How many miscarriages? _____
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HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS? (check all that apply)

<input type="checkbox"/> Fatigue <input type="checkbox"/> Weight loss <input type="checkbox"/> Dry eyes <input type="checkbox"/> Eye pain <input type="checkbox"/> Red eyes <input type="checkbox"/> Ringing in ears <input type="checkbox"/> Nose bleeds <input type="checkbox"/> Dry mouth <input type="checkbox"/> Mouth Sores <input type="checkbox"/> Joint pain	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Hoarseness <input type="checkbox"/> Chest pain <input type="checkbox"/> Rapid heartbeat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cough <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Frequent stomach pain	<input type="checkbox"/> Heartburn <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Black or bloody stool <input type="checkbox"/> Burning when urinating <input type="checkbox"/> Blood in urine <input type="checkbox"/> Color change in fingers when exposed to cold <input type="checkbox"/> Hair loss <input type="checkbox"/> Fevers	<input type="checkbox"/> Psoriasis <input type="checkbox"/> Rash from sun <input type="checkbox"/> Other skin condition <input type="checkbox"/> Headache <input type="checkbox"/> Dizziness <input type="checkbox"/> Numbness in hands <input type="checkbox"/> Depression <input type="checkbox"/> Excessive worry <input type="checkbox"/> Trouble Sleeping
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FAMILY HISTORY

	Name	Gender	If Living		If Deceased	
			Age	Medical Issues	Age at Death	Cause/Prior Medical Issues
Parent 1		M F Other				
Parents 2		M F Other				
Siblings		M F Other				
		M F Other				
		M F Other				
		M F Other				
Children		M F Other				
		M F Other				
		M F Other				

Briefly describe what brings you to the office today:

Is there any additional information you feel is important and may impact your health/medical care?

This form must be completed and signed by the patient or legally authorized representative.

INSURANCE AUTHORIZATION

I request that payment of authorized medical benefits is made on my behalf directly to the Arthritis, Rheumatic & Bone Disease Associates (ARBDA) provider of services furnished to me. I authorize the release of any medical information needed to process my health insurance claim to my health insurance carrier or its agents.

PAYMENT GUARENTEE

I guarantee payment of all charges related to all services provided to me by ARBDA from my first date of examination or treatment. I understand that fees for my services will be submitted to my health insurance carrier for payment and that all charges not covered by my insurance plan, including but not limited to deductible amounts and co-payments, are my responsibility. In the event that I fail to make full payment or fail to comply with other payment arrangements made with ARBDA's approval, I understand that appropriate collection measures may be taken.

If my ARBDA provider does not participate in my insurance plan, charges for my services will still be submitted to my insurance carrier, but I understand that any and all charges not covered by my plan as a result of my provider's non-participation are my responsibility.

I understand that if my insurance company requires a current, valid referral for services, and if I do not have a current, valid referral on file the day my services are provided, then I am responsible for all charges.

I may request a list of charges incurred for my care at any time.

CONSENT TO OBTAIN MEDICAL & TREATMENT HISTORY

To communicate with other physicians/organizations who provide care to you, with your consent, we may request your medical and prescription history via our electronic medical record system. This is only for informational purposes so that an up-to-date medical record is available for your treatment and safety.

- Yes, I give my consent to obtain my medical and treatment history from my previous healthcare providers or organizations (e.g., hospital or pharmacy) as well as transmit prescriptions to the appointed pharmacy electronically.
- No, I do not give my consent to obtain my medical or medication history. Further, I understand the risk that my provider may not have all readily available, information when making treatment decisions.

NOTICE OF PRIVACY PRACTICE

I have been advised that ARBDA complies with required privacy regulations regarding my Individually Identifiable Health Information created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A copy of ARBDA's Notice of Privacy Practices is available for me if I want one.

Printed name of the patient or authorized representative

Date of Birth

Signature of the patient or authorized representative

Date

POLICY ON LEGAL CASES, TESTIMONY, AND DISABILITY FORMS

ARBDA does not accept new patients for the purpose of examination to support legal cases, testimony, or disability claims forms. We believe these activities detract from our primary responsibility, which is to deliver the highest quality medical care. We are always able to forward your office records to requesting parties approved by you. If you have questions regarding this policy, please discuss them with us.

NOTICE OF NONDISCRIMINATION

Arthritis, Rheumatic, & Bone Disease Associates complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, creed, ethnic background, genetic information, marital status, age, religion, national origin, sex, sexual preferences, sexual orientation, gender identity and/or expression, handicap, diagnosis, ability to pay, or source of payment.

Arthritis, Rheumatic, & Bone Disease Associates provides free aids and services to people with disabilities to communicate effectively with us, including qualified sign language interpreters, large print or audio communications, free language services, and written materials in different languages.

If you need assistance or believe that Arthritis, Rheumatic, & Bone Disease Associates has failed to provide these services or discriminated in another way on the basis of race, color, creed, ethnic background, genetic information, marital status, age, religion, national origin, sex, sexual preferences, sexual orientation, gender identity and/or expression, handicap, diagnosis, ability to pay, or source of payment, you can file a grievance with:

Jennifer Buonavolta
2301 Evesham Road
Phone: 856.424.5005 ext. 1111
Email: jbuonavolta@arbda.com

OUR LOCATIONS

VOORHEES

2301 Evesham Road, Building 800, Suite 115, Voorhees, NJ 08045

South	North
<ul style="list-style-type: none"> • I-295 South • Exit 34A to merge onto NJ-70 E. Marlton Pike/W Route 70 toward Marlton • Right on Springdale Road • Left on Kresson Road • Right onto Cropwell Road • Right onto E. Evesham Road • Left onto Holly Oak • First left into Pavilion complex (Voorhees Middle School on your right) • Turn right and continue to Building 800. This is a two-story building in the back of the complex. The entrance is on the side of the building; look for an awning that says "Arthritis, Rheumatic and Bone Disease Associates." 	<ul style="list-style-type: none"> • I-295 North • Exit 32 Toward Voorhees/Gibbsboro • Merge onto Haddonfield-Berlin Road • Left onto E. Evesham Road (Woodcrest Country Club will be on your left) • Right onto Holly Oak Drive • First left into Pavilion complex (Voorhees Middle School on your right) • Turn right and continue to Building 800. This is a two-story building in the back of the complex. • Entrance on side of building; look for awning that says "Arthritis, Rheumatic and Bone Disease Associates"

HAMILTON

3635 Quakerbridge Road, Suite 33, Hamilton, NJ 08619

South	NORTH
<ul style="list-style-type: none"> • PA I-95 • Take 95 N crossing Scudder Falls Bridge; merge 295 S • Exit 68A toward Princeton Pike/County Highway 583 S (Franklin Corner Rd) • Cross Route 1, Franklin Corner Road/County Highway 546 E becomes Bakers Basin Road • Bakers Basin Road becomes Youngs Road • Right on Quakerbridge Road • Look for University Office Plaza • Office located next to VA NJ Health System 	<ul style="list-style-type: none"> • I-295 N • Exit 65 A Sloan Ave (East) • Left at 2nd traffic light, Quakerbridge Road • Pass 2 traffic lights • Look for University Office Plaza (across the street from BMW dealership) • Office located next to VA NJ Health System

Galloway

314 Chris Gaupp Dr., Suite 103, Galloway, NJ 08205

Parkway South:	Parkway North:
<ul style="list-style-type: none"> • 7S • Exit 41 • Right onto W Jimmie Leeds Road • Left onto Chris Gaupp Drive (across from the hospital) • Left into Township Office Centre (complex of red brick buildings). 	<ul style="list-style-type: none"> • 7N • Exit 41 • Left onto W Jimmie Leeds Road • Left onto Chris Gaupp Drive (across from the hospital) • Left into Township Office Centre (complex of red brick buildings)
East on Expressway: <ul style="list-style-type: none"> • Exit 12 • Left onto Wrangleboro Road • Continue straight onto Pomona Road • Right onto White Horse Pike, Route 30 • Left at light onto Chris Gaupp Drive • Right into Township Office Centre (complex of red brick buildings) 	

OUR LOCATIONS

Sewell

354 Hurffville Cross-Keys Road, Suite 100, Sewell, NJ 08080

<p>South</p> <ul style="list-style-type: none"> • 42 South towards Williamstown/Atlantic City • Exit onto NJ-42S/E. Black Horse Pike toward Washington Twp/Williamstown • Right onto Ganttown Road • Left onto Bells Lake Road • Left onto Hurffville-Cross Keys Road • Parking lot immediately on right 	<p>North</p> <ul style="list-style-type: none"> • 55 North • Ext 39B right for US 40 West • Right on Porchtown Road • Right onto Williamstown Road • Left onto Fries Mill Road • Left onto Hurffville-Cross Keys Road • Destination will be on your left
<p>Atlantic City Expressway West</p> <ul style="list-style-type: none"> • Exit 41 for Berlin Cross Keys toward County Road 689/Gloucester Township/Winslow Township • Left onto Berlin-Cross Keys Road • Right onto Hurffville-Cross Keys Road • Destination is on the left. 	

Moorestown

740 Marne Highway, Suite 102, Moorestown, NJ 08057

<p>South</p> <ul style="list-style-type: none"> • 295S • Exit 43B • Left onto Centerton Road • Centerton Road becomes Marne Highway • Stay right on Marne Highway • Destination is .34 miles on the left - The pavilions at Moorestown 	<p>North</p> <ul style="list-style-type: none"> • 295N • Exit 40B toward Moorestown • Slight right • 1st right onto Marter Ave/County Highway 615 • Turn right onto Main Street/Marne Highway • Office ahead on right: The Pavilions at Moorestown.
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Brick

1759 Highway 88 West, Laurelton Plaza, Brick, NJ 08724

<p>South</p> <ul style="list-style-type: none"> • NJ Turnpike • Merge onto I-95N • I-195 E to County Road 549/Lanes Mill Road • Take exit 91 B-A • Burrsville Road and NJ 88 to destination • Destination next to iHop 	<p>North</p> <ul style="list-style-type: none"> • NJ 88 East • Slight right after Brick bicycle • Right into parking lot • Destination next to iHop
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