



**APPOINTMENT CHECKLIST**

**Please use this form to prepare for your initial visit to HSS.  
We look forward to seeing you.**

**Specialists  
in Mobility**

**HSS Physician** \_\_\_\_\_

**Admin Assistant/Medical Secretary** \_\_\_\_\_

**Phone/email** \_\_\_\_\_

**Department** \_\_\_\_\_

**Building name/location** \_\_\_\_\_

**Appointment date/time** \_\_\_\_\_

<input type="checkbox"/> Name, address and telephone number of referring physician
<input type="checkbox"/> Name, address and telephone number of your primary care physician (pediatrician, family doctor) if different from above
<input type="checkbox"/> Completed patient registration form, condition questionnaire (if applicable), insurance forms
<input type="checkbox"/> List of medications
<input type="checkbox"/> Comfortable, loose-fitting clothing, including gym shorts, sweat pants. Bathing suit, if indicated by evaluating physician
<input type="checkbox"/> Medical records, x-rays, MRI's or other lab results from other facilities
<input type="checkbox"/> Social security number, including patient and primary insurance holder
<input type="checkbox"/> Insurance card, referral and related information
<input type="checkbox"/> Worker's compensation, including your attorney's name, address, phone and case number
<input type="checkbox"/> <b>Legal guardian for pediatric patients:</b> If a child-patient is accompanied to visit by someone other than parents/legal guardian, the <u>individual(s) accompanying the child</u> <i>must</i> present a letter of consent for care from patient's parents/legal guardian. Without the letter of consent from legal guardian, a child can not be seen by our physicians.
<input type="checkbox"/> Additional forms, information to as indicated by your physician