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Exchange (314) 388-6225 • www.ssainc.net • St. Louis Center for Circulatory Disorders, Brent Allen, M.D., & Jack Oak, M.D.

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ E-mail: _____

Social Security #: _____ Gender: _____ Marital Status: _____

Employer: _____ Occupation: _____ PHONE: _____

Is this an auto or work related accident?: _____ Date of accident: _____

In case of emergency: _____

Name & Relationship

Phone

Referred by (who sent you to this office-doctor, friend, family): _____

Primary care physician: _____ Phone: _____

Have you traveled outside of the US in the last Month? Yes or No If yes, Where?: _____

Have you been in contact with someone with a communicable disease in the last month?: Yes or No

If yes, please check disease exposure: Chicken pox__ Cholera__ Cold__ Ebola__ Enterovirus__
Influenza__ Measles__ Meningitis__ MERS__ Tuberculosis__
Unidentified__ Other_____

Symptoms in the last week: Abdominal pain__ Cough__ Diarrhea__ Fever__ Muscle pain__ Rash__
Severe headache__ Bruising or bleeding__ Vomiting__ Weakness__

Preferred written and spoken language: _____ Ethnicity: Hispanic__ Non-Hispanic__ Unknown__

Race (check one): American Indian or Alaska Native__ Asian__ Black or African American__ Other__
Other Pacific Islander__ Unknown__ White__

****PRIMARY INSURANCE**

I.D#: _____ Social Security#: _____ Group #: _____

Policy holder name: _____ Date of birth: _____ Employer: _____

****SECONDARY INSURANCE:**

I.D# _____ Social Security # _____ GROUP# _____

POLICY HOLDER NAME _____ DATE OF BIRTH _____

EMPLOYER: _____

This serves as notification that some physicians at Suburban Surgical Associates, Inc. have a financial interest in the St. Louis Surgical Ctr.

Signature: _____ **Appointment** Date: _____