



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU Hand and Upper Extremity Center
915 Olentangy River Rd, Suite 3200
Columbus, OH 43212
Phone: 614-366-HAND (4263)
Phone: 866-298-HAND (4263)
Web: handcenter.osu.edu

Dear Patient:

Welcome to OSU Hand and Upper Extremity Center! Your appointment has been scheduled at our clinic. Enclosed you find map and driving directions to the clinic location along with new patient forms. Please complete the attached forms and bring them with you to your appointment.

Registration must be performed every time you visit our clinic. Please report to the Registration Desk at above location 30 minutes before your appointment time. At the Registration Desk, please sign in, and be prepared to present your completed new patient forms, your current insurance card(s), a photo ID, and any required co-pays. It is imperative that you bring any previous studies, radiology images, pathology reports, and office notes that pertain to your condition.

We recommend that you check with the customer service number on your insurance card to confirm that we are in-network providers under your policy. If your policy is with an insurance company that we do not participate with, payment is expected at the time of service unless prior arrangements have been made. If your insurance company requires a referral, please make sure it is in place by the date of your appointment or we will not be able to see you.

Our providers see patients in order of their scheduled appointment times. We are dedicated to providing you with the most up-to-date, comprehensive evaluation, and effective treatment program available. As a result, our providers occasionally see patients later than scheduled appointment times. We would be happy to provide approximate wait time estimates, if you desire. We apologize in advance for any inconvenience this may cause you.

We thank you for choosing OSU Hand and Upper Extremity Center! Please call us if you need assistance or additional information regarding your appointment.

Sincerely,
The Office Staff
OSU Hand and Upper Extremity Center

P.S. All OSU Medical Center buildings, inside and outside, are tobacco-free as of July 5, 2006.

Enclosures



THE OHIO STATE UNIVERSITY

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Patient Name: _____

Preferred pharmacy (name, location and/or phone): _____

How did you hear about us or who referred you? _____

CURRENT CONDITION:

1. Please provide a brief description of the problem for which you are being seen today:

RIGHT LEFT BOTH _____

2. Which is your dominant hand? RIGHT LEFT

3. How long have you been having symptoms? _____

4. PAIN (scale of 1-10) _____

5. Symptoms are: Improving Worsening Not changing

6. Previous Treatments: Brace/splint Cast Injection Therapy Medication ER visit Surgery

7. What makes your symptoms worse?

<input type="checkbox"/> Activity/Motion	<input type="checkbox"/> Waking/in the morning	<input type="checkbox"/> Arms elevated
<input type="checkbox"/> Nighttime or at rest	<input type="checkbox"/> Driving	<input type="checkbox"/> Cold
<input type="checkbox"/> Sleeping/at night	<input type="checkbox"/> Gripping	<input type="checkbox"/> Other _____

SOCIAL HISTORY/REVIEW OF SYSTEMS:

8. Occupation/Employer: _____

9. Do you smoke or use tobacco products? Yes No Type/Packs per day: _____

10. Do you use recreational substances? _____

11. Are you experiencing chest pain or shortness of breath? YES NO

12. Are you experiencing numbness or tingling? YES NO

PAST MEDICAL HISTORY: (check all that apply)

<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Anesthesia reactions	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Lung problems
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney/Liver problems

Driving Directions to Eye and Ear Institute



From the North (Sandusky, Delaware and Cleveland)

Take any major highway to I-270.
Take I-270 west toward Dayton.
Merge onto 315 south toward Columbus.
Take the Goodale Street/Grandview Heights exit.
Turn right onto Olentangy River Road.
The Eye and Ear Institute will be on your left.

From the South (Circleville, Chillicothe, Portsmouth and Cincinnati)

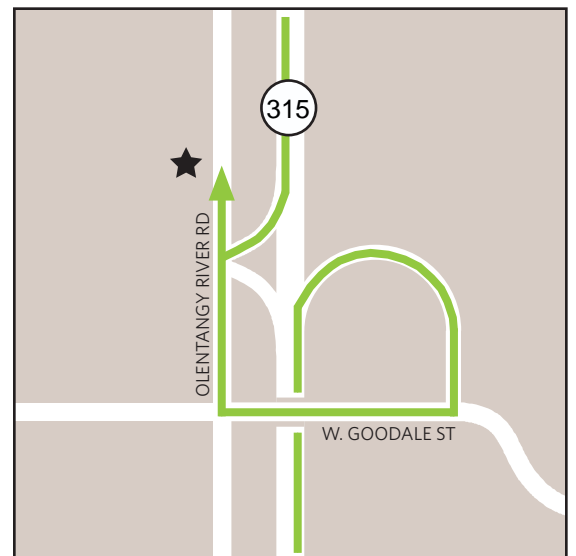
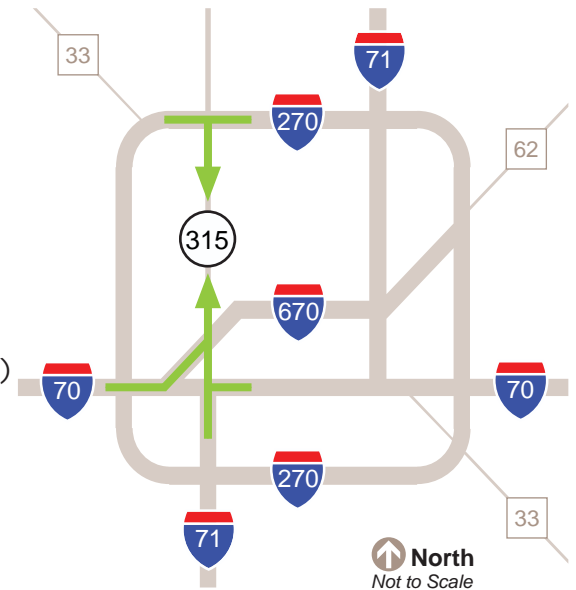
Take any major highway to I-71.
Take I-71 to SR 315 north.
Take Goodale Street/Grandview Heights exit.
Turn right onto W. Goodale Street.
Turn right onto Olentangy River Road.
The Eye and Ear Institute will be on your left.

From the East (Newark, Zanesville and Pittsburgh)

Take any major highway to I-70.
Take I-70 west to SR 315 north.
Take the Goodale Street/Grandview Heights exit.
Turn right onto W. Goodale Street.
Turn right onto Olentangy River Road.
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From the West (Springfield, Dayton and Indianapolis)

Take any major highway to I-70.
Take I-70 east to I-670 east.
Take I-670 east to SR 315 north.
Take the Goodale Street/Grandview Heights exit.
Turn right onto W. Goodale Street
Turn right onto Olentangy River Road.
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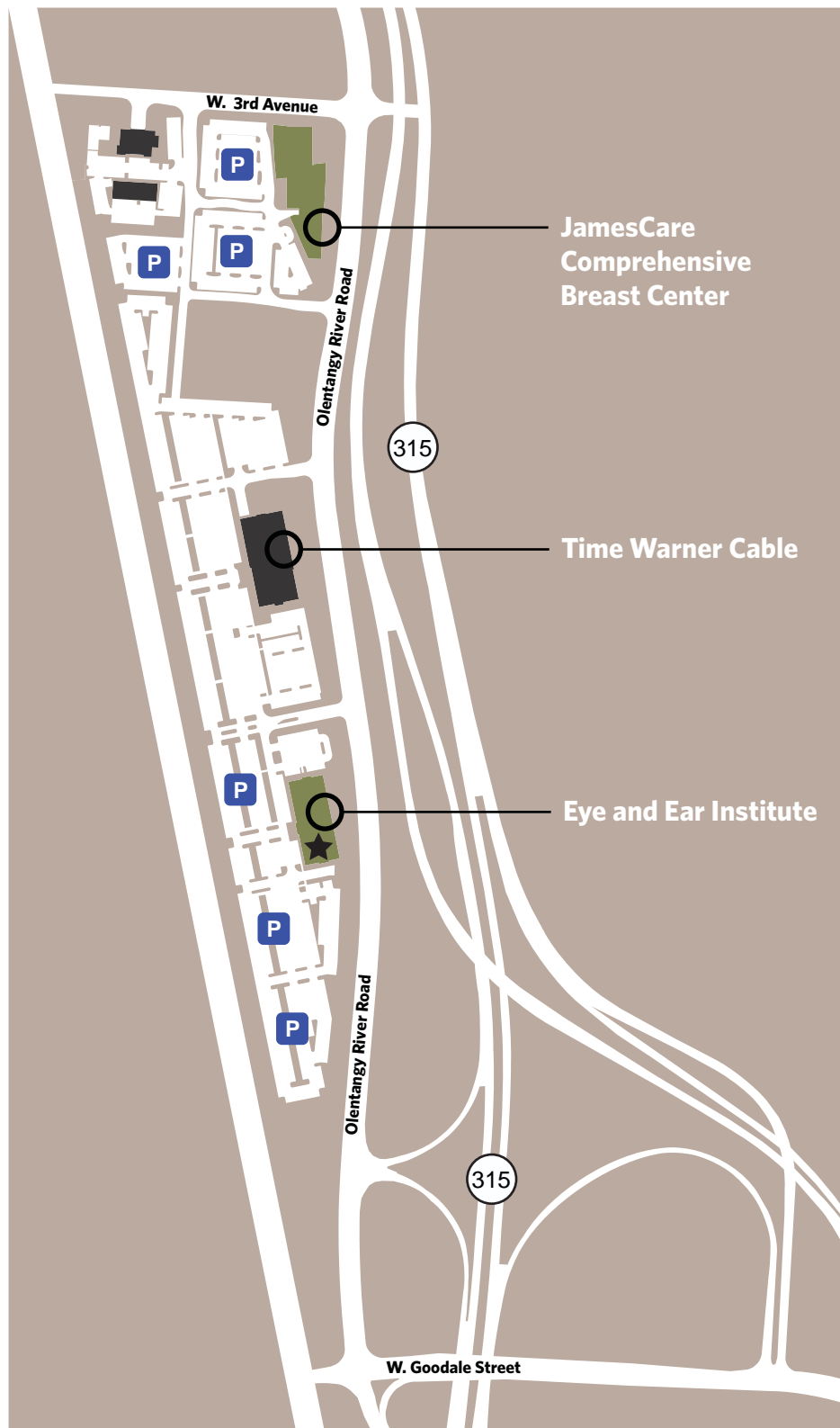
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Finding your Way to Eye and Ear Institute



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Smoking and the use of tobacco products are not permitted inside or outside of any OSU Medical Center building.

