Advanced Gastroenterology & Hepatology Associates
7102 N. Fresno Street #108 • Fresno, CA 93720
Ph. (559) 297-2259 • Fax (559) 297-2269

FC:_____

PCP:_____

HCL: _____

Patient Information

LAST NAME:_____ FIRST NAME:_____ M.I.: ____

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH:_____ SEX: ☐ MALE ☐ FEMALE SSN:_____

HOME PHONE: _____ WORK_____ CELL: _____

EMAIL:_____

PATIENT'S EMPLOYER NAME:_____ TELEPHONE:_____

REFERRING DOCTOR:_____ TELEPHONE:_____

I AUTHORIZE ADVANCED GASTROENTEROLOGY & HEPATOLOGY ASSOICATES TO DISCUSS MEDICAL INFORMATION RELATED TO MY CARE WITH THE FOLLOWING FAMILY MEMBERS/INDIVIDUALS.

NAME: _____ RELATIONSHIP:_____

NAME: _____ RELATIONSHIP: _____

RESPONSIBLE PARTY INFORMATION

(GUARANTOR)

Primary Insurance:	Secondary Insurance:
Claims Address:	Claims Address:
Insured Name:	Insured Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: DOB: Sex:	Phone: DOB: Sex:
Insured Employer:	Insured Employer:
Address:	Address:
Phone: Fax:	Phone: Fax:
Patient Relationship to Insured:	Patient Relationship to Insured:

HOW DID YOU HEAR ABOUT OUR OFFICE?: _____

DISCLOSURE: Dr. Jayanta Choudhury, Dr. Muhammad Sheikh and Dr. Mandeep Singh have a financial interest at the Herndon Surgery Center.

INSURANCE CLAUSE: I understand that if this or any other visit precedes the effective date of my insurance; or is not covered by my insurance, I will be held responsible for all fees incurred because of this and any subsequent visit.

FINANCIAL DISCLOSURE: Advanced Gastroenterology & Hepatology Associates is a member of Santé Foundation Medical Group (SFMG) and I may receive a bill from SFMG for services provided by Advanced Gastroenterology and/or the group's providers.

TREATMENT CONSENT: I hereby give consent for medical or surgical treatment to Dr. Jayanta Choudhury, Dr. Muhammad Sheikh and Dr. Mandeep Singh Associates to care for self or I am duly authorized by the patient as his/her general agent to give consent for such treatment.

ASSIGNMENT OF PAYMENT OF BENEFITS: I hereby authorize payment directly to Choudhury, Sheikh & Singh Inc. of any medical or surgical benefits payable to me under the conditions of my policy for services rendered.

RELEASE OF INFORMATION: I hereby give consent to release to authorized persons of financial and medical information concerning care and treatment and changes therefore as may be required to complete all claims for benefits.

_____ _____
Patient Signature/ Representitive Signature Date

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Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I reviewed a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, and that I may ask for a copy of this or any amended Notice of Privacy practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- ☐ Parent or guardian of minor patient
- ☐ Guardian or conservator of an incompetent patient
- ☐ Beneficiary or personal representative of deceased patient

Name of Patient: _____

Cancellation Policy

Effective May 1, 2022

As a courtesy to other patients, please notify us if you are unable to keep your appointment.

You may be charged a cancellation fee of $100.00 if you fail to cancel within 10 business days of a procedure, and $50.00 for an office appointment. Your insurance may not cover this fee.

Sign: _____ Date: _____

Race: ☐ Asian/A ☐ Asian Pacific/F ☐ African American/B ☐ Caucasian/C
☐ Hispanic/H ☐ Alaskan/I ☐ Native American/G ☐ Other/E

Ethnicity: ☐ Latino/Hispanic/L ☐ Other/O ☐ Not Reported/Refused/N

Language: _____

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Patient Name: _____
DOB: _____
Patient #: _____

Past Medical/Surgical/Social History

Past Medical History. Please check all previous illnesses or conditions below.

- ❑ Anemia
- ❑ Arthritis
- ❑ Asthma
- ❑ Back problem
- ❑ Barrett's Esophagus
- ❑ Cardiac Disease
- ❑ Celiac disease
- ❑ CHF
- ❑ Cirrhosis
- ❑ Colon polyps
- ❑ COPD
- ❑ Diabetes mellitus
- ❑ Diverticulosis
- ❑ Heartburn
- ❑ Hemophilia or bleeding disorder
- ❑ Hepatitis
- ❑ Hypercholesterolemia
- ❑ Hypertension
- ❑ Hypothyroidism
- ❑ Immune deficiency
- ❑ Kidney disease
- ❑ Liver disease
- ❑ Myocardial infarction
- ❑ Osteoporosis
- ❑ Pneumonia
- ❑ Prostate disease
- ❑ Sleep apnea
- ❑ Stroke
- ❑ TIA
- ❑ Other: _____

Surgical History. Please check any surgeries you have had and indicate date if known.

- ❑ Appendectomy
- ❑ Bariatric surgery
- ❑ Bladder repair
- ❑ Breast surgery
- ❑ C-Section
- ❑ Colon surgery
- ❑ Colonoscopy
- ❑ Cosmetic surgery
- ❑ Eye surgery
- ❑ Fracture surgery
- ❑ Gallbladder surgery
- ❑ Heart surgery
- ❑ Hernia repair
- ❑ Hysterectomy
- ❑ Joint replacement
- ❑ Ovary removal
- ❑ Pancreas surgery
- ❑ Prostate surgery
- ❑ Small intestine surgery
- ❑ Spine surgery
- ❑ Take Down Colostomy
- ❑ Tonsillectomy
- ❑ Tubal ligation
- ❑ Upper GI endoscopy
- ❑ Valve replacement
- ❑ Vasectomy
- ❑ Other: _____

Social History

Do you smoke? ❑ No ❑ Yes If yes, how many packs a day? _____
Do you drink alcohol? ❑ No ❑ Yes If yes, how much per week? _____
Do you use smokeless tobacco? ❑ No ❑ Yes If yes, how much per week? _____
Have you ever used intravenous drugs? ❑ No ❑ Yes
Do you have tattoos? ❑ No ❑ Yes

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A Member of Santé Foundation Medical Group & Part of Santé Health Foundation

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Allergies & Medications

Please list the following:

Allergies to Medications:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Prescriptions:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

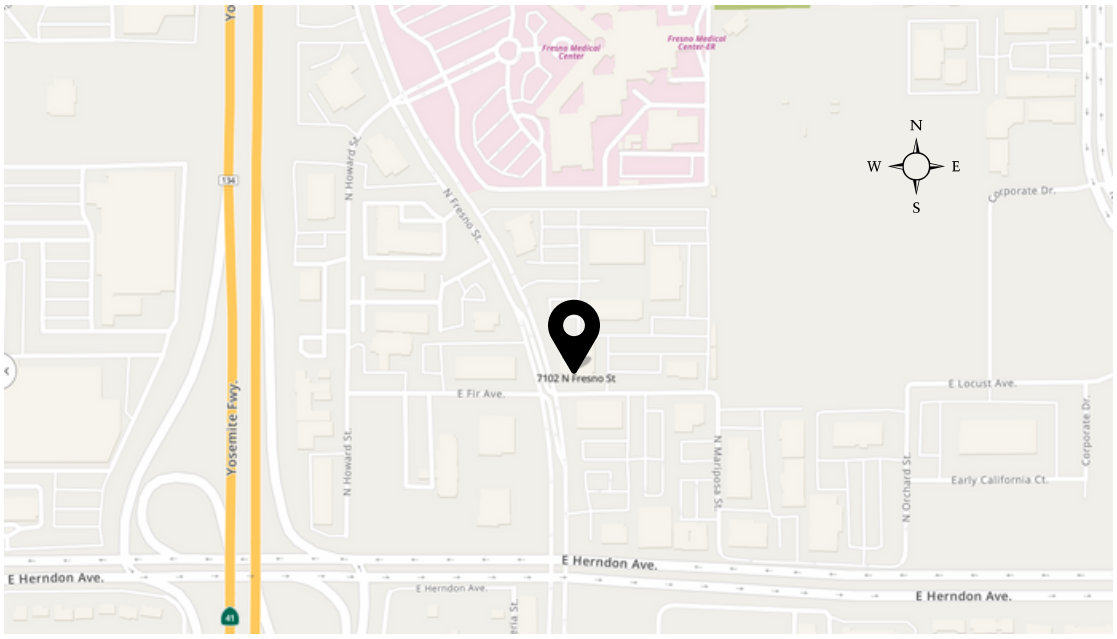
Over the counter medications/Vitamins:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Preferred Pharmacy: _____

Address/Cross Street: _____

Advanced Gastroenterology & Hepatology Associates



7102 N Fresno St Suite 108, Fresno, CA 93720

(559) 297-2259

Patient Instructions:

- Advanced Gastroenterology & Hepatology Associates will contact you before your appointment to confirm the details.
- Bring you insurance card(s) and photo identification to your appointment.
- To cancel or reschedule your appointment, please call Advanced Gastroenterology & Hepatology Associates, (559) 297-2259

Directions from Freeway 41:

1. Take the Herndon Ave exit.
2. Proceed East on E. Herndon Ave and utilize the second lane from the left to make a left turn onto N Fresno St.
3. Turn right onto E Fir Ave.
4. Enter the driveway on the left; the destination will be on the left side.