

Patient's  
Last name : \_\_\_\_\_ First name : \_\_\_\_\_ MI : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State code : \_\_\_\_\_ Zip code : \_\_\_\_\_

Referral Dr. Phone # : \_\_\_\_\_ Sex (M/F) : \_\_\_\_\_ Marital Status : \_\_\_\_\_ S M D W

Birthday : \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Sec # : \_\_\_\_/\_\_\_\_/\_\_\_\_

Home # : (\_\_\_\_) \_\_\_\_/\_\_\_\_ Work Phone : (\_\_\_\_) \_\_\_\_/\_\_\_\_

Emergency Contact : \_\_\_\_\_ Emer. Phone : (\_\_\_\_) \_\_\_\_/\_\_\_\_

Email : \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_/\_\_\_\_

Primary Insurance Coverage ===== Secondary Insurance Coverage=====

Insurance Name : _____	Insurance Name : _____
Insured Name : _____	Insured Name : _____

Relationship: \_\_\_\_\_ DOB : \_\_\_\_\_ Relationship : \_\_\_\_\_ DOB : \_\_\_\_\_

Co-Pay Amount: \_\_\_\_\_ Co-Pay Amount: \_\_\_\_\_

Policy Number : \_\_\_\_\_ Policy Number : \_\_\_\_\_

Group Number : \_\_\_\_\_ Group Number : \_\_\_\_\_

Employer : \_\_\_\_\_ Employer : \_\_\_\_\_

===== Guarantor Information=====

Guarantor : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State code : \_\_\_\_\_ Zip code : \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_/\_\_\_\_ Miscellaneous: \_\_\_\_\_

Patient's Authorization

I authorize RAUL N. MANDLER, M.D., LLC to apply for benefits on my behalf for services rendered by RAUL N. MANDLER, M.D., LLC. I request payment from my insurance company be made directly to RAUL N. MANDLER, M.D., LLC. I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related of any related claims. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by me at any time in writing. I understand that nothing herein relieves me of the primary responsibility and obligation to pay for medical services provided, when a statement is rendered.

\_\_\_\_\_  
Signature of Subscriber or Beneficiary

\_\_\_\_\_  
Date



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Health Questionnaire (Continued)  
Raúl Mandler, MD

Please tell me about the health of your relatives.

Father:

Alive? \_\_\_\_\_ Age? \_\_\_\_\_ Died? \_\_\_\_\_ At what age? \_\_\_\_\_

Of what? \_\_\_\_\_ Any diseases? \_\_\_\_\_

Grandfather on your father's side:

Alive? \_\_\_\_\_ Age? \_\_\_\_\_ Died? \_\_\_\_\_ At what age? \_\_\_\_\_

Of what? \_\_\_\_\_ Any diseases? \_\_\_\_\_

Grandmother on your father's side:

Alive? \_\_\_\_\_ Age? \_\_\_\_\_ Died? \_\_\_\_\_ At what age? \_\_\_\_\_

Of what? \_\_\_\_\_ Any diseases? \_\_\_\_\_

Mother:

Alive? \_\_\_\_\_ Age? \_\_\_\_\_ Died? \_\_\_\_\_ At what age? \_\_\_\_\_

Of what? \_\_\_\_\_ Any diseases? \_\_\_\_\_

Grandfather on your mother's side:

Alive? \_\_\_\_\_ Age? \_\_\_\_\_ Died? \_\_\_\_\_ At what age? \_\_\_\_\_

Of what? \_\_\_\_\_ Any diseases? \_\_\_\_\_

Grandmother on your mother's side:

Alive? \_\_\_\_\_ Age? \_\_\_\_\_ Died? \_\_\_\_\_ At what age? \_\_\_\_\_

Of what? \_\_\_\_\_ Any diseases? \_\_\_\_\_

Aunts or Uncles:

Sex (M / F)

Age

Health Status

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Brothers and Sisters:

Sex (M / F)                      Age                      Health Status

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Health Questionnaire (Continued)  
Raúl Mandler, MD

Children:

Sex (M / F)                      Age                      Health Status

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How far did you go in school?

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Occupation(s), Work?

At what age(s)?

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Do you smoke?                      Yes \_\_\_\_\_      No \_\_\_\_\_      How Much? \_\_\_\_\_

Do you drink Alcohol?                      Yes \_\_\_\_\_      No \_\_\_\_\_      How Much? \_\_\_\_\_

Have you used "recreational" drugs? Yes \_\_\_\_\_      No \_\_\_\_\_      Which ones? \_\_\_\_\_

Who lives in your household?

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Please check any of the health problems below that you have experienced:

	Yes	No		Yes	No
Anxiety			Loss of consciousness		
Balance difficulty			Loss of sensation		
Burning or tingling in head, body, arms, legs			Numbness		
Change in taste in smell			Problems controlling bladder		
Clumsiness			Problems controlling bowels		
Decreased vision			Problems with sexual function		
Difficulty sleeping			ringing in ears		
Depression			Seizures		



Sincerely,

Raúl N. Mandler, MD  
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Fellow, American Academy of Neurology  
Fellow, American Neurological Association  
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