

Edward G. McFarland, M.D.
*The Wayne H. Lewis Professor of
Orthopaedic and Shoulder Surgery
Division of Shoulder Surgery
Vice Chairman, Adult Reconstruction*

Department of Orthopaedic Surgery
Division of Sports Medicine
10753 Falls Road / Suite 215
Lutherville, MD 21093
410-583-2850 Telephone
410-583-2855 Fax
www.med.jhu.edu/ortho/sports



DEAR NEW PATIENT:

IN ORDER TO EXPEDITE YOUR INTIAL EVALUATION WITH
OUR OFFICE, PLEASE COMPLETE THE ENCLOSED NEW
PATIENT INFORMATION SHEETS AND REMEMBER TO
BRING THEM ALONG WITH ANY PERTINENT
INFORMATION TO YOUR SCHEDULED APPOINTMENT.

****PLEASE BRING ALL OUTSIDE FILMS****

THANK YOU

**Johns Hopkins Orthopaedics at
Green Spring Station**

REFERRAL POLICY

If your Insurance Company requires that you provide us with a referral and you **DO NOT** have one at the time of your visit, you will be asked to either:

- **Reschedule your appointment;**
- **Or pay out-of-pocket using cash, check or a charge card. We accept Mastercard, Visa, Discover and American Express**

Remember it is your responsibility to have your referral at the time of your visit. Our preference is that you have your referral in hand!

If you instructed your primary care physician's office to fax us your referral, Please call our office at least 2 Days Prior to your visit to make certain that we have it. **(410)583-2850**

Also if your insurance requires a copay, you are required to pay at the time of service. If you do not have your copay you will be asked to reschedule your appointment.

Thank you,

We do apologize for any inconvenience this may cause!

How to find us!



JOHNS HOPKINS
MEDICINE

Johns Hopkins at Green Spring Station Falls and Joppa Roads • Lutherville, MD 21093

If you have any questions or need assistance, please call our offices at 410-583-2727

Welcome! Our patient friendly environment fosters the kind of one-on-one relationship you want with your doctor. Our physicians include Internists and Pediatricians, as well as specialists in Cardiology, Dermatology, Endocrinology, Gastroenterology, Neurology, Oncology, Ophthalmology, Orthopedics, Otolaryngology, Plastic Surgery, Physical Medicine and Rehabilitation, Rheumatology, Surgery, Urology and Women's Health.



Special services include Radiology, Laboratory Services, a Sports Medicine Group, an Outpatient Rehabilitation Facility, a Medical and Radiation Oncology Center, Weight Management Center, Audiologists, and Patient First, a walk-in urgent care center open from 8 a.m. to 10 p.m., 365 days a year.

A coffee bar, pharmacy and optical shop also are available.

Directions to our Green Spring Station Location



From the North

- Follow I-83 South to I-695 West, stay in the right hand lane.
- Continue to follow I-83 South as you bear right off I-695 onto Exit 23B, Falls Road (MD 25 North).

From the South

- Follow Interstate I-83 North.
- As it splits to join I-695, stay to the left, this road becomes Falls Road (MD 25 North).

From Falls Road (MD 25 North)

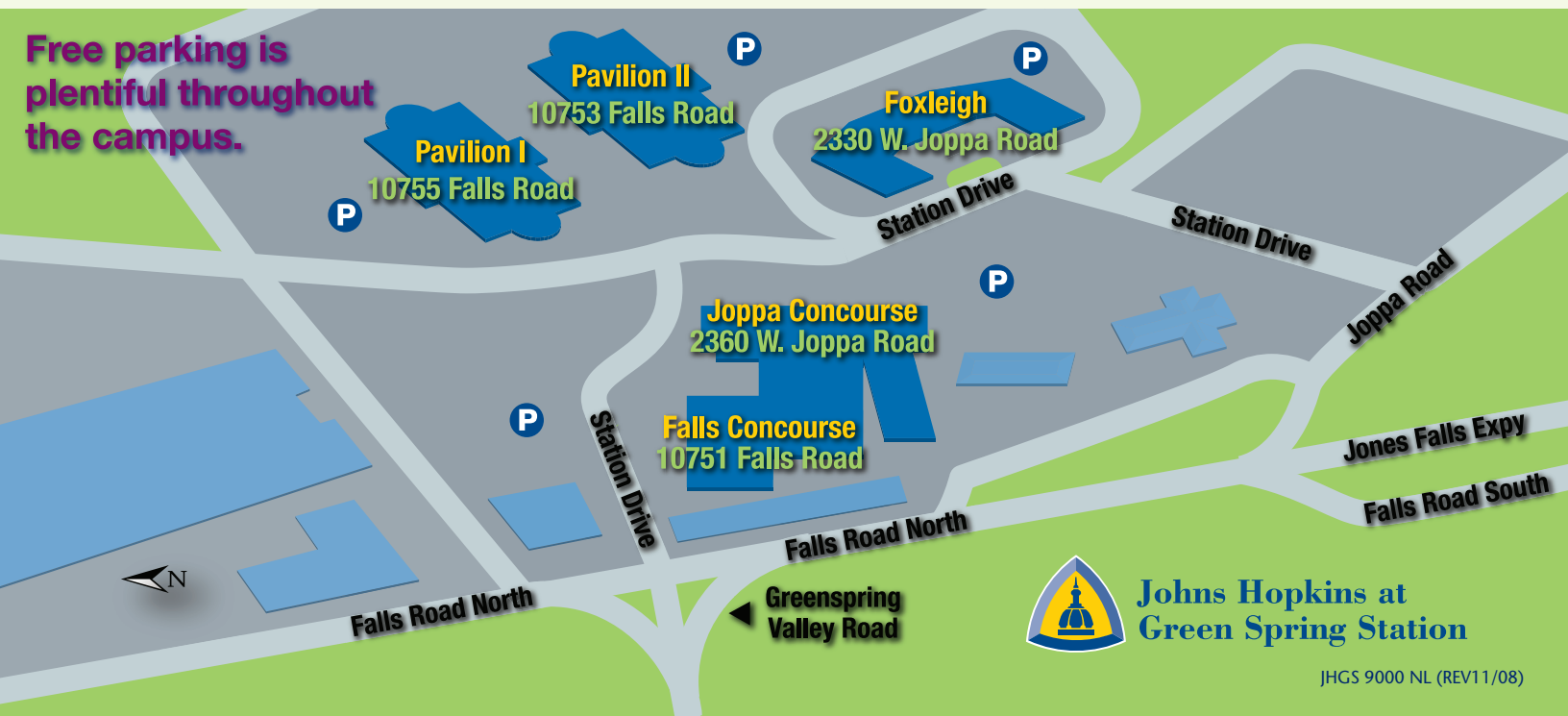
- Follow Falls Road North to the second traffic light.
- Turn right onto Station Drive.
- As you enter the complex, the Falls and Joppa Concourses are located on the right. Continue straight ahead to reach Pavilions I and II. Parking is free and plentiful.

By Public Transportation Mass Transit information • 410-539-5000

The MTA M10 bus stops on the campus of Green Spring Station.

A free shuttle for patients operates every hour between Green Spring Station and the Johns Hopkins Outpatient Center in downtown Baltimore.

Free parking is plentiful throughout the campus.



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PHYSICIAN DISCLOSURE: INDUSTRY RELATIONSHIPS

Dear Patient,

I am a boarded orthopaedic surgeon who is a member of our national organization, the American Academy of Orthopaedic Surgeons (AAOS). This organization holds its members to a high level of ethical and professional standards in medicine and surgery. They have developed standards of professionalism and conduct for all orthopaedic surgeons.

One of the areas where the AAOS recommends full disclosure to the patient is any relationship that the physician or surgeon has with industry. They require that all member orthopaedic surgeons disclose to the patient any relationship the doctor has with industry so that the patient is fully informed of any possible conflict of interest between the doctor and the company.

I feel very strongly that you know as a patient that while I have relationships with industry, these relationships are to further science, research and teaching. While I am paid for some of these activities, my first and last concern will always be the welfare of my patients and with doing what is best for them. The AAOS has standards regarding how and under what circumstances a physician has a relationship with industry, and I abide by those standards in all cases.

I have the following working relationships with industry:

- Stryker Corporation---educational consultant (give lectures) and developing new total shoulder prosthesis (product development)
- DePuy-Mitek Corporation—educational and product development consultant for suture anchors used in surgery to attach soft tissue (tendons, ligaments) to bone
- DJ Orthopaedics Corporation--educational and salary support for our Shoulder Fellow who has finished his orthopedic training and spends a year with us

If you have any questions about these relationships we are available to answer any questions you might have. Further information can be obtained from aaos.org/industry relationships, or you can call the administrator of The Department of Orthopaedic Surgery, Jo Jennings, at 410-955-1830.

Sincerely,

A handwritten signature in black ink, appearing to read "E. G. McFarland".

Edward G McFarland
The Wayne H Lewis Professor of Orthopaedic and Shoulder Surgery
Vice-Chairman, The Department of Orthopaedic Surgery
Co-Director, The Division of Shoulder Surgery
The Johns Hopkins University School of Medicine, Baltimore, MD



Welcome

Patient's ID sticker will go here

DIVISION OF SHOULDER SURGERY
Edward G. McFarland, M.D.

OFFICE VISIT INFORMATION SHEET
(Please Fill Out Completely - Please Print)

PATIENT INFORMATION

Name, Age, Medical Record #, Current Home Address, City, State, Zip, Home Telephone #, Work Telephone #, Occupation, Employer, Birthplace, Sex, Schools Attended, Visit, Referral

Who is your primary care physician?, Workmen's Comp Case, Litigation pending / contemplated

Athlete, Sporting activities in which you participate, Competitive Level, Body Parts Affected

Side Affected, Dominant Arm

PLEASE CHECK ONLY SIGNIFICANT SYMPTOMS

PAIN SYMPTOMS: Pain, Aching, Activity Related, Burning, Dull, Night, Periodic, Post Activity, Radiating, Sharp, Throbbing, Unknown Cause. OTHER TYPES OF SYMPTOMS: Discomfort, Dislocation, Fatigue, Fracture, Walking Problem, Giving Way, Grinding, Instability, Limb Deformity, Limited Range, Tingling / Numbness, Paralysis, Popping Sensation, Soreness, Stiffness, Swelling, Temperature Change, Tenderness, Weakness, Inability to Perform Sport

DATE OF INJURY: IF SPECIFIC DATE NOT KNOWN, GIVE APPROXIMATE DATE. IF NO SPECIFIC INJURY, WHEN DID PROBLEM BEGIN?

Please describe Injury / Injuries or onset of this problem

Have you ever had any kind of surgery? SURGERY 1, SURGERY 2, Other

HAVE YOU SEEN OTHER DOCTORS FOR THIS PROBLEM?

Please list treatment for your problem: Physical Therapy, Medication, Cortisone shot(s), Are you currently taking medications for any medical problems?

Do you have any other health problems? Are you allergic to any medications?

(FM = Family Member)

MEDICAL HISTORY							
	You	FM	Explain		You	FM	Explain
ALLERGIES				INFECTION			
Environmental	Y N	Y N		Dental	Y N	Y N	
Drug	Y N	Y N		Lyme Disease	Y N	Y N	
BLOOD DISEASE				Venereal Disease	Y N	Y N	
AIDS / HIV	Y N	Y N		LUNGS			
Easy Bruising	Y N	Y N		Asthma	Y N	Y N	
Hemophilia	Y N	Y N		Emphysema	Y N	Y N	
Sickle Cell	Y N	Y N		Shortness of Breath	Y N	Y N	
CANCER				MUSCULOSKELETAL			
Was Surgery Required?	Y N	Y N		Artificial Joint	Y N	Y N	
Was Chemotherapy Required?	Y N	Y N		Cervical Strain	Y N	Y N	
Was Radiation Required?	Y N	Y N		Herniated Disc	Y N	Y N	
DIET				Gout	Y N	Y N	
Recent Weight Loss	Y N	Y N		Lumbosacral Strain	Y N	Y N	
Special Diet	Y N	Y N		Old Fracture	Y N	Y N	
ENDOCRINE				Osteoarthritis	Y N	Y N	
Diabetes	Y N	Y N		Rheumatoid Arthritis	Y N	Y N	
Thyroid Disorder	Y N	Y N		Psoriatic Arthritis	Y N	Y N	
Pituitary	Y N	Y N		NERVOUS SYSTEM			
GASTROINTESTINAL				Epilepsy	Y N	Y N	
Constipation	Y N	Y N		Headaches	Y N	Y N	
Diarrhea	Y N	Y N		Nervous Condition	Y N	Y N	
Hepatitis	Y N	Y N		Psychiatric Care	Y N	Y N	
Hiatal Hernia	Y N	Y N		Seizure	Y N	Y N	
Liver Disease	Y N	Y N		Stroke	Y N	Y N	
Nausea	Y N	Y N		Transient Ischemic	Y N	Y N	
Ulcer or Peptic Ulcers	Y N	Y N		SLEEP DISORDER			
HABITS				Sleep Apnea	Y N	Y N	
Alcohol: Do You Drink?	Y N	Y N		VASCULAR DISEASE			
Treatment for Abuse	Y N	Y N		Arteriosclerosis	Y N	Y N	
Smoking (Current)	Y N	Y N		High Blood Pressure	Y N	Y N	
____ # packs/day ____ # yrs				Low Blood Pressure	Y N	Y N	
Smoking (Past)	Y N	Y N		RENAL (KIDNEY)			
____ # packs/day ____ # yrs				Transplant	Y N	Y N	
HEART				One Kidney	Y N	Y N	
Chest Pain	Y N	Y N		Failure	Y N	Y N	
Artificial Heart Valves	Y N	Y N		Stones	Y N	Y N	
Cardiac Arrest	Y N	Y N		Infections	Y N	Y N	
Heart Arrhythmia	Y N	Y N		Additional Information			
Pacemaker	Y N	Y N					
Additional Information							

Thank you for completing this form!

I affirm that to the best of my knowledge, the information I have provided is true and correct.

 Patient or Legal Guardian Signature Date ____ / ____ / ____

Both sides of this sheet have been reviewed by me.

 M.D. Signature Date ____ / ____ / ____