

# David O. Volpi, M.D. FACS

## NEW PATIENT REGISTRATION FORM

Date \_\_\_\_\_

### PATIENT INFORMATION

Whom may we thank for referring you? \_\_\_\_\_  
Name (Last, First, MI) \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_  
Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE INFORMATION:** Please note that if your carrier requires Pre-Authorization or Pre-Approval you are required to obtain it prior to your appointment. You may need to check with your carrier if you have a waiting period.

Primary Ins \_\_\_\_\_ Ins Phone \_\_\_\_\_  
Primary Ins Address \_\_\_\_\_  
Subscriber \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation to Patient: Self Spouse Child Other  
Ins ID# \_\_\_\_\_ Ins Grp# \_\_\_\_\_  
Secondary Ins \_\_\_\_\_ Ins Phone \_\_\_\_\_  
Secondary Ins Address \_\_\_\_\_  
Subscriber \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation to Patient: Self Spouse Child Other  
Secondary Ins ID# \_\_\_\_\_ Ins Grp# \_\_\_\_\_

### OTHER MEDICAL CONTACTS

Primary Care/Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

### DISCLOSURE OF BENEFITS

I have received a copy of the HIPAA Privacy Notice and authorize release of information concerning my health care, advice and treatment provided for the purpose of evaluating and / or administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to the physician.

Signature of Patient or Patient Representative: \_\_\_\_\_ Date \_\_\_\_\_

# David O. Volpi, M.D. FACS

## MEDICAL HEALTH HISTORY

Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Patient Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female  
Occupation \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### REASON FOR CONSULTATION

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Ear Infection   | <input type="checkbox"/> Sleep Apnea       | <input type="checkbox"/> Foreign Body in Ear/Nose | <input type="checkbox"/> Headache          | <input type="checkbox"/> Tonsil Problems |
| <input type="checkbox"/> Ear Aches       | <input type="checkbox"/> Snoring           | <input type="checkbox"/> Sore Throat              | <input type="checkbox"/> Vertigo/Dizziness | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Ear Discharge   | <input type="checkbox"/> Sinus Problems    | <input type="checkbox"/> Swallowing Difficulty    | <input type="checkbox"/> Allergies         | _____                                    |
| <input type="checkbox"/> Ringing in Ears | <input type="checkbox"/> Nasal Obstruction | <input type="checkbox"/> Mouth/Tongue Sores       | <input type="checkbox"/> Cough             | _____                                    |
| <input type="checkbox"/> Hearing Loss    | <input type="checkbox"/> Nose Bleeds       | <input type="checkbox"/> Thyroid Nodule           | <input type="checkbox"/> Hoarseness        | _____                                    |
| <input type="checkbox"/> Earwax Build-Up | <input type="checkbox"/> Nose Fracture     | <input type="checkbox"/> Neck Mass                | <input type="checkbox"/> Post Nasal Drip   | _____                                    |

### MEDICATIONS

List ALL medications you are currently taking including herbs, supplements & over the counter medications.

_____	_____
_____	_____
_____	_____
_____	_____

### MEDICAL HISTORY

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Hypertension   | <input type="checkbox"/> Liver Disease   | <input type="checkbox"/> Pregnant          | <input type="checkbox"/> Diabetes    |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Sleep Apnea     | <input type="checkbox"/> Cancer            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Bleeding Disorder | _____                                |

### MEDICATION ALLERGIES

Medication: _____	Reaction: _____
_____	_____
_____	_____

### PAST SURGICAL HISTORY

Surgery: _____	Date: _____
_____	_____
_____	_____

### SOCIAL HISTORY

- CIGARETTES # per day \_\_\_\_\_ # of years \_\_\_\_\_  Discontinued  
 ALCOHOL # per week \_\_\_\_\_

Other health concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

# David O. Volpi, M.D. FACS

---

## PRE-OPERATIVE INSTRUCTIONS

PLEASE READ AND FOLLOW ALL THESE INSTRUCTIONS CAREFULLY

You will be schedule for a pre-operative appointment 3-5 days prior to your surgery date. This will allow you to go over your scheduled surgery with the doctor.

**DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.** On the morning of the surgery, nothing should be taken - NOT even water (with the exception of medications that have been instructed by your physician. For example, heart/seizure/high blood pressure medications should be taken with a sip of water at their usual time.

TEN DAYS PRIOR TO SURGERY, **NO ASPIRIN** or anti-inflammatory medications or similar drugs that may cause excessive bleeding such as: Motrin, Aleve, Dristan, Percodan, Excedrin, Alka-seltzer, Bufferin, Advil, Nuprin, Naprosyn, Anaprox, Walfon, Indocin, Florinal, Daypro, and Catalan. These aspirin related drugs should be avoided for 2 weeks prior to your surgery. **TYLENOL** (acetaminophen) is the ONLY acceptable over-the-counter pain or headache medicine. Discontinue Vitamin E capsule 2 weeks prior to surgery. Smoking causes poor wound healing, excessive scarring, and circulatory/respiratory complications. Cutting down does help, therefore, please, limit smoking, and if possible cease smoking.

**DO NOT** wear makeup or nail polish on the day of your surgery. Leave **ALL** jewelry and valuables at home.

2 weeks prior to your surgery you must make arrangements with your Primary Care Physicians for your pre-operative medical clearance; otherwise arrangements will be made for your pre-testing to be done at the hospital.

Please make sure your doctor **FAXES** over your pre-testing results to your surgical coordinator at **212-873-6169**. Results **MUST** be faxed to Maria or Luz no later than **3 days prior to your surgery date**.

**IF YOU HAVE HMO INSURANCE**, you must make sure to bring a valid REFERRAL that will cover pre/post-operative visits. (Please make sure there are at least "3" visits on the referral.)

**PLEASE CALL THE OFFICE THE DAY BEFORE THE SURGERY** (212.873.6036) between the hours of 12:00 PM-5:00 PM. You will then be given the time that you are expected at the hospital.

**ARRANGE FOR AN ESCORT**, for your safety, you must have a responsible adult accompany you after the surgery. You will **NOT** be permitted to leave the hospital until your escort has arrived.

- 
- **THE MANHATTAN EYE, EAR & THROAT HOSPITAL** - 210 East 64<sup>th</sup> Street (between 2<sup>nd</sup> & 3<sup>rd</sup> Avenues) 212-838-9200
  - **MIDTOWN SURGERY CENTER** - 305 East 47<sup>th</sup> Street (between 1<sup>st</sup> and 2<sup>nd</sup> Avenues) 212-751-2100
  - **LENOX HILL HOSPITAL** - 100 East 77<sup>th</sup> Street (between Lexington & Park Avenues) 212-434-2000
  - **SURGICARE** - 800 2<sup>nd</sup> Avenue (between 42<sup>nd</sup> & 43<sup>rd</sup> Street) 212-419-1016

## POST-OPERATIVE INSTRUCTIONS

### NASAL CARE

A gauze pad will be taped under the nose after surgery to absorb any discharge or oozing. The gauze should be changed as often as necessary (i.e. when soaked) and is generally not needed after 1-2 days. You may use 2-inch gauze and surgical tape, both available at any drugstore.

Using nasal saline spray (any brand or generic) will help promote healing and keep the nasal mucous membrane moisturized. Start 2 days after surgery -- 2 sprays in each nostril 3 times/day and as needed -- and continue for 2-3 weeks.

You should avoid nose blowing during the 7 first days after surgery. Sneeze and cough with an open mouth to release the pressure through your mouth and not through the nose. After days, gentle nose blowing is allowed.

### PAIN

Pain is generally mild after sinus surgery and resolves within 2-3 days. Acetaminophen (Tylenol) may be used to a maximum of 4000 milligrams per 24 hours. Ibuprofen (Advil, Motrin) and similar medications such as naprosyn (Naproxen, Aleve) and aspirin should be avoided because they can increase bleeding. Codeine and other narcotic pain relievers are typically unnecessary after sinus surgery.

### ACTIVITY

There are no strict rules for activity after surgery other than to avoid contact sports, heavy exertion, lifting > 10 pounds, or hanging upside down (e.g. yoga) for 1-2 weeks. During this period, swimming is allowed with nose plugs for diving or jumping into the pool. Bathing should be as usual. Driving is not allowed for 24 hours after anesthesia and if any prescription pain medication is taken. Sexual activity may resume in 48 hours. You might return to work in 48 hours or as instructed by your surgeon. If you are taking prescription pain medication and need to operate machinery, you should not return to work.

### DIET

There are no restrictions on food. Avoid alcohol for 1 week after surgery.

### OTHER

Avoid smoking for 2-3 weeks after surgery. Cigarette smoke irritates the operated area and also interferes with healing.

### SOME THINGS NOT TO WORRY ABOUT

A small amount of bloody discharge from the nose is common and should gradually resolve within several days. Nasal congestion may occur for several weeks from temporary swelling of the nasal mucous membranes. Hoarseness or a change in your voice may occur from the anesthesia tube (if you were intubated) and should subside within 2 days. Vomiting may occur for up to 24 hours after anesthesia. Fever up to 101 degrees is common up to 48 hours. Bad breath may persist for several days.

### WHEN TO CALL US

Call if:

- There is persistent or excessive bleeding
- Fever is 102 degrees or higher despite acetaminophen (Tylenol)
- Headaches worsen or persist despite acetaminophen (Tylenol)
- You have abnormal vision or swelling around eye(s)
- A large amount of clear or watery nasal discharge occurs and fails to subside within 3 days.

---

**WE WILL SEE YOU IN THE OFFICE 1 WEEK AFTER YOUR SURGERY**