

DIRECTIONS TO JORDAN-YOUNG INSTITUTE

5716 Cleveland Street, Virginia Beach, VA – (757)490-4802 - www.Jordan-YoungInstitute.com

Jordan-Young Institute is located on <u>Cleveland Street off Newtown Road</u>. Cleveland Street from the Pembroke area ends at Clearfield. There is no direct roadway to Jordan Young Institute on Cleveland Street coming from the east.

FROM NORFOLK/PORTSMOUTH

- Take 264 East
- Exit toward 1-64 E/Chesapeake/Newtown Road
- Take Newtown Road (Exit 15B stay to the Right when exiting)
- Left on Newtown Road. Go down three traffic lights.
- Right onto Cleveland Street (Patient First is on the corner)
- Jordan-Young Institute is first business building on the left (the name is on building)
- Our office is on the second floor
- Please note Dr. Horn & Dr. Levi's office is on the 1st floor Suite 140

FROM THE BEACH

- Take 264 West
- Exit Newtown Road (Exit 15)
- Turn right onto Newtown Road.
- Turn right onto Cleveland Street (Patient First is on the corner)
- Jordan-Young Institute is first business building on left (the name is on the building)
- Our office is on the second floor
- Please note Dr. Horn & Dr. Levi's office is on the 1st floor Suite 140

FROM CHESAPEAKE

- Take Route 64 to Route 264 exit toward Virginia Beach.
- Take Newtown Road (Exit 15B- stay to the Right when exiting)
- Left on Newtown Road. Go down three traffic lights.
- Right onto Cleveland Street (Patient First is on the corner)
- Jordan-Young Institute is first business building on left (the name is on the building)
- Our office is on the second floor
- Please note Dr. Horn & Dr. Levi's office is on the 1st floor Suite 140

FROM HAMPTON AND NEWPORT NEWS AREA

- Take 64 East
- Exit Newtown Road. (Exit 284B)
- Take Newtown Road (Exit 15B- stay to the Right when exiting)
- Left on Newtown Road. Go down three traffic lights.
- Right onto Cleveland Street (Patient First is on the corner)
- Jordan-Young Institute is first business building on left (the name is on the building)
- Our office is on the second floor
- Please note Dr. Horn & Dr. Levi's office is on the 1st floor Suite 140

Jack L. Siegel, MD, FAAOS James E. Dowd, MD, FAAOS Nicholas A. Midis, MD, FAAOS Kevin F. Bonner, MD, FAAOS Louis C. Jordan, MD, FAAOS Samuel P. Robinson, MD, FAAOS

Louis R. Jordan, MD, Emeritus David B. Young, MD, Emeritus



NEUROSURGERY · PHYSICAL MEDICINE & REHABILITATION

Joseph S. Gondusky, MD, FAAOS Justin W. Griffin, MD, FAAOS Jeffrey J. Laurent, MD, FAANS David A. Vincent, MD, FACS, FAANS Parker W. Babington, MD, FAANS Scott I. Horn, DO David S. Levi, MD Ryan C. Coy, MD Jim McNamara, CEO

Welcome to the Jordan-Young Institute for Orthopedic Surgery, Sports Medicine, Neurosurgery, and Physical Medicine & Rehabilitation. Thank you for choosing us to serve your orthopedic needs. It is our pleasure to assist you in improving your quality of life with medical and surgical options that will maximize your mobility and minimize your pain.

In this packet, you will find both information about our practice and forms you must complete for us to assist in your care. Please read these forms carefully and fully complete each one prior to your appointment. In addition to these completed forms, you will need to bring the following to your appointment:

- Your current insurance cards
- · Photo identification
- · A referral from your primary care physician, if required by your insurance carrier
- Films and reports from any pertinent diagnostic testing, such as x-rays, MRIs, EMGs, CT scans, and bone density studies
- Any co-payment and deductible payments that your insurance coverage holds you
 responsible for to receive care. We accept cash, check, VISA, MasterCard, Discover
 and American Express. Your appointment will be rescheduled if you cannot pay your
 co-pay before being seen.

PLEASE PLAN TO ARRIVE 30 MINUTES PRIOR TO YOUR SCHEDULED APPOI NTMENT TIME so that we can

complete your registration, medical record and x-rays prior to your appointment with the physician. Even if you bring x-rays or other diagnostic tests with you, our physicians may require additional films to be taken in our office. Dress in comfortable clothing that will allow your physician to easily view the injured or painful areas of your body. While your physician strives to maintain a timely office schedule; please realize that some wait time may occur. Our physicians will give each patient the time necessary to understand their illness or injury and the options available for treatment.

If you have additional questions about our practice, our providers or your appointment, please visit our website at www.Jordan-YoungInstitute.com. Our office number is (757)490-4802.



ORTHOPEDIC SURGERY • SPORTS MEDICINE
NEUROSURGERY • PHYSICAL MEDICINE & REHABILITATION

Please note that Dr. Horn, Dr. Levi, Sara Tyszko, PA and the Physical Medicine and Rehabilitation team are located on the First Floor in Suite 140.



MEDICAL QUESTIONNAIRE Dr. Scott Horn and Dr. David Levi

ORTHOPEDIC SURGERY - SPORTS MEDICINE
NEUROSURGERY - PHYSICAL MEDICINE & REHABILITATION

DATE

NAME	BIRTH DATETODAY'S DATE
IF YOU HAVE BEEN SEEN BY DR. LEVI OR DR. HORN BEFORE, PLEASE ANSWER THE FOLLOWING QUESTIONS: 1. DO YOU HAVE A NEW PROBLEM THAT WAS NOT EVALUATED AT YOUR LAST VISIT? Y N IF SO, WHAT IS IT? 2. SINCE YOUR LAST VISIT, ARE YOU: BETTER WORSE SAME 3. ON A SCALE OF 0-100%, HOW MUCH BETTER ARE YOU NOW? IF NO BETTER, PUT 0%.	
(0=NONE, 10= WORST PAIN IN YOUR LIFE) 2. WHAT IS THE QUALITY OF THE PAIN? SHARP DULL STABBING THROBBING ACHING BURNING 3. THE PAIN IS: CONSTANT COMES AND GOES 4. DOES IT WAKE YOU FROM SLEEP? Y N	PLEASE DRAW THE LOCATION OF YOUR PAIN ON THE DIAGRAM. INCLUDE ANY RADIATION TO ARMS OR LEGS.
5. DOES YOUR CURRENT PAIN GREATLY IMPACT QUALITY OF LIFE OR FUNCTION? Y N 6. PLEASE LIST ANY CURRENT MEDICATIONS ON T BACK OF THIS FORM 7. INDICATE ANY PRIOR TREATMENT IN THE BOX B TREATMENT DID IT HELP? ANTI-INFLAMMATORIES Y N PHYSICAL THERAPY Y N HOME EXERCISE PROGRAM Y N INJECTION Y N SURGERY Y N	
LIISTORY SE	
CIRCLE ANY PROBLEM AREAS AND DESCRIBE ALLERGIES NERVES LUNGS EYES SKIN STOMACH/BOWELS OTHER JOINTS DIABETES EARS PSYCHIATRIC WEIGHT LOSS/FEVER HEART URINE ANEMIA	
DESCRIBE ANY PROBLEMS: ARE YOU PRESCRIBED ANY MEDICATIONS BY ANY OTHER PHYSICIAN? Y N DESCRIBE: HAVE YOU RECENTLY BEEN HOSPITALIZED? Y N DESCRIBE: WHAT IS YOUR CURRENT JOB STATUS? REGULAR JOB LIGHT DUTY NOT WORKING DUE TO THIS CONDITION	
DO NOT WORK RETIRED DO YOU HAVE ANY QUESTIONS YOU WOULD LIKE THE DOCTOR TO ANSWER AT THIS VISIT?	

MD/PA SIGNATURE

PATIENT SIGNATURE