

Ira A. Zucker, M.D.*
Brian N. Schwartz, M.D.*
Barry F. Blitz, M.D.*



FLORIDA
UROLOGY
PHYSICIANS

Steven A. Harrison, M.D.*
Bert F. van Beever, M.D.
Veronique Fernandez-Salvador, M.D.
*Board Certified

Patient Care Questionnaire

Due to recent changes in billing processes with your insurance companies, we must bill differently if any of the following apply. In an effort to bill properly for your visit today, please take a few minutes to complete the following questions.

Are you presently in a nursing home or skilled care facility?

Yes No

Name of Facility: _____

If yes, have you been hospitalized in the last four months?

Yes No

Are you a part of Hospice Care? Yes No

Referring Doctor: _____

Do you have a power of attorney that takes care of your decisions?

If yes, Name _____

Phone # _____

Patient's Signature: _____ Date: _____

Power of Attorney: _____ Date: _____

7451 Gladiolus Drive • Suite A • Fort Myers, Florida 33908 • 239-689-8800 • Fax 239-939-9255
1255-2 Viscaya Parkway • Suite 201 • Cape Coral, Florida 33990
3501 Health Center Boulevard • Suite 2145 • Bonita Springs, Florida 34135
1154 Lee Boulevard • Suite 1 • Lehigh Acres, Florida 33936
14651 Palm Beach Boulevard • Suite 100 • Fort Myers, Florida 33905
100 Madrid Boulevard • Suite 112 • Punta Gorda, Florida 33950