

Questionnaire for Prospective Patients

If you are interested in admission to Alpha Medical Clinic, please answer the following questions. A patient representative will call you to review your needs and discuss arrangements for admission. The information you provide will allow us to be prepared for, as well as facilitate, your needs upon arrival.

Name: _____

Address: _____

Telephone: _____

Diagnosis: _____

Treatment to date: _____

Radiation? Yes/No Dates: _____

Chemotherapy? Yes/No Dates: _____

Surgery? Yes/No Dates: _____

Metastasized? Yes/No _Where? _____

Medications currently taking

Name: _____ Milligrams _____ How many per day? _____

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Are you ambulatory (able to walk)? _____

Are you eating? _____ How is your appetite? Good/Fair/Poor

Special dietary needs: _____

Do you require assistance in eating, bathing, and/or using bathroom facilities?

Please explain: _____

Will a family member accompany you? _____

Can they assist where needed? _____

Is there anything else you think we should know to accommodate your needs during your treatment period: _____

When would you like to arrive? _____

You may mail your completed questionnaire to 619-427-3008. You may also mail it to: Sunray Marketing Group, 1229 Third Avenue, Suite D, Chula Vista, CA 91911. If you have questions or need assistance, please call 800-359-6547