

# Fiasconaro & Fiasconaro M.D. , P.C.

7502,Colonial Road  
Bay Ridge,Brooklyn  
718.748.8484  
718.630.5770  
www.drfrasconaro.com

## **Making an Appointment at Fiasconaro & Fiasconaro, M.D. , P.C.**

### **Office Hours**

Monday - Dr. Gary Fiasconaro 12PM to 6PM  
Tuesday - Pregnant Patients Only 12PM to 6PM  
Wednesday - New Patients Only 12PM to 6PM  
Thursday - Dr. Santo Fiasconaro 12PM to 6PM

### **When You Call for Your First Appointment**

Please provide our staff with the following information:

- Full Name
- Telephone numbers (home, work and cellular)
- Name of your referring physician (if you have one)
- Insurance information (please indicate if HMO or PPO plan)

### **Financial information**

#### **What Insurances do you accept?**

If your Insurance company is not listed, you may check with our Office Staff (Monday through Thursday Noon-6PM) Some Insurance carriers listed here have special requirements, you may check with our Office Staff for these restrictions.

BlueChoice	Cigna
GHI	HIP
Magnacare	Medicare NY Hospital Health Plan
Oxford*	PHS
United Healthcare	1199

**\* PLEASE CALL OXFORD TO REGISTER ONE DOCTOR AS YOUR OB/GYN**  
FOR DR.GARY FIASCONARO REFERENCE # : P926280  
FOR DR.SANTO FIASCONARO REFERENCE # : P2103376

#### **PLEASE TYPE YOUR PATIENT ID # HERE:**

If you are a Patient and do not know your Patient ID #, please call the office at 748-8484 or 630-5770 Monday through Thursday 11AM-6PM and ask any Staff member for your ID #.

## Directions to the Fiasconaro & Fiasconaro, M.D. , P.C.

7502,Colonial Road  
Bay Ridge,Brooklyn

### By train:

You may take the R train to 77th Street and 4th Avenue Station. We are located just 4 blocks west or a 4 block bus ride.

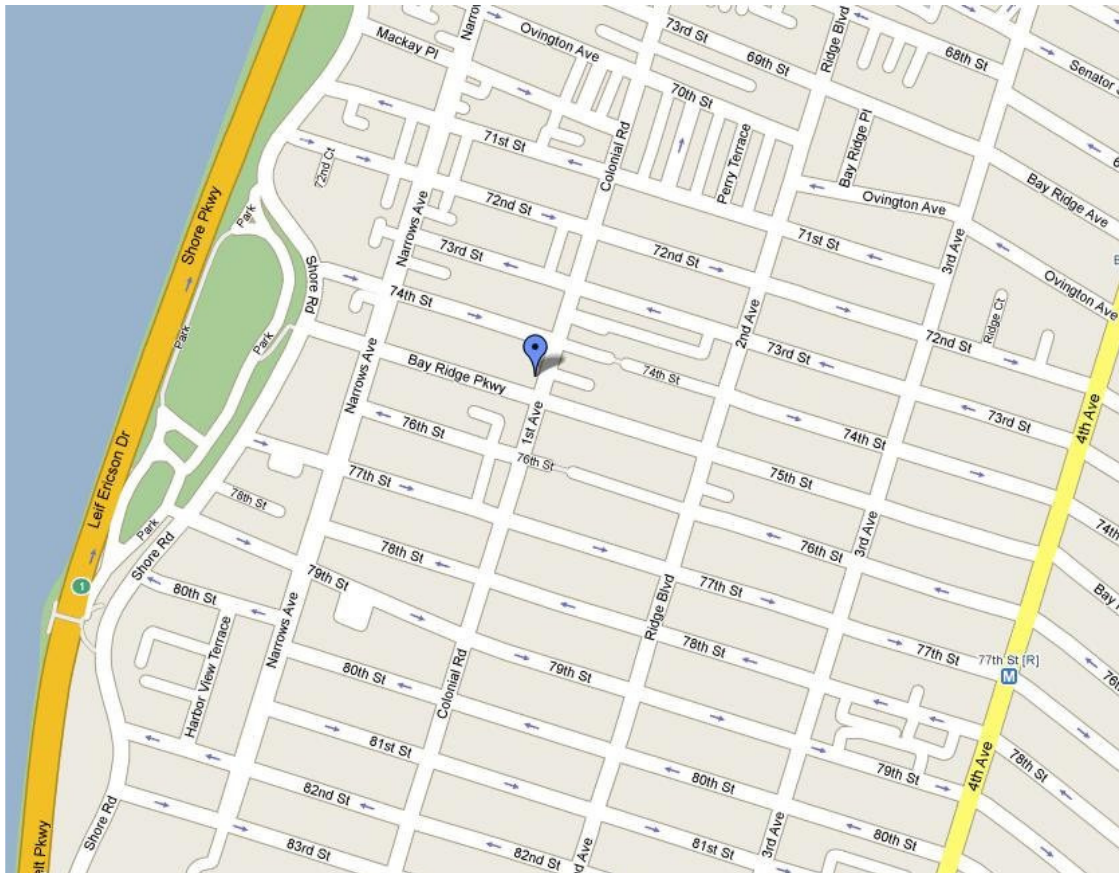
### By bus:

You may take the B-4 bus to 77th Street & Colonial Road, then a short walk to Bay Ridge Parkway (75th Street).

**From Long Island**, we are located just off the westbound Belt parkway at the 68-69th Street exit. make a right at the first exit ramp onto Colonial Road and proceed 7 Blocks to Bay Ridge Parkway (75th Street).

**From Manhattan**, we are located just off the eastbound Belt Parkway at the 68-69th Street exit. Make a right at the first exit ramp onto Ridge Blvd and proceed 7 Blocks to Bay Ridge Parkway (75th Street) then make a right for one block to Colonial Road.

**From Staten Island & New Jersey**, we are located just off the Giowanis Parkway (278) at the Fort Hamilton exit. Make a left at the second light onto Bay Ridge Parkway (75th Street) and proceed 7 Blocks to Colonial Road.



Fiasconaro & Fiasconaro, M.D. P.C.  
New Patient --- First Visit

Copay \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referred By: \_\_\_\_\_

Email address (Required): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Allergy: If NO ALLERGIES write NONE: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone & EXTN: ( \_\_\_\_\_ ) \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

**IF YOU ARE INSURED AT YOUR EMPLOYMENT, THEN THIS IS YOUR PRIMARY INSURANCE  
IF INSURANCE IS NOT BY YOUR EMPLOYER, PLEASE SUPPLY THE FOLLOWING:**

Insured's Name: \_\_\_\_\_

Address: if different from above: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

Secondary Coverage: \_\_\_\_\_

I authorize Fiasconaro & Fiasconaro M.D. P.C., to furnish information to my insurance carrier(s) concerning my illness and treatments and assign benefits directly to them. I am responsible for any amount not covered. I also understand that all information about my past, present & future conditions is considered PROTECTED HEALTH INFORMATION. I will allow you to discuss my condition only with: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

**PLEASE, MAKE SURE TO BRING YOUR CURRENT INSURANCE CARD TO EACH VISIT**

YOUR AGE: \_\_\_\_\_ REASON FOR VISIT: \_\_\_\_\_  
LAST PERIOD: \_\_\_\_\_ LAST PAP: \_\_\_\_\_

**GENERAL**

HIGH BLOOD PRESSURE	YES	NO
DIABETES	YES	NO
ANEMIA	YES	NO
LOSS-OF WEIGHT	YES	NO
CHANGE IN BOWELS	YES	NO
RECTAL BLEEDING	YES	NO
BACK PAIN	YES	NO
SEIZURES	YES	NO
CLOTS in LEG or LUNGS	YES	NO
DEPRESSION	YES	NO
ANXIETY	YES	NO

MEDICATIONS \_\_\_\_\_

**HEART & LUNGS**

PALPITATIONS	YES	NO
MITRAL VALVE PROLAPSE	YES	NO
SHORTNESS OF BREATH	YES	NO
SMOKER	YES	NO
ASTHMATIC	YES	NO

MEDICATIONS \_\_\_\_\_

**BREAST**

BREAST PAIN	YES	NO
BREAST LUMP	YES	NO
BREAST DISCHARGE	YES	NO

**EYES**

GLAUCOMA	YES	NO
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**HEAD & NECK**

MIGRANES	YES	NO
NOSE BLEEDS	YES	NO
THYROID PROBLEMS	YES	NO

MEDICATIONS \_\_\_\_\_

**OTHER:** \_\_\_\_\_

