Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology - Neurology

Helpful information for you:

- Please arrive 15 minutes before your appointment.
- New patients must give a verbal confirmation the day before their appointment by 12:00 noon or it will be canceled. If your appointment is scheduled for Monday, please call by 12:00 noon on Thursday – (830) 895-7675 extension 111 or 100. Our office hours are Monday – Thursday, 8:00a.m.-6:00p.m.; closed on Friday.
- We discuss all test results generally in person at your follow-up appointment and occasionally over the telephone. Should your test results require immediate attention we will find you!
- If you have a question for us, please try email communication first. It is a more efficient way for us to communicate than a telephone call. If you do not have a computer or email, you may call us.
- Please call your pharmacy for a refill of your medications. Your pharmacy will contact us.
- We do not call and confirm follow-up appointments. We would like for you to be invested in your healthcare.

Our email addresses:

Front Office:	Mary Williams:	pmamarwil@gmail.com
	Monica Moreno:	pmamonmor@gmail.com
Nursing:	Tember Davis LVN, Nurse Manager:	pmatemdav@gmail.com
	Lisa Stevens LVN:	pmalisste@gmail.com
	Beth Arbaugh RN:	pmabetarb@gmail.com
	Londin Fenner LVN:	pmalonfen@gmail.com
	Hettie McPhail, Special Procedures Assistant (EEG, VNG, ESTIM):	pmahetmcp@gmail.com
Billing:	Mary Miller, Office & Billing Manager:	pmamarmil@gmail.co
	Amy Garces, Billing and Special Procedures Assistant (EMG):	pmaamygar@gmail.com
	Mindy Gray, Special Projects:	pmamingra@gmail.com

If you have a problem or frustration regarding any issue with this office, please email us at: feedbackpma@gmail.com. This email is opened Monday – Thursday 3 times daily. Please do not use this email address for medical emergencies. If you still have problems with the office, please email me as a last resort.

Thank you,
Anand Mehendale MD
pmaanameh@gmail.com

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology - Neurology

Please read, sign and date:

Co-payment is expected at the time of service. If your deductible has not been satisfied, payment in full will be required at time of service. We accept cash, personal check, and money orders, Visa or MasterCard. I authorize payment directly to Phoenix Medical Associates – Dr. Mehendale, for all medical benefits otherwise payable to me under the terms of my insurance. I understand that I will be financially responsible for any charges not covered by my insurance.

Authorization to Release Medical Information:

I authorize Phoenix Medical Associates – Dr. Mehendale, to release medical records of my diagnosis and treatment to the appropriate insurance company as necessary for processing insurance claims.

NAME – PLEASE PRINT	DATE
SIGNATURE	DATE

Phoenix Medical Associates

ANAND MEHENDALE M.D.

Diplomate, American Board of Psychiatry & Neurology – Neurology

Patient Demographic
(Please Print)

Name _____ **Date of Birth** _____

Social Security Number _____

Telephone Numbers:

Home:
Work:
Mobile 1:
Mobile 2:
Fax:
Emergency Friend's Name and Home Phone Number:
Emergency Friend's Mobile:
Other (Please Specify):

Mailing Address:	
Email Address:	
Insurance 1: **Insurance 2:**	

Please fill out completely.
Bring this form with you, along with your insurance cards to your appointment.
Plan to arrive 15 minutes early and bring all medication with you.

Appointment Date _____ **Time** _____

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology ~ Neurology

Patient Information for Adult Neurology
(Please Print)

Last Name First Middle	DOB	Sex: M F	Today 's date
Mailing Address	City	State	Zip
Email Address		Marital Status	
Work Phone ( )	Home Phone ( )	Cell Phone ( )	Social Security Number
Your Race - Circle One:* Caucasian African-American Asian Other Decline	Your Ethnicity - Circle One* Hispanic Non-Hispanic Decline		

***Now required by your Federal Government!**

Employment Information

Patient's Employer		Employer's Phone Number	
Address	City	State	Zip

Insurance Information

Name of Insurance (Primary)	Insurance ID Number		Group Number
Address	City	State Zip	Phone Number
Name of Policyholder	Policyholder's Social Security #		Policyholder's Date of Birth
Relationship to Policyholder			
Name of Insurance (Secondary)	Insurance ID Number		Group Number
Address	City	State Zip	Phone Number
Name of Policyholder	Policyholder's Social Security #		Policyholder's Date of Birth
Relationship to Policyholder			

.

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology ~ Neurology
222 Sidney Baker Street South Suite 500, Kerrville, Texas 78028 Phone: 830-895-7675 Fax: 830-896-9340
E-mail: pmaanameh@gmail.com

Phoenix Medical Associates Financial Policy

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Co-payments are due at the time services are rendered. We accept cash, checks, MasterCard or Visa. As a courtesy to our patients, the staff will file your insurance claim for you. Any reimbursements that are due to the patient will be sent directly to them in a timely manner.

Please understand that,

- Your insurance is a contract between you, your employer, and your insurance company. We are not a party to that contract.
- Our fees are generally considered to fall within the acceptable range by most companies, and therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) or the "U.C.R.". The "U.C.R." is defined as usual, customary and reasonable. This statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, which bear no relationship to the current standard and cost of care in this area.
- Phoenix Medical Associates has only one fee schedule. These fees will be discounted based on existing Federal and State laws, and contracts entered between Phoenix Medical Associates and insurance companies and patients.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. It is the responsibility of the patient to know their policy limitations and guidelines.
- We must emphasize that, as medical care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. For this reason, we have a Payment Plan Contract that should make payment of your account easier for you.

If you have any questions regarding this policy, please do not hesitate to ask us. We are here to help.

Sincerely,
Phoenix Medical Associates

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology - Neurology
222 Sidney Baker Street South Suite 500, Kerrville, Texas 78028 Phone: 830-895-7675 Fax: 830-896-9340
E-mail: pmaanameh@gmail.com

Phoenix Medical Associates Financial Policy

Patient Name:_____

Patient Social Security Number:_____

Patient Date of Birth:_____

All co-payments are due at the time services are rendered unless arrangements have been made with the billing department prior to my appointment.

It is my responsibility to make sure Phoenix Medical Associates has my current and accurate insurance information at every office visit.

My account at Phoenix Medical Associates is my financial responsibility and that billing my insurance is a courtesy.

If for any reason your account goes to collections you will be responsible for any expenses incurred as a result of sending your account to collections.

If I do not have my insurance information or Medicaid card with me, it is my responsibility to pay for the services rendered on that day the services are rendered.

Date:_____

I have read the Phoenix Medical Associates Financial Policy. I agree and understand the above-listed terms and those listed in the Phoenix Medical Associates Financial Policy.

_____ _____

Patient's Signature Patient's Printed Name

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology - Neurology
222 Sidney Baker Street South Suite 500, Kerrville, Texas 78028 Phone: 830-895-7675 Fax: 830-896-9340
E-mail: pmaanameh@gmail.com

Notice of Privacy
Phoenix Medical Associates

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive.

This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this document.

A. Treatment, Payment, Health Care Operations

Treatment
We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this practice is a specialist. When we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions as needed.

Payment
We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. That form will contain medical information, such as a description of the medical services provided to you, that your insurer or HMO need to approve payment to us.

Health Care Operations
We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, “we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.” We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Worker's Compensation
We may disclose your medical information as required by Worker's Compensation Law.

Inmates
If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President
We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, or authorized government officials or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners and Funeral Directors
When a research project and its privacy protections have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased person or a cause of death. Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his or her duties.

Required by Law
We may release your medical information when the disclosure is required by law.

B. Disclosures That Can Be Made Without Your Authorization

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization.

Public Health, Abuse or Neglect, and Health Oversight
We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about the disease, vital statistics (like births and deaths), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

Because Texas law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law also requires a person having cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation to report the information to the state, and HIPAA privacy regulations permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement
We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided:

- The information is released pursuant to legal processes, such as a warrant or subpoena;
- The information pertains to a victim of crime and you are incapacitated;
- The information pertains to a person who has died under circumstances that may be related to criminal conduct;
- The information is about a victim of crime and we are unable to obtain the person's agreement;
- The information is released because of a crime that has occurred on these premises; or
- The information is released to locate a fugitive, missing person or suspect.

C. Your Rights Under Federal Law

The U.S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights.

Requested Restrictions
You may request that we limit disclosure to family members, other relatives or close personal friends who may or may not be involved in your care.

To request a restriction, submit the following in writing: (a) the information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, the disclosure of information, or both), and (c) to whom the limits apply. Please send the request to the address and person listed at the end of this document.

Receiving Confidential Communications by Alternative Means
You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information
You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing. Please send your request to the person listed at the end of this document.

We may ask that a narrative of that information be provided rather than copies. However, if you do not agree to our request, we will provide copies.

We can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons:

- The information is psychotherapy notes.
- The information reveals the identity of a person who provided information under a promise of confidentiality.
- The information is subject to the Clinical Laboratory Improvements Amendments of 1988.
- The information has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we arrange for a review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the prior decision to deny access.

Texas law requires us to be ready to provide copies or a narrative within 15 days of your request. We will inform you when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost-based fee.

Amendment of Medical Information
You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed at the end of this document.

We will respond within 60 days of your request. We may refuse to allow an amendment for the following reasons:

- The information wasn't created by this practice or the physicians in this practice.
- The information is not part of the designated record set.
- The information is not available for inspection because of an appropriate denial.
- The information is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment, we will inform you in writing.

If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we now have the incorrect information.

Accounting of Certain Disclosures

HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or our representative. Please submit any request for an accounting to the person at the end of this document. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period, we are permitted to charge for the cost of providing the list. If there is a charge, we will notify you and you may choose to withdraw or modify your request *before* any costs are incurred.

D. Appointment Reminders, Treatment Alternatives, and Other Benefits

We may contact you (by telephone, mail or both) to provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

E. Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government.

F. Our Promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

G. Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Mary Miller
222 Sidney Baker Street South, Suite 500
Kerrville, Texas 78028
(830) 895-7675 ext. 234
(830) 896-9340 fax

NOTICE: The Office of the General Counsel of the Texas Medical Association provides this information with the express understanding that: 1) no attorney-client relationship exists; 2) neither TMA nor its attorneys are engaged in providing legal advice, and 3) that the information is of a general character. You should not rely on this information when dealing with personal legal matters; rather legal advice from retained legal counsel should be sought.

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology – Neurology
222 Sidney Baker Street South Suite 500, Kerrville, Texas 78028 Phone: 830-895-7675 Fax: 830-896-9340
E-mail: pmaanameh@gmail.com

Important Notice to Our Patients

- You are being evaluated for a neurological dysfunction. During the course of the diagnostic workup, we may be ordering several tests such as MRI scans, EEG (brain wave test), EMG (nerve and muscle test), VNG (dizziness/balance test), ultrasound, lumbar puncture (spinal tap), blood tests, etc. The specialty of Neurology is a bit different from other specialties. A neurologist has to put together results of all of these tests and then formulate a diagnosis and treatment plan. **Since each test by itself is generally not diagnostic, we will not be calling you after the completion of each test to go over the results.** This is probably unlike what you are used to with other physicians. There are, however, rare exceptions when a test requires immediate intervention, and only on those rare occasions we will contact you to suggest an urgent treatment. You will be scheduled for a follow-up appointment after all of the testing is completed to go thoroughly over the results of these tests, possible diagnosis and treatment plan. You will be given ample opportunity to ask questions at that time. We strongly encourage you to bring a family member with you, so they also understand your condition.

- There is a shortage of medical specialists and it is becoming increasingly difficult to manage patients who have Medicare insurance due to a variety of factors. Therefore, we have instituted new measures that will ensure that patients in Kerrville get the best possible neurological care while reducing the cost of healthcare. New patients will be seen promptly and after the initial visit, tests will be ordered if clinically necessary. After securing a diagnosis, a treatment plan will be instituted. Once the patient is neurologically stable, patients will be discharged from our care to patient's primary care physician for ongoing management. Dr. Mehendale will be available to the patient's primary care physician to answer any questions that come up. If the primary care physician feels that the patient should be seen, they will be seen promptly in our office. In select circumstances, some patients with certain neurological conditions will be followed by Dr. Mehendale. Please understand that this is an outpatient neurology practice. Dr. Mehendale does not take calls after hours. If you have a medical emergency, please call 911 or go to the nearest emergency room. Local emergency rooms have the ability to get in touch with Dr. Mehendale.

- Dr. Mehendale feels that narcotic pain medications and certain controlled substances are over-utilized in our country. As a general rule, Dr. Mehendale will not prescribe narcotic medications on a long-term basis.

- It is necessary for you to keep your follow-up appointments for proper medical care. We do not call and confirm appointments. If you fail to keep your follow-up appointment, Dr. Mehendale may terminate the physician-patient relationship and may not refill your medications.

I have read and understand the above notice.

Patient Signature and Date_____

Witness Signature and Date_____

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology – Neurology
222 Sidney Baker Street South Suite 500, Kerrville, Texas 78028 Phone: 830-895-7675 Fax: 830-896-9340
E-mail: pmaanameh@gmail.com

Acknowledgment of Review of Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

_____

Printed Patient Name

_____

Signature of Patient or Responsible Guardian

_____

Date

_____

Signature of Authorized Personnel

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology - Neurology

New Patient Information
General (Adult)

Patient Name:_____ Date:_____

Names(s) of person(s) we may discuss your medical condition with:_____

_____

Name(s) of person(s) we may discuss your financial information with:_____

_____

Which forms of communication do you prefer? Telephone Mail

In case of emergency, contact:_____ Phone:_____

Name of Spouse:_____ Spouse's Work #_____

Nearest Relative not living with you:_____

Primary Care Physician:_____

Primary Dentist:_____

Referred by:_____

Who is responsible for this bill?_____
(The Patient is Responsible Unless a Minor Child)

I will be paying by: Cash Check Credit Card

Reason for this visit:_____

_____

_____

Assignment: I ASSIGN AND REQUEST PAYMENT OF ANY MEDICAL BENEFITS FOR THE SERVICES PROVIDED BY Phoenix Medical Associates DIRECTLY TO THE PHYSICIAN. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.

Release: I AUTHORIZE Phoenix Medical Associates TO RELEASE ANY INFORMATION NECESSARY TO PROCESS MY INSURANCE CLAIM. I ALSO AUTHORIZE THE PHYSICIAN TO INITIATE A COMPLAINT TO THE INSURANCE COMPANY.

I UNDERSTAND AND AGREE THAT REGARDLESS OF MY INSURANCE STATUS, I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE OF MY ACCOUNT FOR ANY PROFESSIONAL SERVICES RENDERED. ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT. A PHOTOCOPY OF THIS DOCUMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.
SIGNATURE OF RESPONSIBLE PARTY:_____

SIGNATURE OF POLICYHOLDER:_____

WITNESS_____ DATE:_____

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology - Neurology

Medical History

Patient Name:_____

Allergy to Medications (List)

_____

_____

Medical Illnesses

	Yes	No	Describe
Cancer			
Diabetes			
High Blood Pressure			
Cholesterol/Lipid Problem			
Thyroid Problem			
Heart Disease			
Stroke			
Epilepsy			
Head Injury			
Parkinson's Disease			
Alzheimer's Disease			
Neuropathy			
Chronic Pain			
Others Not Listed			

Do You Have Any Of The Following Devices?

	Yes	No
Pacemaker		
Deep Brain Stimulator		
Spinal Cord Stimulator		
Vagal Nerve Stimulator		
Artificial Joint(s)		
Spinal Column Plate, Screws, Rods		
Aneurysm Clips		

Prescription Medications You Take

Medication Name	Dose (Mg Strength)	How Often In A Day?

Over-The-Counter Medications

Surgeries (List)

Social History

	Describe
Marital Status	
Children (Number, Ages)	
Highest Educational Degree	
Occupation	
Exercise History	
Diet	
Alcohol Use	
Drug Use	
Tobacco Use	

Family History

	Yes	No	Describe
Cancer			
Diabetes			
High Blood Pressure			
Alcohol/Drug Abuse			
Heart Disease			
Depression			
Bipolar Disorder			
Epilepsy			
Alzheimer's			
Parkinson's			
Migraines			
Stroke			
Others Not Listed			

Any Other Information That I Should Know:

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology - Neurology

Review of Systems

Patient Name:_____**Date:**_____

	Yes	No		Yes	No
• **Constitutional**			• **Endocrine**		
Weight Change			Diabetes		
Fever			Hormone Treatment		
Sweats					
Fatigue			• **Breast/Genital**		
Sex Drive Difficulties			Breast Lump(s)		
			Genital Infections		
• **Eyes**					
Double Vision			• **Urinary System**		
Decreased Vision			Incontinence		
			Hesitancy		
• **Ear, Nose, Throat**					
Dizziness			• **Skin**		
Loss of Hearing			Rashes		
			Cancers		
• **Respiratory**					
Chronic Cough			• **Neurologic**		
Shortness of Breath			Headache		
			Weakness		
• **Cardiovascular**			Numbness		
Chest Pain			Seizures		
Palpitations			Back Pain		
Uncontrolled Blood Pressure			Coordination Problems		
Leg Pain After Exertion			Speech Difficulty		
			Swallowing Problems		
• **Gastrointestinal**			Walking Difficulty		
Reflux					
Hepatitis			• **Psychiatric**		
Diarrhea			Depression		
Constipation			Anxiety		
			Mood Swings		
• **Musculoskeletal**			Hallucinations		
Joint Pain			Memory Problems		
Swelling					

Phoenix Medical Associates
ANAND MEHENDALE M.D.
Diplomate, American Board of Psychiatry & Neurology ~ Neurology

Physicians and Hospitals That Have Your Medical Records

Physician Name:____

Address:____

Telephone Number:____

Fax Number:____

Email:____

Physician Name:____

Address:____

Telephone Number:____

Fax Number:____

Email:____

Physician Name:____

Address:____

Telephone Number:____

Fax Number:____

Email:____

Physician Name:____

Address:____

Telephone Number:____

Fax Number:____

Email:____