

**STEVEN S. ISONO, M.D.**  
**MEDICAL – LEGAL INTAKE FORM**  
311 Oak Street, #113  
Oakland, CA 94607  
Phone: (510) 844-4545 / Fax: (510) 208-3291

Appointment Date _____	Today's Date _____
Appointment Time _____	Type of Exam _____
Requested by: APP DEF INS.CARRIER	
*****	
Patient Name _____	SSN _____
Address _____	DOB _____
City/State/Zip _____	
Phone _____	
Applicant Attorney _____	
Address _____	
City/State/Zip _____	
Phone _____	Fax _____
Defense Attorney _____	
Address _____	
City/State/Zip _____	
Phone _____	Fax _____
Employer _____	
Insurance Carrier _____	Adjuster _____
Address _____	
City/State/Zip _____	
Phone _____	Fax _____
*****	
Date of Injury _____	
Claim _____	WCAB _____

Body Part(s) to be examined \_\_\_\_\_

***IMPORTANT NOTES/ OFFICE POLICIES***

1. **All intake forms must be TYPED.** Intake forms that are not typed and/or incomplete forms will delay the scheduling of an appointment (signature & date required).
2. Please note that we request one month notice for cancellations. There is a \$400 cancellation fee if cancellations are not made within one month of the appointment. All fees are due prior to rescheduling (No exceptions). Once all fees are paid in full, you will then need to re-fax the intake form.
3. It is mandatory that patients arrive 15-30 minutes prior to the actual time of their appointment in order to complete the necessary forms.
4. Please indicate whether the medical records are to be returned or discarded after the appointment. The costs of returning the medical records will be the responsibility of your office. Thank you.

***MEDICAL RECORDS POLICY:***

***Medical records must be received one month prior to the exam. If we have not received the medical records one month prior to the exam, the APPOINTMENT WILL BE CANCELLED, AND A \$400.00 CANCELLATION FEE WILL BE APPLIED. Once the \$400.00 cancellation fee is paid in full, you will then need to fax a new intake form to reschedule to the next available date.***

***\* By my signature below I accept these policies.***

\_\_\_\_\_  
Signature (print name)

\_\_\_\_\_  
Date (REV. 12/18)