

Dean Chou, MD.
Chief, Division of Spine Surgery
Professor and Vice Chair of Neurosurgery
Columbia University/The Och Spine Hospital

Name: _____

Date of birth: _____

Best contact phone number: _____

Do you already have a Columbia/NYP medical record number? Yes__ No__ Not sure__

We thank you for your interest in seeing Dr. Dean Chou for your spinal condition. To **assess if Dr. Chou is the right doctor for you**, please 1) answer the questions below and 2) include a copy of your MRI report of the region of interest. Please fax, mail, or send via Mychart/Epic both items to his office to review:

1. Reason for Visit (symptom/chief complaint):
2. Diagnosis (if known):
3. Medications currently taken for the diagnosis (if any):
4. List all non-operative treatments (e.g. Physical therapy, injections, none):
5. Referring physician (enter "self" if self-referred):
6. Referring physician fax number:
7. Primary care physician (PCP) name:
8. PCP phone number and PCP FAX number:
9. Primary Insurance Carrier and number:
10. Secondary Insurance Carrier and number:
11. Are you in litigation or pending litigation regarding this condition?

Please fax to fax number below, mail to address below, or upload to deanchoumd.com or to Epic/MyChart

Mailing Address: Dean Chou's Office, 5141 Broadway, 3FW-028 New York, NY 10034

Phone Number: (212) 305-6987

Fax Number: (212) 342-6850

deanchoumd.com

Ambra: https://nyp-columbia.ambrahealth.com/share/outside_studies