THE STERNBERG CLINIC
surgeons who listen

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New-Pilonidal Patient Questionnaire

If you are a new patient and live outside of the San Francisco Bay Area, please fill out the form below and email it to our staff at the Sternberg Clinic Sternberg info@thesternbergclinic.com prior to making an appointment with Dr. Jeffrey Sternberg. This will provide our team with a concise history of your Pilonidal Disease story. Sending this well in advance of your visit gives our team adequate time to understand your case and make the most of your visit to our San Francisco medical clinic.

Physical Exam: If you have any significant medical issues (e.g. Asthma, high blood pressure, heart issues, kidney issues, obesity, diabetes....) you should have a history and physical exam from your local primary doctor prior to traveling to San Francisco but within one month of your scheduled surgery. Dr. Sternberg's office will assist your medical clearance if needed.

Name ____________________________ **Nickname** ___________ **Preferred Pronouns** ____________

Personal Information and Contact Information:

How Old Are You? _____ years old Date of birth: _____________

Where do you live: ____

Home Address (associated with your insurance card):

____

____

Cell Phone Number: _________________________________

Email Address: ______________________________________

Your Travel Companion:

Name: __________________________________ Relationship: ___________________

Cell Phone Number: ___________________________

Primary Care Physician or Pediatrician:

Physician's Name: ____

Address: ____

Phone Number: ____

Questions about your pilonidal problem:

When did you first notice the condition? ________year(s) __________ montyh(s) ago

Have you required any office or emergency room drainage procedures? ___ NO ___ YES

If, "Yes" how many times? ________________

Has your Pilonidal Disease required operations in an operating room? ___ NO ___ YES

If, "Yes" how many times? __________

Please List your Pilonidal operations:

1. Date: _______________, location: _______________________, Surgeon: __________________

2. Date: _______________, location: _______________________, Surgeon: __________________

3. Date: _______________, location: _______________________, Surgeon: __________________

Did you find us on your own? Y/N

What search terms did you use? ____

Did someone refer you to the Sternberg Clinic? ___________________________

Have you required wound care? Y/N For how long: ______ Months

Have you ever had a 'Wound Vac'? ___ NO ___ YES If yes, For how long? _______ Months

IMPORTANT: Have you been on more than one course of antibiotics in the last year for your pilonidal problem? ___ NO ___ YES

If yes, do you have an open or persistently draining wound? ____ NO ____ YES

If yes, you may need to have a bacterial culture with sensitivities of the wound performed (within two months of your scheduled surgery) and sent to us at least two weeks before your trip. We will let you know.

Additional Medical Information:

Please list any medical conditions you have:

Please list any other operations you have had unrelated to your Pilonidal Disease:

Please list any medications that you take regularly:

Please list any allergies you may have:

Please list your accurate height and weight: No cheating, please. Accuracy is essential. If you're your BMI is close to or greater than 40 you will be required to lose weight prior to travel for surgery. Here's a link to a BMI calculator.

Height: ___________ ft/in Weight: ____________ lbs. BMI: __________

In addition to this form, please include a photo of the front and back of your Insurance Card

Also include TWO PHOTOS of your bottom taken by someone who can see your Pilonidal Disease wound clearly. (Yes, another person: no cheating.) It's impossible for you to take adequate photos on your own. For instructions on how to take the proper photos please click here.

Please email this form to info@thesternbergclinic.com. In the subject line please include your name and the words "new patient inquiry". Our email is HIPAA-compliant.