PATIENT OVERVIEW & CLINIC GUIDELINES

Today's Date: / / When would you like your First Appt?					
NAME:		, , , , , , , , , , , , , , , , , , , ,		Birthdate: / /	
	Last	First	M. I.		
Age:	Sex: 🗆 F 🗆 M	How did you hear a	bout this clinic?		
Describe briefly your present symptoms:					
CURRENT MEDICATIONS					
Drug allergies: ☐ No ☐ Yes To what?					
Please list any medications that you are now taking:					
Name of drug					
1.					
3.					
4.					
5.					
Clinic Guidelines					
Must take medication as prescribed at all times.					
	 Running out of medication early will result in the possibility of suffering withdrawals from some medications. 				
•	No extra refills are given in between appointments.				
•	Patients must safe guard their medications. A lock-box or safe maybe necessary to protect medications.				
•	• Even though medications can be beneficial there are always the possibility of side-effects and health risks.				
•	Provide honest and truthful information at all times to the prescriber.				
•	• Telemedicine is not perfect, at times there maybe disruptions. Every effort will be made to reestablish the communication as soon as possible.				
That the regular abuse of drugs while on controlled prescriptions may result in discharge from the clinic.					
	 Patients maybe required to give Urine Drug Screens on request of the Prescriber and/or randomly. 				
Laboratory testing, (UDS and bloodwork) are done at Quest Diagnostic Service Centers at patient cost.					
	Payment for Services must be arraigned and processed prior to the actual appointment.				
	 An emergency that occurs 'after hours' (prior to 9am or after 5pm) should be fulfilled by an emergency facility 				
	or call 911 operator. All serious medical issues should immediately call 911 regardless of the hour.				
	If a patient has serious side effects they should stop the medication in question and call out office.				
	• Email is the best contact method, followed by text messages and phone calls (during business hours) All				
	communication methods will be a	nswered as quickly as	possible, even af	ter hours if needed.	
By signing I understand and agree to the above conditions while participating in the clinic					
Signatu	re (type name)		Dale		