NEW PATIENT

NAME _____ D.O.B._____

HT_____ WT_____ BP_____ HR_____ PAIN LEVEL(1/10)_____

WHO REFERRED_____

REASON REFERRED_____

MEDICATION: (NAME/DOSAGE)_____

_____

_____

_____

_____

_____

_____

_____

DRUG ALLERGIES:(MEDICATION/REACTION)_____

_____

_____

SURGERIES:(TYPE/DATE)_____

_____

_____

_____

_____

Email_____

RECORDS RECEIVED:_____YES _____NO

PATIENT UPDATE

Primary Care Doctor
Name/Address_____

Pharmacy(Name/Street/City)_____

Emergency Contact/Release of Information:(Name, Relationship,Phone)_____

_____

Patient Signature/Date_____

APPOINTMENT NOTICE

Due to the increasing number of patients who are not showing up for their scheduled appointments and/or cancelling and/or rescheduling with less than 24 hour notice, our office will now be charging a $25.00 fee if you fail to show up or fail to reschedule/cancel your appointment without a 24 hour notice.

By not calling in advance to reschedule or cancel your appointment or by just not showing up at all, you are taking up appointments that other patients may need and want. This issue is also one of the reasons that appointments are not available sooner than 1 to 2 months out.

Our office will be reminding patients of this policy change at the time of check out, by posting notices around the office and also by sending out warning letters the first time a patient breaks the policy. Repeat violations of this policy will result in a charge to you of $25.00 and your appointment will not be rescheduled until the fee is paid. Habitual repeat violations of this policy may result in dismissal from the practice.

Thank you for your cooperation in this matter. Please feel free to ask our office staff any questions you may have regarding this policy.

Print Name	Signature	Date