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ALL Ne		Name:
	w Patient Form	DOB: Health #
TILL		Address:
Medical Clinic		
Is there anything to update on t	he above label? No	Yes,
		one Cell Phone
		parated Smoking/Nicotine Status:  Somoking/Nicotine Status:  Somoking/Nicot
Previous Family Physician		
		yes, please print your email below: ontact me and transfer my health information through my email which I have
	(This will not be used to	(patient's email) o send spam or promotional items.)
	(This will not be used to	7 send spant of promotional items.)
My Past Medical History (Ast	:hma, Hypertension, Di	abetes etc.) Please include year of diagnosis, if possible.
History	Year History	Year History Year
losso indicato past surgorio	s and dates of screenin	g tests (colonoscopy, mammogram, cholesterol tests, PAPs or fecal tests(FIT
Surgery	<u>s</u> and dates of screening Year	
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		Medications
Medications  Do you have any <u>family history</u>		Medications  Heart Disease, etc?
Medications		Medications
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Medications  Do you have any <u>family history</u>		Medications  Heart Disease, etc?
Medications  Do you have any family histo  Health Issue	ory of Cancer, Diabetes,	Medications  Heart Disease, etc?  Relation (maternal or paternal relations)
Medications  Do you have any <u>family history</u>	ory of Cancer, Diabetes,	Medications  Heart Disease, etc?  Relation (maternal or paternal relations)

Do you have any allergies, Allergy Anything else you would like your healthcare team to know?

## **NO SHOW POLICY**

We try our best to support our community with availability to see a physician when they need it. To do this, we need the help of our community to ensure they cancel their appointments when they are no longer needed. Every time a patient fails to cancel their appointment a person in need is unable to see a physician at our office. To discourage this, we will be adjusting our no show policy.

As of May 1, 2022, established patients that do not cancel their appointments and do not show up will be charged \$20.00. A new patient or double-appointment that does not cancel and fails to show up for their meet and greet appointment will be charged a \$50.00 fee. These patients will not be rescheduled until this fee is paid.

We offer multiple options to cancel your appointment such as using the cancel appointment option on the reminder text/email that you receive the day before your appointment, calling and leaving a message on our 24 hour cancellation line at extension 1, or calling or dropping in to speak to reception.

Cancellation with less than 2 hours' notice will be considered a no show as we may not be able to accommodate another patient in this time frame.

A good patient – physician relationship is based on communication and understanding, and we understand that some circumstances are unavoidable where you cannot notify us with sufficient time. Please contact our office and we can assess on a case by case basis.

If you have any questions in regards to our no show policy, please ask a staff member and they will be able to clarify any concerns.