

**Family Tree Medical New Patient Request Form
(Complete one per family member please)**

We are NOT accepting new Medicaid as primary or secondary insurance

For: Dr. R. Troy Carlson, Brenda Nyenhuis, CFNP Eric Smith, CFNP Shelli Oesch, CFNP

Disclaimer: We are a Patient Centered Medical Home, which means you agree to be an active participant in your healthcare. Please read, sign, and return the attached Patient Provider Partnership with this form. If you do not agree with any part of our Partnership Agreement, please disregard filling out the rest of this form. Thank you.

Date: _____

Patient Name: _____ Date of Birth: _____

Person completing the form: _____

Patient's Address: _____

Patient's telephone/Alternate telephone: _____

Email address: _____

Primary Insurance: _____ Member I.D. number _____

Secondary Insurance: _____ Member I.D. number _____

Current Physician: _____

Reason for Transfer: _____

Do you have relatives seen in this practice? _____

Name: _____ Relationship: _____

Please list your daily medications: _____

Medical History (Circle): Diabetes Heart Disease High Cholesterol
Hypertension Anemia Other: _____

On the back of this form, please include the past 7 years of medical history you believe are integral to your health and include the specialists you see.

Depending on your medical concerns, you can expect to be seen within 60 days from acceptance into the practice. If you are accepted and the information on this form varies significantly from your medical records or insurance information. Family Tree Medical Associates reserves the right to decline you as a patient.

For office use only:
Accepted as a new patient? Yes No Dr. Initials/Date: _____

Schedule in 30 days 60 days Reason for No: _____ Response to Patient: _____

ATTENTION: It is important you review this information in its' entirety including review and signature of each of the patient responsibilities on the next page. **ALL PATIENTS WITH A CHRONIC CONDITION WILL BE SEEN AT A MINIMUM OF TWO TIMES PER YEAR.** If you are not willing to follow these guidelines then Family Tree Medical Associates is not a good fit.

The information you fill out on your new patient form, **MUST BE THOROUGH.** We need a complete medical record of your chronic conditions and medications. This includes all controlled substances used/prescribed. Not providing this information will result in non-acceptance to the practice.

Your new patient appointment (first appointment within the practice) is a time for you to interview the provider and learn more about our practice as well as review of the information you provided on the new patient form. We will discuss the medical history you have provided and additional concerns if time allows. Otherwise, you will be directed to schedule another appointment to address those concerns.

The Patient-Provider Partnership for Family Tree Medical Associates

The health and wellness of our patients is the top concern for Family Tree Medical Associates. Providing the best possible care to **every** patient is our primary goal. The only way we can meet this goal is if I, your provider (Doctor or Nurse Practitioner) and you the **BOSS OF YOUR HEALTH**, work together within our practice as well as with all your specialty providers. This is what it means to be a part of our Patient Centered Medical Home.

Provider (Doctor or Nurse Practitioner and Staff) Responsibilities:

- Explain diseases, treatments, and results in an easy to understand way
- Listen to your feelings and answer your questions to help you make decisions about your care
- Keep treatments, discussions, and records private
- Provide 24 hour access to medical care and same day appointments, whenever possible. You can reach the care team outside of office phone hours (M-Th 8:30am-4:30pm and Fri 8:30am-4pm) at 269-945-7497 Option 5.
- Provide instructions on how to meet your healthcare needs when the office is not open
- To care for you to the best of my abilities based on our understanding of current medical methods available and by staying up to date on my medical education
- Give you clear directions about medicines and other treatments
- Send you to trusted specialists through your medical neighborhood
- End every visit with clear instructions about expectations, treatment goals, and future plans
- We will contact you when you miss or cancel or don't show for an appointment. The contact could be by telephone, letter, e-mail, or electronic voice messaging system.
- We will respond to Prescription requests within 2 business days.

Patient Responsibilities (please initial next to each responsibility):

- _____ When a minor child (under 18 yrs) is being treated without the parent present a note will accompany the child or person bringing the child. Verbal Consent over the telephone will be accepted. He/she CANNOT be treated without this.
- _____ **You agree to comply with FTMA Standards of Care (see attached)**
- _____ Ask questions, share your feelings and be a part of your care in a respectful manner even when you are angry or upset
- _____ Be honest about your history, symptoms, and other important information about your health
- _____ Prepare for your appointment by getting all necessary labs done and writing down any questions you have
- _____ Talk with someone in the practice if you have anything (such as financial constraints, transportation issues, etc.) that keeps you from getting labs done, seeing a specialist, or keeping your appointments within this practice. Care Managers keep a Resource book for assisting Patients.
- _____ Call Family Tree Medical first with all problems, unless it is a medical emergency.
- _____ ***Avoid using the urgent care and Emergency Room during office hours***
- _____ If you do not understand something during your visit ASK UNTIL YOU HAVE A CLEAR UNDERSTANDING OF THE PLAN
- _____ Understand that you may receive multiple letters throughout the year reminding you of services you need. These are sent so we all stay in compliance to the National Quality Measures which are required by many insurance companies.
- _____ Failure to communicate with this office regarding your barriers, not following the treatment plan established with your care team, and/or not cancelling your appointments greater than 24 hours prior or not showing for your appointments may result in discharge from this practice. ANY FEE APPLIED FOR NOT SHOWING OR CANCELLING PRIOR TO 24 HOURS OF THE APPOINTMENT IS NOT PAYABLE BY ANY INSURANCE COMPANY.
- _____ Agree to follow the guidelines established in Financial Policy set up by FTMA. You will review the financial agreement regularly and be aware of the guidelines. Most importantly you contact this office with any financial barriers you are having. ALL aspects of the financial agreement apply even when someone else accompanies a minor child to the appointment.

By signing this I agree to follow the above responsibilities and I will share this agreement with the family members listed below. Signature

_____ **Date** _____

Family members this patient-provider agreement would also apply to (including spouse):

FAMILY TREE MEDICAL ASSOCIATES STANDARDS OF CARE

WELLNESS	AGE	STANDARD
Scheduled Immunizations		Per MCIR schedule unless waiver signed
Well Child	0-15 months	6 visits
Well Child/Well Visit	2-21 years	Yearly
Physical (No chronic conditions)	22-30	Minimum of every 3 years
Physical (No chronic conditions)	31-49	Minimum of every 2 years
Physical	50+	Yearly
Physical (on birth control/hormones)	Any age	Yearly
Chlamydia Screening	16-24	Yearly
Depression Screening	12+	Yearly
Lead Screening	Prior to age 2	1-time screening
Breast Cancer Screening	50-74	Minimum every 2 years; screening may begin earlier based on family history
Bone Density Screening	65+	Every 2 years; Screening may begin earlier based on fracture/risk factors
Colorectal Cancer Screening	50-80	Every 1-10 years based on type of screening
Cervical Cancer Screening	21-64	Every 3-5 years based on screening guidelines
Lung Cancer Screening (smoker)	55-80	Yearly low dose CT (Either current 30 pack year history or within last 15 years)
Abdominal Aortic Aneurysm Screening	65-75	1-time screening ultrasound in men who have ever smoked
Lab Orders-Based on Age and Chronic conditions		Yearly
CHRONIC CONDITIONS *ADD/ADHD *Depression and/or Anxiety *Diabetes *Heart Disease (High blood pressure, coronary artery disease, congestive heart failure, etc.) *High Cholesterol *Respiratory Condition (COPD, Asthma, etc.) *Other Chronic Condition		Minimum of 2 visits per year*
MISCELLANEOUS		
Change in medication(s)/Plan of Care		Follow up visit in 2 weeks to 3 months
Hospital discharge follow-up		Visit within 7 days of discharge

Standards based on Hedis Measures and United States Preventative Taskforce Guidelines

Please note these Standards of Care DO NOT imply coverage