



Patient Name _____ Date: _____

Provider you will be seeing: _____

PLEASE ARRIVE AT _____ FOR YOUR CHECK IN TIME

Appointment Date: _____

To assist us in providing the best care possible, we ask for your assistance in the following areas:

1. Please ask your referring provider to send any records, labs, radiology reports, etc. that may pertain to their referral.
2. Please show up **AT YOUR CHECK IN TIME** for your appointment so our front office staff will be able to check you in in a timely manner. **Patients that are more than 10 minutes late may be rescheduled to a later time or date.**
3. Please bring a list of your current medications, prescribed and over the counter.

Please bring your **Insurance Card, Copayment** and a **Photo ID**.

If you do not have Medical Insurance or CRMC Charity Care your **NEW PATIENT VISIT DEPOSIT IS \$180.00** and your **FOLLOW UP VISIT DEPOSIT IS \$120.00**. This is required at the time of service and is not the total cost of your appointment.

We look forward to seeing you soon. If you have any questions or need to reschedule your appointment, **please call the office at 307-638-7757**.

Thank you,

The Medical Specialty Clinic Staff

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Your Goals for Today's Visit:

1. _____
2. _____

Are you having any problems taking your medications as prescribed? No / Yes

If yes, why? Cost Side effects Ineffective Trouble remembering medications

Are you currently smoking? No / Yes

Any of these symptoms in the last month?

General:

- weight loss
- weight gain
- dizziness

Eyes:

- blurred vision
- loss of vision
- double vision

Ear/Nose/Throat:

- ear ringing
- hearing loss
- trouble swallowing
- trouble speaking

Lungs:

- shortness of breath
- use oxygen
- use CPAP or BIPAP

Musculoskeletal:

- neck pain
- back pain
- joint pain
- muscle aches

Cardiovascular:

- dizzy with standing
- high blood pressure
- swelling of feet

Digestive:

- diarrhea
- constipation
- nausea or vomiting

Neurologic:

- numbness/tingling
- weakness
- balance problems
- unsteady walking
- falls/nervous about concentration
- memory loss

Sleep:

- can't fall asleep
- can't stay asleep
- snoring
- sleep apnea
- acting out dreams
- restless legs

- daytime drowsiness

Mental Health:

- depression
- anxiety
- irritability

Endocrine:

- cold/heat intolerance
- diabetes

Skin/Blood:

- rash
- easy bleeding
- easy bruising

Urinary:

- urinary tract infection
- can't urinate
- incontinence (accidents)

Reproductive

- decreased libido
- pregnant/ planning pregnancy

Headaches: How many days of headache have you had in the last month? _____

How many days per month do you get a severe headache that limits your ability to function? _____

How many days in the past month did you take medication for a headache? _____

Seizures: When was your last seizure? _____ How many seizures have you had in the last month? _____

Have your seizures changed since your last visit? No / Yes If yes, how? _____

Have you had any injuries because of your seizures? _____



CANCELLATION AND MISSED APPOINTMENT/NO SHOW PROCEDURE

Dear Valued Patient,

Our goal is to provide timely quality medical care. No-Shows and late cancellations inconvenience those who need access to medical care in a timely manner. This policy enables us to better utilize available appointments for all our patients.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the medical needs of other patients, please be courteous and call the Medical Specialty Clinic promptly if you are unable to show up for an appointment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand and your early cancellation will give another person the possibility to have access to timely medical care.

HOW TO CANCEL YOUR APPOINTMENT

To cancel an appointment, please call (307) 638-7757. If you do not reach the receptionist, you may leave a detailed message on our voicemail. Please leave your name and phone number and we will return your call to give you the next available appointment time.

LATE CANCELLATION

A late cancellation is someone who does not cancel their appointment before 24 hours of their scheduled appointment time.

NO-SHOW PROCEDURE

A “no-show” is someone who fails to arrive for a scheduled appointment without cancelling the appointment prior to the scheduled time.

- First no show: There will be no charge
- Second no show: May result in a \$25 fee billed to your account
- Third no show: May result in an additional \$25 fee billed to your account and dismissal from our practice.

I have read and understand the Medical Specialty Clinic Cancellation and Missed Appointment/No Show Procedure.

Patient Printed Name

Date of Birth

Patient Signature

Today's Date

***The Medical Specialty Clinic values you as a patient and strives to provide you with excellent medical services!
Thank you for your support of this process.***