



# Brown Summit Family Medicine

*Partnering for exceptional care.*

TODAY'S DATE: \_\_\_\_\_

PATIENT INFORMATION:

PATIENTS NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ GENDER AT BIRTH:  M  F GENDER IDENTIFICATION:  M  F

RACE: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PATIENT SS# \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ CURRENT PRIMARY CARE: \_\_\_\_\_

EMPLOYER/ EMPLOYMENT STATUS: \_\_\_\_\_

Insurance: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Group number: \_\_\_\_\_

Subscriber Name/ Date of birth/ Relationship: \_\_\_\_\_

Select a Provider:

\_\_\_\_ Mary Beth Dixon PA-C \_\_\_\_ Leisa Tapia PA-C \_\_\_\_ Dr. Pickard \_\_\_\_ Dr. Durham

How did you hear about our practice? \_\_\_\_\_

Medication List (please list all current medications that you are using prescription, over the counter, vitamins, and any supplements also list dosages and how often medication is used):


Are you allergic to any medications? YES / NO

If yes, please list all of the medications that you are allergic to along with the reaction:

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**Social History:**

Tobacco Use: YES / NO Type: Cigarettes / Pipe / Cigars Packs per day: \_\_\_\_\_

Smokeless Tobacco Use: YES / NO Type: Snuff / Chew

Drug Use: YES / NO Number of times per week: \_\_\_\_\_ Types: \_\_\_\_\_

Alcohol Use: YES / NO Drinks per week: \_\_\_\_\_

**Personal Medical History:**

Allergies	YES / NO	Heart Murmur	YES / NO
Anemia	YES / NO	High Blood Pressure	YES / NO
Anxiety	YES / NO	High Cholesterol	YES / NO
Asthma	YES / NO	HIV/AIDS	YES / NO
Blood Transfusion	YES / NO	Kidney Disease	YES / NO
Cancer	YES / NO	Nerve/ Muscle Disease	YES / NO
Cataracts	YES / NO	Osteoporosis	YES / NO
Clotting Disorder	YES / NO	Seizures	YES / NO
Congestive Heart Failure	YES / NO	Sickle Cell Anemia	YES / NO
COPD	YES / NO	Stroke	YES / NO
Depression	YES / NO	Substance Abuse	YES / NO
Diabetes	YES / NO	Thyroid Disease	YES / NO
Emphysema	YES / NO	Tuberculosis	YES / NO
GERD	YES / NO	Ulcers	YES / NO
Glaucoma	YES / NO	Other: _____	YES / NO
Heart Attack	YES / NO	Other: _____	YES / NO

# **Office Protocol**

Please arrive **15 minutes prior** to your appointment time, to allow time for check in.

Please bring the following with you to each of your visits:

- Insurance Card
- Photo ID
- Prescription medicine bottles and over the counter medications you take
- Copay
- Immunization Records

Please review all our office policies and sign at the bottom of this page. We will provide you with a copy of these forms to keep when you arrive for your first office visit.

## **Appointments**

We ask that you allow plenty of time to get to our office for your appointments. If you arrive more than 15 minutes late for your appointment, then we will have to reschedule. We will strive to stay on time. From time to time, a patient emergency arises and we may be running late for your visit. You may wait or have the option to re-schedule your visit. We will keep you informed of how long of a delay you may experience. We offer daily sick visit appointments for those unexpected acute illnesses. We ask that you call our office as early as possible for same day appointments. These spots fill quickly and are by availability only.

## **Missed Appointments**

If you no-show for a new patient appointment, you may not be rescheduled. If you have three no-show appointments in a year, you may be discharged from the practice. We understand that appointments sometimes need to be changed, so we ask that you call 24 hours in advance to cancel/re-schedule your appointment. If any emergency arises and you cannot make it to your appointment please give at least 4 hours' notice or you may be charged for a no show visit.

## **Copays**

All copays and past due balances are expected at time of service, unless a prior agreement has been made with our office. You are financially responsible for any services not covered by your insurance.

## **Prescription Refills**

For refills on your prescriptions, you must contact your pharmacy first. Your pharmacy will then contact us electronically for the refill request. We will not refill prescriptions without this request. Please allow us 48 hours to refill your prescriptions. We will not refill any medications after office hours or on weekends.

**Brown Summit Family Medicine does not offer chronic pain management and will generally not dispense chronic pain medications, such as daily narcotics. We will provide you with a referral to a pain management center if you need this specialized form of care after evaluation by our providers. We reserve the right to obtain any information from the North Carolina and Virginia Controlled Substance Reporting System at any time.**

We are unable to complete any bloodwork or refill any medications prior to your first appointment with your provider. We will take care of these needs during your first visit.

By signing this form, you are acknowledging that you have read and understand our office policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_