Endocrinology Metabolism of east alabama

a service of east alabama medical center

2420 Village Professional Drive, Opelika, AL 36801

334-528-7270

Neil Schaffner, MD, FACP, FACE

Lynn Hudson, CRNP, CDE

Thank you for choosing Endocrinology and Metabolism of East Alabama. We look forward to seeing you at your first appointment!

Please arrive **<u>30 minutes early</u>** so that we may enter your information into our system. If you are unable to keep you appointment, notify us as soon as possible.

Complete the documents on the following pages and bring to your appointment. In addition, please bring the items listed below:

- Photo ID
- Insurance Card
- For people with diabetes, bring your glucose monitor

Directions

From Tiger Town and exit 58, go west on Highway 280. After crossing Pepperell Parkway, take the first right onto Dunlop Drive. Go over the bridge and take the first left onto Village Professional Drive. Turn right into our parking area and our office is on the right.

Please feel free to contact our office if you have any questions.

The Staff of Endocrinology and Metabolism

Please List ALL MEDICATIONS you are currently taking: (Prescription and Over the Counter)

Medication Name	Dosage	Frequency

If you have diabetes, what type of blood glucose monitor do you use?

If you are on an insulin pump, what brand do you use?

 \Box Medtronic \Box Tandem \Box Animas \Box Omnipod \Box Accucheck

Please list ALL allergies

Allergy	Type of Reaction	
By checking this box, I am stating that I do not currently take ANY prescription or over the counter		

medications.

Patient Signature: _____

PATIENT PORTAL

For a faster response, you can use the portal to request medication refills or to change an appointment. You can also use the portal to view your medical results. Please consider using this option to assist us in responding to your requests.

Please fill out the information below so we can invite you to our portal. The email will come from IQ Health. Remember to check your Spam folder if you have not received the invitation after a few days.

Sign Me Up.
Name:
E-mail address:
Date of Birth:
Last 4 of SSN (this will be your password)
Declined



AUTHORIZED PATIENT NOTIFICATION LIST (Required of HIPAA) Health Insurance Portability and Accountability

I authorize Endocrinology and Metabolism of East Alabama and/or whomsoever he/she may designate as his/her professional representative/assistant to discuss any aspect of my care, to include appointments, tests, test results, surgical procedures, prescriptions, and any other pertinent information pertaining to my care with the following designated people (i.e. spouse, child, friend):

Please list name and relationship to patient.

This document will be a part of your permanent medical record. Should any of the selected representatives that you have designated change, it will be necessary to update our records with a written notification. You will need to state who you would like to have removed from or added to the Authorized Notification List.

PATIENT/OTHER PERSON AUTHORIZED TO SIGN DATE



Patient Policies Effective 5/1/17

- Late arrivals
 - New patients should arrive 30 minutes BEFORE your scheduled appointment time. This allows time for the staff to obtain necessary paperwork and background medical information. If you arrive after your scheduled appointment time, you may have to be rescheduled or you may have an extended wait time.
 - Established patients if you arrive 10 minutes late for your scheduled appointment, you may have to be rescheduled or you may have an extended wait time.
- No shows we understand that there may be times where you cannot attend your appointment. We ask that you notify our office as soon as possible if you are unable to keep your appointment. If you do not contact our office before your appointment time, your visit will be counted as a No Show. If you have two No Show visits, you may be terminated as a patient at our clinic.
- Lab work ALL lab work must be completed and reported to our office before your visit.
 If we do not have your lab work in our office prior to your visit, your appointment may have to be rescheduled.
- Refills require a 72-hour notice. We encourage you to use the patient portal to request refills.
- There will be a charge to complete certain medical forms. The fee schedule for these forms is posted in our office. Payment for the completion of forms is due at the time the paperwork is presented to the office. Forms will be available for pick-up five (5) business days after they are turned in.

Patient Printed Name: _____

Patient Signature: _____