Tucson Endocrine Associates
www.tucsonendocrine.com
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READ THIS!

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YOU MUST ARRIVE 20 MINUTES BEFORE YOUR APPOINTMENT TIME. IF YOU DO NOT ARRIVE AT LEAST 20 MINUTES PRIOR TO YOUR APPOINTMENT TIME THE APPOINTMENT MAY BE CANCELLED OR RESCHEDULED.

CHECK LIST

□ Valid insurance card

□ Valid referral (if your insurance requires a referral)

□ Co-Pay (Cash, check, or Credit Card – NO Amex. A $1 fee is charged for credit/debit cards)

□ Pertinent medical records, we strongly recommend you contact your doctor or

□ HAND CARRY YOUR RECORDS to your appointment.

□ If you are a diabetic patient, bring your glucose meter and log book.

□ Completed patient information sheets (two-pages – BOTH SIDES)

OFFICE PATIENT POLICY

1. **Follow the initial office visit, prescription refill requests may be obtained by contacting your pharmacy first and allowing 3-5 business days.**
2. **You must have a valid referral, copay, and valid insurance card at every office visit. If you do not have these your appointment may be cancelled or rescheduled.**
3. **If you cancel your appointment less than 48 hours (two working days) before the time of your scheduled appointment, you will be charged a fee.**
4. **Respectful language and behavior are required at all times.**

Portal Address: www.tucsonendocrine.com

OFFICE PATIENT POLICY

Welcome to Tucson Endocrine Associates PLLC
OFFICE POLICIES
We are an endocrine/ diabetes specialty clinic, but we do not provide primary care

Office hours: Posted on the website www.tucsonendocrine.com

When to arrive: 20 min prior to appointment for new patients, follow up patients please arrive at least 10 min early. If past the 10 min mark your appointment may be rescheduled.

What to bring: insurance card(s), applicable co-pay/co-insurance /deductible; and for Diabetes patients: blood glucose meter, log book, or both if available – but at least the meter.

Appointment reminders: (options are phone, text message) please give us your preference; however it is your responsibility to remember your appointment time.

Rescheduling an appointment: we request notification via the portal or by phone or in person at least 2 working days prior. It allows us to help another person. We reserve the right to charge $29 for late (< 48 hrs) rescheduling or no shows. Multiple occurrences may lead to dismissal from our practice.
Diabetes care: we work as a team. Failure to show up, late cancellations (< 48 hr) for nutritionist appointments may lead to dismissal from our practice. Our nutritionists download your glucose meter and/ or insulin pump and ask provider input for your medication management during the visit. They provide expert opinion and work with our providers on better control of the diabetes.

Behavior and language: Respectful language and behavior is required at all times. Abusive gestures, language, or behavior is not tolerated and may lead to dismissal from the practice. We will at all times do our very best to help you the best we can. We strive to solve all issues professionally.

If it takes longer than usual to obtain a medication or schedule a procedure, it typically has to do with restrictions placed by your insurance on medications, x-rays and scans. This is especially true for MRI's, CT scans, specialty medications, and glucose sensors, insulin and insulin pump supplies. Please be patient with us, but we do contact your insurance several times though the week. Costs of medications, imaging needs and procedures are not under our control. We do try very hard to find the most cost-effective treatment for you. Please study your plan's drug formulary, that helps immensely.

Refills: always first contact your pharmacy, and allow 5 days. Contacting us first will actually often delay the refill process. For us to fill refills, it is required that you are seen regularly.

After hour care: We do NOT offer after hours services. However you may leave a message to be returned when the office reopens.

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Marital Status: Married Single Widowed Divorced Sex: Female/Male/Transgender/Queer/Nonbinary

SS# _____ Language _____

Mobile #: _____ Home # _____

May we leave messages (check box) ☐

May we retrieve your medication records (check box) ☐

Race _____ Ethnicity _____ Decline to answer ☐

Referring Physician _____ Primary Care Physician _____

Pharmacy _____Location_____

May we retrieve your medical records (check box) ☐

Emergency contact _____Phone# _____

Address _____Relation_____

If over 18 years of age what is your school status (circle): Not in school Full Time Part Time

Primary Insurance _____Policy # _____

Other Insurance _____Policy # _____

Guarrantor Name _____Address _____DOB_____

Release of Medical Information
List of individuals that may receive information about your health (test results, medications, treatments etc.).

Name: _____ Phone _____ Relation _____
Name: _____ Phone _____ Relation _____

Email address _____(so we may send you test result alerts)

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MEDICAL HISTORY

Do you have a history of atrial fibrillation	O Yes	O No
Are you under treatment for asthma?	O Yes	O No
Do you have a history of depression?	O Yes	O No
Do you have a history of thyroid problems?	O Yes	O No
Do you have a history of neuropathy?	O Yes	O No
Do you have a history of seizures?	O Yes	O No
Do you have a history of hepatitis?	O Yes	O No
Did you have a history of kidney stones?	O Yes	O No
Do you have a history of a heart murmur?	O Yes	O No
Do you have a history of reflux disease or GERD?	O Yes	O No
Do you have a history of osteoporosis?	O Yes	O No
Do you have a history of cancer, prostate? (Men only)	O Yes	O No
Do you have a history of breast cancer?	O Yes	O No
Do you have a history of sleep disorder, chronic?	O Yes	O No
Do you have a history of stroke?	O Yes	O No

Other Medical History_____

Other Medical History _____

Other Medical History _____

MEDICATIONS. (Please list all)

Name	Strength	Dose	How often	Reason you take the medication

ALLERGIES _____

_____

Past Surgical History

Have you ever had your gallbladder removed or had a cholecystectomy?	O Yes	O No
Have had a tubal ligation? (Women only)	O Yes	O No
Have you had a hysterectomy? (Women only)	O Yes	O No
Have you ever had prostate cancer? (Men only)	O Yes	O No
Have you ever had pituitary surgery?	O Yes	O No
Have you ever had a cardiac stent?	O Yes	O No
Have you ever had a gastric bypass or other surgical weight loss procedure?	O Yes	O No
Have you ever had an amputation?	O Yes	O No
Have you had thyroid surgery?	O Yes	O No
Do you have a transplant, kidney?	O Yes	O No
Have you had any bowel surgery?	O Yes	O No
Did you have coronary artery bypass graft-heart bypass surgery?	O Yes	O No
Have you ever had breast surgery?	O Yes	O No
Have you had retinal laser for diabetes retinal eye disease>	O Yes	O No
Have you had a vascular bypass procedure?	O Yes	O No

Other surgery_____

Other surgery_____

Other surgery_____

Family History

Did or does your Mother have:	O Diabetes	O Thyroid disease	O High blood calcium
O Osteoporosis	O Kidney stones	O Pituitary tumor	O Breast Cancer
Did or does your Father have:	O Diabetes	O Thyroid disease	O Osteoporosis
O Kidney stones	O Pituitary tumor	O High blood calcium	O Prostate Cancer

Did or do any of your brothers or sisters have: O Diabetes O Thyroid disease

O Osteoporosis O Kidney stones O Pituitary tumor O High blood calcium

O Prostate cancer