

RETURN PATIENT SURVEY

First name/Last name _____ DOB _____ Today's date _____

Parent/Guardian _____ Contact phone _____

Email _____ Address _____

Pharmacy name/phone _____ Allergies _____

Please list all prescription medications:

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-prescription meds, vitamins, herbs, minerals, etc. (For any multi-ingredient products please bring the bottle or label to appointment or list all ingredients)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For additions please provide on a separate sheet.

Special Diet? _____

Any Problems or Comments about recommendations from last visit? _____

Compared to last visit are you? worse slightly better about the same significantly better (circle one)

What do you attribute any change to? _____

Please list any symptoms that are better _____

Please list any symptoms that are worse _____

Please list any new symptoms or concerns _____

Since last visit please list any new diagnoses, treatments, tests or procedures _____

Name/Specialty of other providers you have seen since last visit _____

Any questions or concerns you would like to cover in today's visit _____

Texas Integrative ENT and Allergy

Authorization for Release of Medical Records

Patient Information (Please Print):

Name: _____ DOB: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Please Release My Medical Records From:

Name: _____

Telephone: _____

FAX: _____

To: Texas Integrative ENT and Allergy

Attn: Dr. Wallace Taylor

4107 Medical Parkway Suite 100

Austin, TX 78756-3735

FAX: 512-420-9390 Phone: 512-420-9300 email: cathy@peoplesrx.com

Please send medical records no later than: _____

Please Include: _____ History and Physical _____ Progress Notes _____ NeuroSensory
Test Reports

_____ Imaging Test Reports _____ Lab Test Reports _____ Operative Reports

BY MY SIGNATURE, I AUTHORIZE THE RELEASE OF MEDICAL RECORDS.

Date: _____

Patient (or Legal Guardian)

DISCLOSURE AND CONSENT TO TEXAS INTEGRATIVE MEDICINE OFFICE POLICIES AND PROCEDURES

In order for us to be able to serve you best we would like to familiarize you with what you can expect as a new patient in our clinic. We ask that you provide your acknowledgment of understanding and consent for these policies. For us to best understand your health condition and the factors that are contributing to your health disorder it is important for us to have as complete an awareness as possible of all the many factors that contribute. To facilitate this we ask that you complete as thoroughly as possible a very complete general health survey that includes your environmental exposures, your family tendencies and your current symptoms. It is also important for us to have access to your current treatments both prescription and nonprescription in addition to any recent medical evaluations and tests including labs that you have had in the past. Since our fees are based on direct physician contact, the more that the physician can prepare in advance the more time that can be spent on educating you on your recovery process. Physician professional fee is calculated based on a quarter hour rate of \$90. Some of the services that we offer are grouped into all-inclusive packages of care that cover an extended period of time and include multiple services normally recommended to address a specific problem area.

It is very important to stress that this Integrative model of patient care is process care and not “episode” or “drive-through” care. There is no “quick fix”. There is no “magic pill”. Results take time to achieve and achieving the best results requires the dedication and commitment of the patient (and family in the case of minor patients).

The doctor will review your medical history with you taking additional information as individually required and will then perform a physical examination and review appropriate reports. Based on each patient’s individual circumstances we will order any additional studies that are deemed to be necessary to diagnose and appropriately monitor your condition. These studies are not included in the office physician fee. Some lab is billed through the office and other labs are billed by the laboratory directly. We do offer in-office lab draws for some tests. Your condition and our recommendations for recovery will then be discussed with the physician. If the complexity of your condition does not allow complete coverage of all information in the time period scheduled, an additional appointment on a different day may be necessary. We try to schedule enough time to cover the majority of the patients we treat.

Since our approach to care is “integrative” and includes both standard and “alternative” approaches to treatment, many insurance companies classify our treatment as “unproven” or “experimental” and therefore excluded from reimbursement. This is very unfortunate but does require that we not participate in any form of medical insurance including Medicare and Medicaid. Medicare patients must complete and sign a Medicare “opt out” contract which we will provide. No claim for reimbursement can be made to Medicare or your Medicare Secondary although approved ancillary services may be covered. Your private insurance may provide partial coverage for our services if “out of network providers” are covered. We also request that you review and sign a consent form indicating your understanding of the alternative nature of some of our recommended treatments and acknowledge your consent for same. Payment for our services is expected at the time of service. We accept

cash, personal check and major bank cards. Patients are expected to keep their account paid in full in order to receive continuing care. Costs for testing, prescriptions and supplements are charged separately. They may be covered by insurance but this varies greatly between carriers and we urge you to discuss this with your insurance company if this is important to you. We are considered "out of network providers". We will provide you a medical receipt which can be submitted for possible reimbursement. This can also be used as documentation for use of health savings accounts. We do not maintain insurance processing staff. If additional reports are required by your insurance company there may be an additional charge for the time involved to prepare these reports. We will obtain your approval before these additional services are provided.

Our physician provides consultative service and does not function in a primary care role. It is important for you to also maintain the services of a primary care provider. We are not available after hours and do not provide "on call" coverage. We do not maintain hospital admitting privileges. In case of emergency we ask that you call 911.

In order to avoid cancelled appointment charge we ask that you provide us two complete business days if you must cancel or reschedule your appointment so that your allotted time can be used to help another guest. The cancellation fee is assessed at the lesser of the rate of the originally scheduled visit or \$200 whichever is less. Some service packages require a non-refundable deposit at the time of scheduling. A method of payment is needed to hold an appointment slot.

Your return appointment will be scheduled in a suitable time frame for us to review your lab studies and assess your response to treatments recommended. Interpretation of laboratory reports is a very important part of your care and should be done during a visit with the physician. We will notify you via the contact information you have provided of any urgent lab results that we feel need your immediate attention. Your treatment regimen will then be modified as appropriate. As recovery proceeds return visits are scheduled farther apart.

We ask that you review any needed prescription refills with your physician during your appointment. If you require refills between appointments we ask that you have your pharmacy FAX the refill request to us with two business days advance for us to authorize your refill.

We are happy to respond to procedural questions between visits as a part of our service to you. Questions that require a clinical opinion are billed at the standard physician rate based on the time required to respond either by phone or email unless they are included in the all-inclusive service package.

Texas Integrative Medicine maintains and protects the privacy of your health care information. We will work to keep your information confidential and secure and to abide by all HIPAA rules and regulations. We cannot release any of your healthcare information to any third party without your expressed written consent.

Revised March 23, 2015