



Welcome to our practice today. Please let our front desk know if you have had a name, phone number, or address change since your last visit. We can also print a list of your medications to review before going into the exam room. This can help prepare you for any refills that you might need today.

Are you here for your annual well visit today? YES NO

(please see the bottom of this page for more information on wellness exams)

If you chose yes, please know that most insurances cover one well physical per year, at no cost to you. If you are sick or are having pain of any kind, please let the front desk know and we can change today to a sick visit. We can take care of this for you today and reschedule your well exam to a later date. Please note that your sick visit may add a copay charge for today, according to your insurance policy.

Have you had any testing done since your last visit, such as bloodwork, X-rays, Ultrasound, Colonoscopy?

YES NO

Please let us know when and where you had the testing and fill out a medical release form, if necessary:

Have you been to the hospital since your last visit here? YES NO

If you were at a hospital other than Martin Memorial, please sign a medical release form for us.

Did you bring any forms with you today that need to be filled out by the provider? YES NO

If so, please give them to the front desk, so that they can be reviewed by the provider, prior to your visit.

Do you require a work or school absence note for your visit today? YES NO

If you have any of the following, please give them to the nurse so that she can scan them into your chart and return the originals to you:

Blood Pressure Log

Blood Glucose Log

Medical Records (*test results or visit notes from other providers*)

****A wellness exam is defined as a preventative exam. Insurance companies prevent us from billing a wellness and a diagnostic visit on the same day. This is for your protection as your insurance carrier may deny one of these visits and forward the financial responsibility to you. This does not prevent you from requesting refills of any maintenance medications; however, we ask that you please schedule a separate appointment, on a different day, if you have any new concerns or other ongoing health problems that need more attention. Should your wellness exam turn into a diagnostic or problem-oriented visit, we may bill accordingly and reschedule your wellness visit****

Name: _____ Signature: _____ Date: _____