Providence SWEDISH

Providence *Olympia Endocrinology* New Patient Information & Clinic Policies

PROVIDENCE OLYMPIA ENDOCRINOLOGY CLINIC HOURS: Monday through Friday, 7:30am-4:30pm

LAB HOURS: Monday through Friday 7:30am-4:45pm. Closed for Lunch 12:00-1:00pm

DIAGNOSTIC IMAGING: Monday through Friday 7:00am-5:45pm, Saturday-Sunday 8:00am-5:45pm
Closed for Lunch 12:30-1:00pm

MYCHART HEALTH RECORD IS OUR PRIMARY MODE OF COMMUNICATION: MyChart gives you online access to your health record. Whether you are at work, on the road, or at home, you may view test results, messages from your provider and team, access your medical record, and make and cancel your own appointments. Ask how to sign up today!

TELL US HOW WE ARE DOING: We strive to provide the highest level of service. To help ensure you receive the best care possible, we encourage you to participate in decisions regarding your care and treatment plans. We periodically will send surveys following your appointment and rely on your responses to help us know where we are succeeding and where we have opportunities for improvement. We always welcome your feedback and if you have any questions, concerns, or comments, please let us know during your visit or give us a call at (360) 413-4250.

MEDICAL QUESTIONS OR CONCERNS: If you need to speak to someone on your care team about a medical concern, please call us at (360) 413-4250, option 2 for our care team. If a team member is not immediately available at the time you call, please leave a message and we will return your call as promptly as possible.
MyChart is also a valuable resource for you to reach your care team with questions or concerns. We ask that you do not drop-in to the clinic without an appointment as we are not equipped for emergent care.

AFTER HOURS: *If you have a medical emergency, please call 9-1-1.* If you have an urgent medical concern and need to reach the provider on-call after normal clinic hours, please call the clinic and follow the prompts. The on-call provider will call you back to discuss your concerns. Prescription refills, referral questions, or appointment requests are not considered an urgent medical concern and the provider on-call cannot address or assist with these requests.

IMMEDIATE CARE: In the event that you have an urgent medical concern that needs to be addressed before our care team can see you, you have the option of receiving care at our Immediate Care Clinics. This is a walk-in clinic and on busier days, patients may experience extended wait times. The providers at Immediate Care do not provide, refill, or prescribe controlled substance medications.

IMMEDIATE CARE HOURS: Sunday through Saturday 8:00am–6:00pm

WEST OLYMPIA IMMEDIATE CARE: 1620 Cooper Point Rd SW, Olympia WA 98502 **Phone: 360-486-6710**

LACEY IMMEDIATE CARE: 4800 College St SE, Lacey WA 98503 **Phone: 360-493-4710**

LACEY EXPRESS CARE: 1350 Marvin Rd NE, Lacey, WA 98516 **Phone: 888-227-3312**

INSURANCES: We are currently contracted with most major insurance carriers. We ask that you bring your insurance card with you as we will take a copy for our billing department. Please understand insurance policies are between you and the insurer. Please check with them to assure you are covered for our services and any services that you are referred for including x-ray, CT scan, MRI, specialists, lab services etc.

FEES: Your co-payment is due at the time of service. There are a few exceptions, such as preventative exams, nurse visits, and injections. If you have no insurance coverage, payment is due at the time of service. We accept cash, check, money order, and most major credit cards. Providence does offer options for payment plans or financial assistance; please contact the business office at 866-747-2455 for more information or to make arrangements.

PHONE MESSAGES: Is it okay to leave a **DETAILED** medical message on the phone numbers you provided to us? This would include your personal heath information.

Yes ☐ No ☐

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MEDICATIONS: The medications prescribed for you are those that your provider feels would most benefit your specific condition. If you need a prescription refill, please call your pharmacy and ask them to fax us a refill request. You may also request a refill through MyChart. Please allow at least 72 business hours to process refills. Many insurance companies place certain limitations or requirements on medication coverage and while we strive to work within these parameters, it is important for you to know your insurance company may not cover all medications prescribed.

YOUR MEDICAL RECORDS/FEES: Your right to privacy is very important, and your medical record is confidential. In order for us to release your medical records, you must sign a records release form, which are available at our office or on our website.

MISSED APPOINTMENTS/CANCELLATIONS: Because your health is important to us, we want to see you in a timely manner. Arriving on time for your scheduled appointment is greatly appreciated, but we understand that unanticipated circumstances can arise. If you need to cancel or reschedule your appointment, we kindly request that you give us 24 hours' notice. Patients who miss multiple appointments without advanced notice may be asked to leave the practice.

REFERRALS: Many insurance companies now require referrals for you to see specialists, have certain tests, or to receive other forms of treatment. It is important that authorizations be in place prior to your receiving the appropriate care. Most referrals take at least 72 business hours to process, but there are occasions where it can take longer. When we submit a referral, it does not always mean approval will be granted. Due to insurance coverage, we suggest you check directly with your insurance company so you understand your benefits. If you self-refer outside of Providence Health System, please inform us so we can obtain the records from your visit.

PROVIDER TRANSFERS: At our clinic, we are committed to providing patients with the most appropriate care possible. Every referral is reviewed prior to scheduling to ensure patients are matched with the provider who can best meet their healthcare needs. Because of this individualized review process and the limited size of our department, we are unable to accommodate requests to transfer between providers after scheduling.

PATIENT BEHAVIOR: We are committed to providing a safe and welcoming environment for all. Aggressive, threatening, intimidating or disruptive behavior will not be tolerated.
Examples of aggressive, intimidating, or disruptive behavior include but are not limited to:

- Verbal harassment – yelling, threatening or intimidating words or body language.
- Demanding, controlling or manipulative statements and requests
- Failure to honestly disclose symptoms.
- Abusive/offensive language or swearing.
- Refusal to listen or follow instructions.
- Physical violence or aggression
- Threats of any kind

PROVIDENCE WILL NOT TOLERATE ANY FORM OF AGGRESSIVE OR DISRUPTIVE BEHAVIOR. THESE TYPES OF BEHAVIORS WILL RESULT IN DISMISSAL FROM THE PRACTICE.

My signature acknowledges that I have read and understand the policies of my provider's office as stated above.

Patient Name, *please print* _____ Date of birth _____

Patient Signature _____ Date _____

PMG Olympia Endocrinology History Form

What medical concerns bring you to our office?_____

When did the problem begin? _____ Can you rate the pain? (1-10) _____

What is the most important health issue to you (whether or not it applies to an endocrine visit)?_____

_____

Past Medical Issues, Hospitalization or Surgeries? (Please list them, including dates of occurrence)

_____

_____

_____

Specific Medical History: (Circle if they apply to you)

Allergies	Anemia	Arthritis	Asthma
Prostate Problems	Bleeding Disorder	Cholesterol Disorder	Depression
Diabetes	Thyroid Disorder	Heart Disease	Stroke
HIV/Hepatitis	Hypertension	Lung Disease	Kidney Disorder

Cancer (Specify Type) _____

Social History:

Alcohol use: Never Rarely Moderate Daily

Tobacco use: Never Quit Currently Smoke?_____ Packs/day_____ Year you quit?_____

What do you do for a living? If retired/unemployed, what was your main profession?

_____

Family History:

Father: Age____ Living/Deceased – Cause of death or medical problems?_____

Mother: Age____ Living/Deceased – Cause of death or medical problems?_____

Any close relatives with diabetes? What type or age diagnosed? _____

Any relatives with thyroid problems? What type? _____

Any relatives with any of these: Adrenal tumor, pituitary tumor, calcium problem? _____

Patient Signature:_____ Today's Date: _____

Print Patient Name:_____ Date of Birth:_____

Endocrine System Review

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Circle the items in each category that presently cause you problems or discomfort

General/Constitutional
Recent Weight Change (up/down)
Fever
Fatigue
Headache

Integumentary
Changes in skin/dryness
Nipple discharge

Ears/Nose/Throat/Mouth
Chronic sinus problems
Difficulty swallowing

Respiratory
Chronic or frequent cough
Shortness of breath
Asthma or wheezing

Cardiovascular
Heart murmur
Chest pain
Palpitation
Swelling of feet, ankles or hands

Gastrointestinal
Loss of appetite
Nausea or vomiting
Abdominal pain

Genitourinary/Reproductive
Kidney stones
Sexual difficulty
Female
- Pain with periods
- Irregular periods
- Method of birth control_____

Male: *# of biological children* _____

Eyes
Blurred/double vision
Loss of peripheral vision

Musculoskeletal
Joint Stiffness
Muscle pain/cramps

Neurological
Lightheaded/dizzy
Tremors
Tingling/burning limbs

Psychiatric
Depression or depressed feeling
Anxiety

Endocrine
Excessive: thirst/urination
Change in hand or glove size

Hematological/Lymphatic
Easy bleeding or bruising
Anemia
Enlarged lymph/glands

Patient Name: _____

Signature: _____

Date: _____

Medications (Prescription, Over-the-Counter, Vitamins, Herbs, etc.)

Please bring ALL medications with you to your first appointment. If additional room is needed, please list on a separate page.

Medication Name	How Much? (Dose)	How Often? (Frequency)

Preferred Pharmacy name and street address: _____

Do you prefer 30 day or 90 day supply of your medications? _____

Allergies to Medications, X-Ray Dyes, or Other Substances ☐ No ☐ Yes

(If yes, please list name of medication and type of reaction)

Name of Medication, X-Ray Dyes, etc.	Reaction

Directions to Providence Lacey Multispecialty Clinic

Olympia Endocrinology
4800 College St. SE
Lacey, WA 98503
Ph: 360-413-4250
Fax: 360-412-2262



1-5 Southbound:

Take exit 109 for Martin Way toward College St/Sleater-Kinney Rd N
Turn right onto Martin Way E
Use the left 2 lanes to turn left onto College St SE
At the traffic circle, continue straight to stay on College St SE- Destination will be on your left

1-5 Northbound:

Take exit 108 for Sleater-Kinney Road toward College Street
Keep left at the fork, follow signs for College St
Continue onto 3rd Ave SE
Turn right onto College St SE
At the traffic circle, continue straight to stay on College St SE Destination will be on your left