

Please read each page carefully and understand the following before completing the Health History and Demographic information

Each page must be signed and dated by the patient or the patient's guardian, indicating you (the patient or the patient guardian) have read and understand this information as it is presented

About the practice and providers

Ashe Family Healthcare is owned, operated, and managed by Derek McClure and individuals under his employment or supervision unless otherwise indicated.

Care or medical services rendered by Ashe Family Healthcare will be provided by or supervised by Nurse Practitioners, not physicians, unless otherwise stated as such at the time of your visit. Though Nurse Practitioners may hold doctoral level education, Nurse Practitioners are not physicians.

Nurse practitioners are holistic, or all-encompassing, in their approach to care of the patient. This is not to be confused with herbal, natural, alternative, allopathic, osteopathic, or other philosophies of care. Nurse Practitioners may or may not include these other methods in the care they choose to provide.

This office operates on principles of equality and honesty with the influences of professionalism, faith, hope, and compassion. We expect our patients to treat our staff with these same levels of respect and patience. Dishonest, malicious, or malingering behaviors are not tolerated. Belligerent behavior, disruptive behavior, or threats of any kind toward the practice or its employees will be grounds for immediate discharge from our practice and possible legal recourse.

NO SMOKING ON ASHE FAMILY HEALTHCARE CAMPUS

NO SMOKING IS ALLOWED within 50 feet of the building entrance for safety and health reasons. Individuals caught smoking or disposing of cigarette butts in our parking area other than in a specified container may be asked to pay a \$50.00 fine. Additional littering fines are regulated and enforced by town and county authorities.

Acceptance into our practice

All patients seeking entry into the practice are pre-screened based on information reviewed through available North Carolina databases and review of the completed the health history information below. Patients must complete this information at least once with annual updates. Incomplete or unsigned applications will not be processed for acceptance. Reasons for entry denial may or may not be disclosed to you. Reasons for denial can include high-level medical complexity, multiple prescribing providers, failure to report the use of controlled prescription medications, history of narcotic or controlled medication use, recommendation of Ashe Family Healthcare provider or employee, history of medical non-compliance, or a history of illegal activities. It is our policy to report to local law enforcement any suspicion of illegal activities including patient abuse and trafficking of prescribed medications.

Signature of Patient or Patient Guardian

Date

Hospital affiliation

As of the date of this form creation, Ashe Family Healthcare is not directly associated with any hospital agency. Diagnostic testing may be performed in a variety of hospital settings at local and/or non-local facilities. In order to maximize our skills to provide excellent outpatient care, Ashe Family Healthcare has opted to utilize the hospitalist services provided by area medical centers and hospitals in the event patient hospitalization is required. Emergency needs will be directed to the nearest available emergency service provider. It is the policy of some facilities that patients be screened for admission criteria by first being evaluated by their emergency department.

Drug and alcohol testing

All patients are subject to random drug and alcohol testing. Patients who receive controlled substance prescriptions from our practice are required to sign a contract with high levels of restrictions and compliance monitoring. Please note this office participates in an initiative to help law enforcement control the growing concern with methamphetamine (METH) and/or illegal trafficking of controlled substances.

Billing and payment for services rendered

Copayments or prior balances are expected to be paid in full at the time of the visit. Special arrangements can be made with our Accounts Manager in advance upon patient request. Billing services may appear as "Derek McClure," "Ashe Family Healthcare," "Dr. Daniel Strickland" (our collaborating physician), "West Jefferson Medical Associates," or the name of any provider under the employment of Ashe Family Healthcare. Questions regarding billing directly from our office need to be directed to our Accounts Manager who can be accessed by calling our main office number. Bills received by the patient that come from other companies that may be used by Ashe Family Healthcare, such as LabCorp, Ashe Memorial Hospital, Atherotec, etc., need to be directed to the originating company, not Ashe Family Healthcare. It is the patient's responsibility to ensure we have the most current insurance information. Balances over 90 days must be paid in full before future appointments can be authorized.

Self-pay patients, or patients without insurance, please note we require the minimum office fee to be paid prior to seeing the provider. Any additional charges accumulated during your visit or as a result of the visit will be collected at time of check out. Ask about our different payment options.

If you are unable to make minimum payments or cover the cost of an office visit or procedure, notify the staff as this office utilizes "a hand up" approach to help satisfy debts rather than "a hand out." We believe in the ability to exchange services that are mutually beneficial to the practice or the community for the services rendered through Ashe Family Healthcare. For example, an individual who is unable to pay a balance offers the exchange of pressure washing the parking lot. The work provided by the patient is deducted from any balance at a fair rate. Please speak with the providers if you need additional information about this unique option.

"... but rather let him labor, doing honest work with his own hands, so that he may have something to share with anyone in need." Ephesians 4:28

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Patient information and scheduling of appointments

It is the patient's (or patient guardian's) responsibility to ensure current contact information, including phone, mobile phone, email, mailing address, insurance information, etc. prior to the date of his or her next appointment.

We attempt to remind patients via email (requires sign-up) and/or phone about their upcoming appointments. Please be sure your information is current. If we call/leave a message about the upcoming appointment, we consider this to be a successful reminder. Patients may also request appointments electronically once enrolled into our system. Speak with a receptionist for details.

If you are unable to make your appointment time, kindly contact our office at least 24 hours in advance. Failure to appear for an appointment or make effort of cancel will result in a missed appointment ("NO SHOW"). Two missed appointments removes the privilege of scheduling an appointment; in order to be seen and regain the ability to schedule future appointments, you must appear in the office and wait to be worked in on any given day to see a provider for any issue. Upon visit completion, you will again be allowed to reschedule. We do reserve the right to charge a \$30.00 reschedule fee. Leaving after having been triaged by our nurse or medical assistant but prior to consultation with the provider will result in forfeiture of co-payment or any monies paid for that visit.

Please know that providers often have the need to adjust their work schedule due to family concerns, educational issues, or even personal illness. We make efforts to reschedule our patients in advance, but there may be times your visit will be shifted to another provider due to an extreme circumstance. If we are able to make adjustments to the schedule in advance, you will be offered the option to reschedule with the same or different provider, possibly even having an opening on the same day as the original appointment.

Patient records

Patients may request a copy of his or her records at any time; please allow up to 14 days for processing this request. A fee of \$0.25 per page can be assessed. All record releases require a patient (or guardian) and witness signed request. However, if a patient is discharged from our practice under any circumstance, records (including letter of discharge) can only be forwarded to the discharged patient's new provider. Records may be released without signed request as required by law, public health records or for collaborative medical efforts.

Medications, refills, phone-in requests, and messages

Please bring all medication bottles to each appointment, including anything taken over-the-counter (herbs, vitamins, etc.) as well as any medications prescribed by non-Ashe Family Healthcare providers. Requests for refills need to be submitted to your pharmacy who in-turn will notify us electronically of your request for refills. Please allow up to three (3) business days for a response for a refill request. Our office will not contact you after a request has been made unless questions about the request should arise. Check for refill verification at the pharmacy rather than contacting our office. Controlled substance medications due to be refilled require more frequent office visits and is non-negotiable. Call-in requests for treatment without an office visit are evaluated case-by-case, but anticipate if it has been > 90 days since your last appointment, you will be asked to come in to be evaluated. Phone in requests for pain management or mental health will not be authorized and require an appointment. Messages or requests obtained after 1 pm will be addressed the following business day.

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Laboratory and testing results:

For routine test results, please allow up to two weeks for a return phone call from our staff. If that time frame is not suitable, please arrange a follow up appointment to discuss any test results. Tests ordered by outside providers but collected by Ashe Family Healthcare will be forwarded upon receipt of results without review from this office.

Cell phone use:

Please silence all cell phones when leaving our waiting area. Should a provider enter an exam room whereby you or a person in the exam room with you is using a mobile phone to text or talk, the provider reserves the right to step back out of the room and change the otherwise scheduled appointment into a work-in slot, thereby potentially increasing your wait time within the office.

Food and/or beverages:

Due to the nature of a healthcare environment where the ill and infirm are treated, food and liquids can easily harbor bacteria and other dangerous organisms. No food or drink is allowed in any part of the office or clinical areas beyond the waiting room.

Encounter/ visit priorities:

Our providers strive to provide excellent care. If you feel you need additional time at your appointment, please request an extended visit at the time of scheduling the appointment. Standard visits are 20-30 minutes including time to be prepped before the provider enters the room. Extended visits are 45-60 minutes. Patients who utilize the provider's time beyond the allotted time for the appointment create delays for the next patient to be seen. Please be respectful of the provider's time as well as the patient who is waiting to be seen after you. Multiple concerns may or will need to be addressed in separate appointments to avoid scheduling delays. Emergencies and case sensitive issues often create delays during the work day, so please be patient as we help those in crisis first. The order of priority is as follows: emergencies, appointments, and then work-in visits.

After hour provider communication

After hour or on-call services are available. Please be respectful of providers, staff, their families, and their much needed personal time outside of their daily duties for work. Utilize communication methods at the office during normal office hours and only use the on-call number during non-office hours. **DO NOT CONTACT THE PROVIDERS OR STAFF AT HOME OR ON PERSONAL MOBILE DEVICES OR USE SOCIAL MEDIA FOR ISSUES THAT PERTAIN TO A HEALTH OR MEDICAL CONCERN.** The on-call service is not to be utilized as a refill request line, appointment line, or to discuss lab results or visit experiences. When calling the on-call line, caller ID that appears as "PRIVATE" may go unanswered and vague messages, such as "call me," will not be returned. On call messages are screened prior to returning the call.

**The on-call line is for URGENT MATTERS AFTER OFFICE HOURS ONLY:
For emergencies, please report to your local emergency department or call 9-1-1**

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Inclement weather and holiday closing

In the event of inclement weather, please call the office prior to your departure to your appointment. In the case of severe weather, we typically will open on a one or two hour delay. We will make attempts to adjust the message on our answering machine during days of closing for inclement weather or holiday. In the event of complete office closure, such as during staff education days, holidays, or inclement weather, we encourage our patients to visit the Mountain Family Care Center in front of Ashe Memorial Hospital. Missed appointments during inclement weather are noted within the chart and typically do not apply to our missed appointment policy described above.

Consent to treat / Health Information Portability and Accountability Act (HIPAA)

By signing this page, YOU (the patient or the patient's legal guardian signing this form on his or her behalf) are giving the providers and employees of Ashe Family Healthcare the right to assess YOUR past and present medical records, render current and future treatments to YOU, as well as bill YOUR insurance carrier, if applicable. YOU agree to maintain in good account standing by making all efforts to keep all scheduled appointments or provide ample notification of cancellation, prompt payment of co-payments, visit fees, and unpaid balances. YOU agree that you have read and understand the posted HIPAA information. YOU acknowledge that YOU have read, understand, and agree to the terms and policies of Ashe Family Healthcare as described above.

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****Please Print****

Patient's Full Legal Name (First, Middle, Maiden, Last):		Race or Nationality:	Gender: Male Female	Date of Birth (MM/DD/YYYY):
As of today, how old are you?	How tall are you?	How much do you weigh?	What is the highest level of education you have obtained?	What is your marital status? (circle one) Married Single Divorced Engaged Separated Widow/Widower
What is your social Security Number?	What type of insurance do you have? (give copy of card to receptionist)	If another family member provides insurance coverage for you (policy holder), what is his/her name?	What is the policy holder's date of birth (MM/DD/YYYY)?	What is the policy holder's social security number?
What is your mailing address?	What is your physical (street) address?	Please list all phone numbers: Home: Mobile: Work: (please circle preferred # for us to call for appointment reminders)	May we leave messages regarding appointments, lab results, etc. on your HOME #: Yes No MOBILE #: Yes No	What is your email address?
Emergency Contact (1) Name: Phone # : Relationship:	Emergency Contact (2) Name: Phone # : Relationship:	Emergency Contact (3) Name: Phone # : Relationship:	Emergency Contact (4) Name: Phone # : Relationship:	Emergency Contact (5) Name: Phone # : Relationship:
Ok to share medical info: Yes No	Ok to share medical info: Yes No	Ok to share medical info: Yes No	Ok to share medical info: Yes No	Ok to share medical info: Yes No
Are you presently employed? Yes No	If employed, where do you work?	Please describe the nature of your work.		
Are you presently attending any type of school, college, or university? Yes No	If so, where?	What grade or level are you currently?	If attending college or a university, what is your major?	

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<p>How did you hear about our practice?</p>	<p>If referred by an existing patient, what is their name?</p>	<p>Have you lived or travelled outside of the United States? If so, list where and what year(s):</p>	<p>Do you smoke? Yes No If Yes, how long have you been smoking? How much do you smoke in one day?</p>	<p>Do you use other forms of tobacco? Yes No If yes, what type(s) and how much do you use in one day?</p>
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<p>Do you use any street/illegal drugs? Yes No If Yes, what type and how often?</p>	<p>Have you been accused of or convicted of trafficking medications or illegal substances? Yes No If yes, please explain</p>	<p>Do you consume alcoholic beverages? Yes No If yes, how often and how much?</p>	<p>Have you been ticketed for a DWI (Driving While Intoxicated) or DUI (Driving Under the Influence)? Yes No If yes, please explain</p>
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What medications are you presently taking? Please complete the list below / continue on reverse if necessary

Medication Name	Strength	How often	Who originally prescribed it to you?	Why were you prescribed this medication?

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Other than those listed on the previous page, what medications have you taken in the past 6 months? Please list below.

Medication Name	Strength	How often	Who originally prescribed it to you?	Why were you prescribed this medication?

Please list all surgical procedures

Type of surgery	Hospitalization required?	Date(s)	Name of facility	Name of provider	Complications
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				

Please list all hospitalizations, other than surgical listed above

Reason for hospitalization	Date(s)	Name of facility	Name of provider	Complications

*Continue on the reverse if necessary

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Please tell us about your family history		
Father:	Living Deceased Unknown	Describe any known health problems
Mother:	Living Deceased Unknown	Describe any known health problems
Sibling (M / F)	Living Deceased Unknown	Describe any known health problems
Sibling (M / F)	Living Deceased Unknown	Describe any known health problems
Sibling (M / F)	Living Deceased Unknown	Describe any known health problems
Other	Living Deceased Unknown	Describe any known health problems
Other	Living Deceased Unknown	Describe any known health problems
Other	Living Deceased Unknown	Describe any known health problems

Please circle or write-in any known health problems that you have:			
Diabetes-Insulin requiring	CVA or "Stroke"	Allergies-year round	Arthritis-rheumatoid
Diabetes-treated with oral medications	Heart attack	Allergies-Seasonal	Fibromyalgia
High blood pressure	Glaucoma	Asthma	COPD or Emphysema
High Cholesterol	History of a TIA or "Mini-Stroke"	Reflux or GERD	Arthritis-osteoarthritis
Irritable bowel-constipation	Irregular heart rhythm	Bleeding disorders	Cancer (location: _____)
Irritable bowel-diarrhea	Back pain-chronic	Depressive disorder	Other: _____
Thyroid issues	History of a blood clot	Anxiety	Other: _____

Vaccine History (year)	Health Screening (Female) (year)	Health screening (Male) (year)
Flu _____	Last physical / wellness exam _____	Last physical / wellness exam _____
Tetanus _____	Last Pap _____	Last PSA _____
MMR _____	Last mammogram _____	Last screening lab test _____
Pneumonia _____	Last screening lab test _____	Last Colonoscopy _____
Shingles _____	Last Colonoscopy _____	
Hepatitis B series _____	Last DEXA/Bone Density _____	
	# times Pregnant: _____ # live births: _____	
	Age at first menses: _____ Age at menopause: _____	
	What type of contraception do you use: _____	

For DIABETIC PATIENTS	Answer here:
When was your last eye exam?	
When was your last A1C?	
Do you presently have any sores that are slow to heal or have ulcers on your feet?	

Thank you for choosing Ashe Family Healthcare!

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