

**WALNUT CREEK FAMILY PRACTICE
4303 JODECO ROAD
MCDONOUGH, GA 30253
770-898-7840**

Dear Walnut Creek Family Practice Patient,

Your physical appointment is scheduled for you and no one else at that time. If your appointment is at 7:40 A.M. please arrive at 7:40. For all other physical appointment times you must arrive 15 minutes before your scheduled appointment. Should you need to reschedule or cancel your appointment, a 24 hour notice is required. There will be a **\$45.00** charge for failure to keep your scheduled appointment without a 24 hour notice.

**IF YOU ARE LATE, DO NOT HAVE YOUR INSURANCE CARD,
IDENTIFICATION, OR HAVE YOUR PAPERWORK COMPLETED
YOU WILL BE ASKED TO RESCHEDULE YOUR APPOINTMENT.
NO EXCEPTIONS WILL BE MADE.**

We ask that our new patients fill out the new patient information as well as the physical packet in advance. Please be advised that our office **does not** verify the coverage of annual physicals with your insurance company. **You** are responsible for contacting **your insurance company** to verify what will be covered. As a courtesy to you we will bill your insurance company for the physical, however, if your insurance company does not want to pay for any part of your physical then you are responsible for payment. **IF YOU ARE OPPOSED TO PAYING FOR A PHYSICAL THEN DO NOT SCHEDULE A PHYSICAL.** Please be advised that **Doctor's may perform EKG'S, blood work, urinalysis, x-ray's, pulmonary function test and any other test they feel you may need.** Also be advised there may be one or more test ordered by the physician that may not be covered by your insurance company. If this is the case it will be **your** responsibility as a patient to verify coverage. On physical exams the vast majority of insurance companies require that a test be linked to diagnosis for payment. If your company requires something different then it will be **your** responsibility to notify the physician at the time of your exam and **not** later after you have received a statement from your insurance company. Also, please be advised that once a physician has completed a medical record he/she cannot later change the record for **any** reason including attempting to influence the way an insurance company pays for services. **CHANGING A MEDICAL RECORD IS ILLEGAL.** The insurance companies are aware of this and should never suggest to a patient that a physician can do this to obtain reimbursement. Please do not ask us to change your medical record for **any** reason. We will refuse to do so.

We do not complete DOT physicals or ADOPTION physicals at the time of this GENERAL MEDICAL PHYSICAL. The requirements for other physicals differ from what we do as part of this physical exam and there is also extensive paperwork that is usually required above and beyond what we do in the time allotted for this exam.

If you have **MEDICARE**, please be advised that Medicare **DOES NOT** cover a **COMPLETE PHYSICAL EXAM**. Therefore, **YOU** are responsible for payment of services rendered. **If a physical is what you request then a physical is what you will receive and be billed for.**

We ask that you **DO NOT** bring children to your physical appointment. We do not have the staff to watch children.

Preparation for the exam is the following: **12 hours prior to your exam you may only ingest water.** This is to ensure your labs will be accurate. If you have high blood pressure, we request you take your blood pressure medication as prescribed. Patients who take insulin may require a light breakfast; this meets our physicians' approval. Read and answer the attached questions. **Remember to bring these COMPLETED forms to your physical appointment.**

Thank you,
The Doctors and Staff of Walnut Creek Family Practice

BY SIGNING BELOW YOU AGREE TO THE TERMS ABOVE AND ANY CHARGES THAT MAY APPLY.

Patient Signature _____ Date _____

Witnessed by _____

I am allowing _____ to pick up the physical packet for _____ . By his/her signature I understand I will be responsible for and billed the **\$45.00 no show fee** if I do not show up or give a 24 hour notice for my physical appointment.

Please answer the following to the best of your ability:

Patient Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

List all current medications including aspirin, vitamins, birth control, and herbal medicines that you may be taking. Include strength and how often you take them.

_____	_____
_____	_____
_____	_____
_____	_____

List all medication allergies and describe the reactions such as rash, nausea/vomiting, itching, shortness of breath, or other reactions you may experience.

List all surgeries with approximate dates, including, tonsillectomy, hernia, gynecologic surgeries, etc.

_____	_____
_____	_____
_____	_____
_____	_____

Have you ever had a transfusion? Yes ____ No ____ Date of transfusion: _____

Do you have any scars, tattoos, birthmarks, or identifying marks? If so list locations and description if appropriate:

Are there any significant medical problems in your family? Include diabetes, cancer (type), stroke, etc. If family member is deceased list age and cause of death if known.

Father _____	Mother _____
Brother(s) _____	Sister(s) _____
_____	_____

Date of last vaccine if known. If unknown write unknown. If you have NOT had the vaccine write N/A.

Flu _____ Pneumonia _____ Tetanus _____

Date of last colonoscopy, flexible sigmoidoscopy, or barium enema. Please list results if known.

For females:

Date of last mammogram and results _____

Date of last pap smear and results _____

Do you perform self breast exams? Yes _____ No _____

For males:

Date of last prostate exam: _____

Date of last PSA (blood test for prostate cancer): _____

If applicable give date of last test for the following:

EKG _____

Chest x-ray _____

Hearing test _____

Vision test _____

COLORECTAL CANCER SCREENING GUIDELINES:

The American Cancer Society has the following guidelines for an early detection program.

Beginning at age 50, both men and women should observe one of the following schedules:

- Yearly fecal occult blood test plus flexible sigmoidoscopy every five years (+DRE)
- Colonoscopy every 10 years (+DRE)
- Double contrast barium enema every 5 to 10 years (+DRE)

(DRE-Digital Rectal Exam should be performed at the time of each screening sigmoidoscopy, colonoscopy, or barium enema examination.)

COLORECTAL CANCER RISK FACTORS:

People should begin colorectal screening earlier and/or undergo screening more often if they have any of the following colorectal cancer risk factors:

- A strong family history of colorectal cancer or polyps (first degree or relative younger than 60 or two degree in relative of any age)
- Families with hereditary colorectal cancer syndromes
- A personal history of colorectal cancer or adenomatous polyps
- A personal history of chronic inflammatory bowel disease

