

## DID YOU KNOW THAT SINGLETRACK HEALTH IS A PATIENT-CENTERED MEDICAL HOME?

**This means that at Singletrack Health, your medical care is a partnership which requires cooperation between both yourself and your physician.**

### **What you can expect from us:**

- Our office will make every effort to address your healthcare needs in a timely and compassionate manner.
  - (We ask that you do please allow 24-48 hours for medication refill requests)
- We have same-day appointments available for acute care visits! When you are feeling unwell, you can expect to be cared for by one of our physicians. We will schedule you with an available provider.
- Our office has on-call services that we share with physicians at Stevens Hardie Family Practice.
  - Any time you have a medical need after regular business hours (including the weekends), you can call our office at 906-662-4070 to be transferred to the on-call provider for Singletrack Health. This will put you in touch with one of the providers from either our office or Stevens Hardie Family Practice.
- Most minor procedures can be taken care of right here in our office! Some of the services we provide are: laceration repair, wart removal, mole removal, fracture management, IUD placement, other gynecological procedures, and vasectomies.
- If you are a prenatal patient, you will have the opportunity to meet all of the providers at both Singletrack Health and Stevens Hardie Family Practice at your regularly scheduled prenatal appointments. This will provide you the opportunity to become comfortable with all of our physicians, as the on-call provider will be with you during your labor and delivery process.
- If you are hospitalized, you will be seen by the on-call provider for our office.

### **What we expect from you:**

- We require you be seen at least once a year for your annual physical, Medicare wellness exam, or well child visit. Even if you are not ill, it is very important to come in for these visits to keep your physician up-to-date on your health status and to ensure your medical needs are being met.
- The importance of vaccinations is one of our core beliefs, and as such we expect our patients to follow and adhere to the CDC guidelines for these vaccinations, including annual flu vaccines.
- If you have a chronic condition that requires monitoring, we expect you to follow the recommendations of your physician and come in for your regular appointments.
- In cases of acute care (colds, flu, ear infections, sprains, etc.), we request you first call our office or our on-call provider instead of going to the walk-in center or the emergency department. Often, we can get you in much faster to see a provider in our office than the wait in an urgent care center. As your primary care physician, we also know your medical history and can make sure you are receiving the type of care you need!
- We request that you are courteous with cancellations and give us at least a 24-hour notice.
- If you have questions for your physician, our web portal gives you the opportunity to directly contact your physician. It is preferred by our office that you use this method of communication as often as possible.
- If you are ever seen at another facility, please request the records be sent to us and/or inform us promptly. This helps us work with other provider's offices to make sure you are receiving the best possible care!
- Co-pays are always due at time of service. Any additional deductibles are due upon receipt of a statement from our office. In the case of financial hardship, please contact our office promptly to make a payment arrangement.



# Singletrack Health New Patient Request Form

Date form completed: \_\_\_\_\_

(Please fill out a separate form for each member of your household)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_

Insurance: \_\_\_\_\_

List any medications you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Chronic Conditions (ex: diabetes/hypertension/etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who are your current physicians? \_\_\_\_\_

What is the reason you are leaving your current physician's office?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Physicians: \_\_\_\_\_

Were you referred by one of our current patients? If so, who?

\_\_\_\_\_

Our office follows the Center for Disease Control's recommended guidelines regarding vaccines, including annual flu vaccines. How do you feel about vaccination?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*IF YOU HAVE AN URGENT NEED TO SEE A PHYSICIAN, PLEASE CONTACT YOUR NEAREST EMERGENCY DEPARTMENT OR WALK-IN CENTER. THESE FORMS ARE ASSESSED ONLY ON AN INFREQUENT BASIS WHEN AND IF WE ARE ABLE TO ACCOMMODATE NEW PATIENTS\*\*\***

***Please note that completion of this form is not a guarantee of acceptance into the practice. In the event that there is an opening, our office will contact you.***