

BRYAN R. PARRY, M.D.

& ASSOCIATES

Bryan R. Parry, M.D.
ORTHOPAEDIC SURGEON

Hello!

Dr. Parry and staff would like to thank you in choosing our practice to assist you with your healthcare needs. We would like to take this opportunity to acquaint you with the new patient policies in our office.

It is our desire to make your visit as pleasant and efficient as possible. Therefore, we have enclosed a few forms to complete prior to your visit.

On the day of your visit, the Patient Information Forms need to be filled out completely and brought in with you. We will also need proof of insurance and a picture ID. If the patient is a minor, we will need a parent or legal guardian to be present on each visit.

Please bring any prescription medication(s) that you are currently taking. This will allow our nursing staff to accurately record the prescribing information so that you are not prescribed any medication from our office staff that will have an adverse effect.

In order for our office to provide you with the best quality of care, it is necessary (if applicable) that we have all office notes of previous treatment that would pertain to your visit with us and/or xrays, MRI's, CT's, etc. If you are unable to obtain these items prior to your visit, we will need to reschedule your appointment.

You will receive a call from our office as a reminder of your appointment; however, if you have any questions prior to your appointment please contact our office. If you need to cancel or reschedule your appointment for any reason please call our office prior to your appointment.

Again, WELCOME to our practice and we look forward to meeting you!

*Sincerely,
Bryan R. Parry M.D. And Associates*

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& ASSOCIATES

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ORTHOPAEDIC SURGEON

Dear Patients,

We have established a number of guidelines and policies to insure patient care:

PHONE POLICY

Generally we are available for routine phone calls Monday - Friday between the hours of 8am - 4pm, except for our lunch hour between 11:45am and 12:45pm. Most phone calls are handled by our medical assistant or medical secretary. They write down the nature of the call, place the message sheet with the patient's chart and then if a medical decision needs to be made, will speak with the medical provider. Except for urgent and emergency cases, we must attend to the phone calls when time allows, since first attention has to be given to those patients who have appointments in the office that day.

We find that some phone call requests can't be handled safely by a decision made without face-to-face contact, checking vitals, a lengthy discussion and careful review of the chart. If this is the case, you will be given an appointment to see the provider the same day. If shortcuts are made, your safety may be at risk. In general, treatment programs can't be changed over the phone. Although sometimes dose levels of medications can be adjusted for patients doing well or having side effects, changing new medications usually can't be done over the phone, but instead will be managed by offering you an earlier appointment if the need arises.

APPOINTMENTS

In order for us to see our patients in a timely manner your appointment will be rescheduled if you are late without prior notification.

REFILLS

With your safety our primary concern, we generally only allow enough medication to last from one visit to the next, especially when the medication might be habit-forming or cause problems if it is taken too often. DO NOT exceed the recommended dose on your prescription bottle. Please have your pharmacy name and phone number available

when requesting medication. Please do not continue to call throughout the day to see if your prescription has been called in. If a refill is approved by your provider, you will receive a call from our office notifying you that the prescription has been called in. Although we will try to be flexible and accommodate your needs, safe medical practice comes first. Refills aren't given after hours (4 PM), weekends (Friday 12pm- Sunday), or holidays due to not having the ability to review your chart.

CALLS AFTER HOURS

In the evenings (After 4) and on weekends (Friday 12pm - Sunday), Dr. Parry does not have your chart available. Treatment choices are therefore, limited. Please make after-hour phone call only for urgent medical needs and not for medication request or other routine matters, which can be better handled during regular office hours.

We hope that you will understand why we have decided that principles of safety must be chosen over convenience in regard to your health. Please keep this information available by your phone or in a safe place for future use.

Thanks for your cooperation in helping us provide safe and effective medical care.

PATIENT HISTORY FORM

Name: _____

Today's Date: _____

SS#: _____

Date of Birth: _____

DRUG ALLERGIES: _____

Current Medications

Medications	Dose	Reason For Medication

Past Medical History

Surgeries/Hospitalizations	Year	Physician	Hospital

Family History

Member	Alive	Deceased	Health Status or Cause of Death
Father	A	D	
Mother	A	D	
Sister/Brother	A	D	
Sister/Brother	A	D	
Sister/Brother	A	D	

Patient History Form

Continued

Name: _____

Today's Date: _____

SS#: _____

Date of Birth: _____

Review of Systems

Are you currently having or have you had problems with :

	Circle		Describe all Yes responses
Eyes	No	Yes	_____
Ears, Nose, Throat	No	Yes	_____
Lungs, Breathing	No	Yes	_____
Digestion	No	Yes	_____
Bowel Movement	No	Yes	_____
Bladder Problem	No	Yes	_____
Diabetes	No	Yes	_____
High Blood Pressure	No	Yes	_____
Bleeding Problems	No	Yes	_____
Balance Problems	No	Yes	_____
Numbness/Tingling	No	Yes	_____
Blackout/Fainting	No	Yes	_____
Psychological Problems	No	Yes	_____
AIDS	No	Yes	_____
Cancer	No	Yes	_____
Arthritis	No	Yes	_____
Polio	No	Yes	_____
TB	No	Yes	_____
Epilepsy	No	Yes	_____

Have you ever had general anesthesia? No Yes

Have any problems with anesthesia? No Yes If yes, describe: _____

Social History

Work in the home Employed (occupation _____) Student Retired Daycare

Single Married Divorced Separated Widowed

Exercise? Daily Monthly Rarely Never

What type of exercise (if applicable): _____

History of substance abuse? No Yes If Yes, what? _____

Smoke currently? No Yes _____ Packs per day for _____ years.

Quit Smoking? This year >1 year >5 years >10 years

Previously smoked _____ packs per day for _____ years.

Drink alcohol? Daily 1-2 x/week 1-2 x/month 1-2 x/year

Patient Signature: _____

Date: _____