Renée Woods, MD

NewLeaf HealthCare, PC.

4702 Summitview Ave
Suite 102
Yakima, Wa. 98908

Patient Registration

Today's Date: _____

Name _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home_____ Cell:_____

Email Address: _____

Emergency Contact:_____ Phone Number: _____

Preferred Pharmacy:_____ Primary Doctor:_____

Consent to Treatment

I voluntarily consent to medical treatment and diagnostic procedures provided by NewLeaf Healthcare and its associated physicians, clinicians and other personnel. I consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made as the result of treatments or examinations.

Assignment of Insurance Benefits

I guarantee payment of all charges made for or on account of the patient and I assign my rights in any insurance benefits or other funding to the physician and NewLeaf Healthcare. I understand that I am responsible for any charges not covered by insurance or other forms of benefits. I understand that NewLeaf HealthCare can obtain my credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collection or collected, I shall pay all collections fees and cost, including reasonable attorney's fees. For Medicare beneficiaries: I have provided all necessary information for proper assignment of Medicare benefits.

ePrescribing/ Medication History Download Consent Form

ePrescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy from the point of care. ePrescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization act (MMA) of 2003 listed standards that have to be included in an ePrescribe program.
These include:

- Formulary and benefit transactions-gives the prescriber information about which drugs are covered by the drug benefit plan.
- Medication history transactions-provides the physician with information about medications the patient is already taking to minimize the number of adverse drug events.
- Fill status notification-allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription has been picked up, not picked up, or partially filled.

By signing this consent form you are agreeing that NewLeaf HealthCare can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.

No Hospital Acknowledgement

I acknowledge that email is not approved as a secure method of transmitting protected health information ("HIPPA" information) and is not advised for the transmission of medical information. I authorize the use of email for communication concerning my care.

I acknowledge that I have read and understood Dr. Woods' Privacy Policy.

I accept and agree to Dr. Woods' office polices, including:

- That Dr. Woods does not provide any form of hospital practice.
- That in the case of emergency or urgency I will seek health care from my primary care provider or other provider.
- That Dr. Woods does not provide after-hours services, and I understand Dr. Woods' hours of availability may vary.

I plan to seek care from _____ at times when Dr. Woods is unavailable.
Patient Name _____ Date _____

Renée Woods, MD

NewLeaf HealthCare, PC.

24 Hour Cancellation & "No Show" Fee Policy

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, NewLeaf HealthCare, PC, reserves the right to charge a fee of for all missed appointments ("no shows") and appointments which, *absent a compelling reason, are not cancelled with a 24-hour advance notice. New patients (those who have not been seen by Dr. Woods within the last 3 years) will be charged a cancellation fee of $299 and established patients (those who have been seen by Dr. Woods within the last 3 years) will be charged a cancellation fee of $199.

PLEASE NOTE: For appointments on Mondays, we require notice by 8 am on the Friday prior to the appointment, to allow time to place another patient in the cancelled time slot. In this case the cancellation policy is "**one business day**."

"No Show" fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment. Multiple "no shows" in any 12 month period may result in termination from our practice. Thank you for your understanding and cooperation as we strive to best serve the needs of all of our patients. By signing below, you acknowledge that you have received this notice and understand this policy.

As a courtesy we try to do reminder calls but this is not an obligation. Please take the responsibility to keep record of your appointments. The responsibility of keeping the appointment is a commitment the patient makes when the appointment is made. If you are ever unsure of your appointments scheduled please call the office to verify.

Printed Name: _____

Signed Name: _____

Date Signed: _____

Renée Woods, MD

NewLeaf HealthCare, PC.

FOLLOW UP VISITS TO REVIEW BLOOD WORK:

The large blood panel that Dr. Woods orders for her patients which yields information about which aspects of health may be leading to heart disease/ stroke or cognitive decline provide extensive information that enables us to advise you about health issues that can be changed to allow you to correct the problems that are found at their root causes and avoid these diseases.

Because the information in these panels is extensive, and discussion to explain them is extensive, we require that 3 appointments be set for that review. It is a quality standard in this practice that we want to education patients as to the meaning of these labs in their individual case.

We ask that you scheduled these visits at the time of the blood draw, when the available appointments with Dr. Woods fall into a reasonable timeline following the draw. Should your case prove to be an exception, and the discussion is completed in fewer visits, the unneeded visit(s) can be cancelled. However, if we were to not schedule sufficient visits and more visits were needed, this will put that discussion out further on the calendar to the first available opening, and this creates an unacceptable time frame for discussing results.

Please trust us with this process and make the 3 appointments that are required. It creates undue stress for the staff and an unnecessary workload to try to accommodate patients who are not familiar with this process and would like to make their own policies around this.

Patient Name : _____

Patient Signature : _____

Date : _____

Renée Woods, MD

NewLeaf HealthCare, PC.

Lab Review Policy

Dr. Woods' practice at NewLeaf HealthCare, PC is highly oriented towards knowing the patient, both as a person and in terms of the person's story. The labs we order also help tell the story of what is going on with the person.

The interpretation that Dr. Woods is going to give to the lab results will often include information that is at cutting edge of medical understanding. It may not be the usual interpretation a patient might receive if they were to review those labs with another physician. One example is that of elevated cholesterol, when most doctors see elevated cholesterol, they are going to recommend a medication intended to drive the cholesterol level down. Dr. Woods, however, will look into why it is elevated on the principle that often we can find our why, address the root cause, and see the problem resolve as the root cause resolves.

That being said we have a policy at Dr. Woods' office about releasing lab reports. Because Dr. Woods' discussion of the labs is going to be very different than other providers, we require patients to allow Dr. Woods to discuss the labs with them as they are "revealed." We prepare a copy of the lab reports in advance and give them to you after we have completed the discussion; however, we do not release them to you prior to our discussion. We ask that Dr. Woods be given the opportunity to give you the first interpretation of the lab she has ordered. This is to allow for the first impression, which is usually the greatest impression, to come from Dr. Woods.

Most of our patients are happy with this policy. They are coming to NewLeaf HealthCare because they want Dr. Woods interpretation. However, we run into patients who insist they want copies of their lab reports either prior to seeing Dr. Woods, or they plan not to visit with Dr. Woods at all about the results. In this case, please understand it is our established office policy not to release labs to patient prior to having them reviewed together with Dr. Woods. If a patient insists on having them outside this order, we will comply and a copy will be released. At that point, the patient will be dismissed from the practice.

We hope you will see the logic in this policy and understand we do this with the patients' best interests at heart.

We appreciate your signature here, acknowledging in advanced our policy and your understanding of it:

Patient Name : _____

Patient Signature : _____

Date : _____

Thank you for completing this form at each visit.

Name: **DOB:** **Date:**

Please provide updated information if there have been any changes since your last visit.			
Street Address:			
City, State, Zip:			
Home Phone:		Work Phone:	
Marital Status:		Spouse/Partner Name:	
Occupation:		Education:	
Insurance:			

What brings you to the office today?			
☐	Annual Exam or Routine Care	☐	New Patient Visit
☐	Pelvic Floor Rehabilitation	☐	Review Lab Results
☐	Problem/Concern/Other (Please describe briefly):		

Gynecologic History			
Date of Last Menstrual Period:		Every _____ Days	Lasting _____ Days
Date of Last Pap Smear:		Normal Results?	☐ Yes ☐ No
Date of Last Mammogram:		Normal Results?	☐ Yes ☐ No
Current Method of Contraception:			

Please describe any changes to your medications and medication allergies since your last visit.	
Medication Update:	
Allergy Update:	

Please inform us of any changes to your family history since your last visit.

☐ Diabetes ☐ Stroke ☐ Heart Disease ☐ High Blood Pressure ☐ Cancer: Breast, Ovarian, Colon ☐ Drinking Problem

Please mark any symptoms you are having today:

General
☐ Weight Loss or Gain
☐ Fevers
☐ Trouble Sleeping
☐ Chronic Fatigue
☐ Excessive Bleeding
☐ Easy Bruising
☐ Abnormal Thirst

Eyes
☐ Itchy, Red Eyes
☐ Vision Problems

Ears
☐ Ear Pain
☐ Ringing in Ears
☐ Hearing Loss

Nose
☐ Sinus Problems
☐ Nose Bleeds

Mouth
☐ Sore Throat
☐ Mouth Sores

Lungs
☐ Coughing Up Blood
☐ Shortness of Breath
☐ Chronic Cough
☐ Blood Clot in the Lungs
☐ Painful Breathing
☐ Wheezing

Cardiovascular
☐ Chest Pain
☐ Irregular Heart Burn
☐ Ankle/Hand Swelling

Gastrointestinal
☐ Frequent Diarrhea
☐ Constipation
☐ Bloody Stools
☐ Nausea/Vomiting
☐ Hemorrhoids

Urinary
☐ Incomplete Urination
☐ Loss of Urine
☐ Painful Urination
☐ Bloody Urine

Musculoskeletal
☐ Muscle Weakness
☐ Joint Pains
☐ Joint Swelling
☐ Clot in Leg Vein

Neurological
☐ Frequent/Severe Headaches
☐ Dizziness
☐ Seizures
☐ Numbness
☐ Trouble Walking
☐ Fainting Spells

Skin
☐ Acne
☐ Dry Skin
☐ Unwanted Hair Growth
☐ Unusual Lump or Growth

Emotional
☐ Excessive Worry
☐ Depression
☐ Frequent Crying
☐ Serious Thoughts of Harming Yourself or Others

Menstrual Problems
☐ Cramps/Pain
☐ Heavy Bleeding
☐ Too Frequent Periods
☐ Bleeding Between Periods
☐ Missed a Period
☐ Other Period Issue

Pre Menstrual Issues
☐ Bloating, Swelling
☐ Mood Changes
☐ Breast Changes
☐ Headaches
☐ Acne
☐ Other PMS Issue

Menopause Issues
☐ Hot Flashes
☐ Night Sweats

Breast Problems
☐ Breast Pain
☐ Breast Lump
☐ Nipple Discharge
☐ Other Breast Issue

Other Gynecological Issues
☐ Vaginal Discharge
☐ Itching, Irritation
☐ Vulvar Pain
☐ Vulvar Lump, Growth
☐ Vulvar Sores

Sexual Problems
☐ Painful Intercourse
☐ Bleeding After Intercourse
☐ Decreased Desire
☐ Orgasm Problems
☐ Dryness
☐ Possible Exposure to STD
☐ Other Sexual Issue

Would you like to discuss any of the following?
☐ Contraception
☐ Menopause Issues
☐ Pregnancy Issues
☐ Self Breast Exam
☐ Sexuality Issues
☐ STD's
☐ Other

Signature: _____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name _____ **Date** _____

Provider _____ **Patient ID #** _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

add columns: + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	**Not difficult at all** _____ **Somewhat difficult** _____ **Very difficult** _____ **Extremely difficult** _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at *http://www.pfizer.com*. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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