



Middlesex Health Multi Specialty Endocrinology

Welcome to Middlesex Endocrinology. We look forward to working together and strive to provide you with the safest, highest quality health care and best experience possible. We would like to take the opportunity to familiarize you with some of our office policies.

In order to be respectful of all of our patients' time, if you are 10 or more minutes late for your appointment you will likely be asked to reschedule. Please make sure to allow extra time for traffic and parking on the day of your visit.

Please be aware that we have a "No Show" policy. Because your appointment time is reserved for you, you may be charged a fee if you do not call to cancel at least 24 hours in advance. If for any reason you "No Show" or cancel with less than 24 hr notice for three consecutive occurrences, we reserve the right to terminate your healthcare provider/patient relationship.

We understand that plans change and you may need to cancel your appointment. We recommend that you do so as soon as possible. You will most likely be rescheduled to the first available appointment. We will do our best to accommodate you, but please be aware the providers are usually booking out 3 months from the day you cancel. You can request to be placed on a cancellation list.

Our medical assistants may be away from their desk when you call the office. If not urgent, please leave a message when prompted to do so. Messages are retrieved throughout the day. Any messages left after 4:00pm will be addressed on the next business day. If you leave a message on one of the Medical assistant's lines, please allow 24 hours for a return call for non urgent matters.

Our patient portal, My Chart, is a great way to communicate with your provider and we encourage this route of communication as much as possible. Please be aware that My Chart messages are not answered after hours or on weekends. If you need a provider emergently during these times please call the office directly and you will be directed to our answering service.

We encourage you to sign up for My Chart. This will be the quickest way to see your lab results (if you chose to) and get feedback from your providers on those results if they are done in between visits. Please note that test results are released to your provider and you at the very same moment. Thus, you may see your results before your provider. Please give your provider at least 48 hours to respond to your labs.

If you choose not to have My Chart, providers will often mail you a result letter if your test results are normal. This can take up to 1- 2 weeks to receive.

If your provider orders labs for your follow up visit, please try to complete them at least a week before your visit. This gives you an opportunity to review them with your provider at your visit.

If you need a prescription refilled, please call your pharmacy directly. Please plan ahead and allow 72 hours for refills to be approved by your provider.

Please allow 5 business days for your provider to fill out any forms you may need.

We look forward to working with you!

In Good Health,

Middlesex Health Multi Specialty Endocrinology

Notification of Disclosures to Persons Involved in Your Care

(This form may be used for all other hospital services and Off-site Locations.)

Patient Name: _____ **DOB:** _____

Permission to disclose information by telephone or by mail:

No, I do not wish to have information via phone message or written communication.

Yes, I wish to be contacted in the following manner:

Home #: <input type="checkbox"/> Leave a message with detailed information <input type="checkbox"/> Leave a message with the call-back number only	Work #: <input type="checkbox"/> Leave a message with detailed information <input type="checkbox"/> Leave a message with the call-back number only	Cellphone #: <input type="checkbox"/> Leave a message with detailed information <input type="checkbox"/> Leave a message with the call-back number only
<input type="checkbox"/> Written Communication <input type="checkbox"/> Mail to my home address: _____ <input type="checkbox"/> Mail to my work/office address: _____ <input type="checkbox"/> Fax to this number: _____		

Other: _____

Permission to disclose information to family or other persons involved in your care

Unless you specifically agree, we will not disclose any information to family or other persons involved in your care either by phone or in person. This means, for example, that we will not be able to answer questions about a prescription, bill, schedule appointments or otherwise discuss your care or treatment with anyone other than you.

No, I do not wish to have information shared with family or other persons involved in my care.

Yes, I would like MHS to be able to discuss information related to my care with specific persons, listed below:

Name	Phone number	Relationship to Patient

Signature of Patient or Personal Representative

Date

Time

Relationship to Patient

Middlesex Hospital
Multispecialty Group -- Endocrinology *Review of Systems*

Date: _____

Legal Name: _____ DOB: ____/____/____

Preferred Name: _____

Please circle any symptoms that you have experienced in the last 6 months

General: Fever Fatigue Weight Gain Weight Loss

HEENT: Change in size of neck Difficulty swallowing
Change in voice Change in vision Neck tenderness

Respiratory: Cough Shortness of Breath Wheeze

Cardiovascular: Chest pain Palpitations Swelling of the Feet

GI: Nausea Vomiting Diarrhea Constipation
Heartburn Blood in Stool

GU: Frequent urination Waking up at night to urinate
Menstrual irregularities Erectile dysfunction

Musculoskeletal: Joint Pain Joint Swelling Back Pain Open Sores on Feet

Neurological: Tremor Numbness or Tingling Muscle weakness
Headache Dizziness Loss of vision Blurry vision

Skin: Hair Loss Rash Abnormal Hair Growth Dry Skin
Change in pigment of the skin

Endocrine: Heat intolerance Cold intolerance Loss of Libido

Psychiatric: Anxiety Depression

Heme: Easy Bruising Swollen Glands

OTHER ISSUES:

I have not experienced any of these symptoms in the last 6 months

Reviewed:
Date: