



**SOUTH COAST FAMILY
MEDICAL CENTER, INC.**

Dear patient,

Here at South Coast Family Medical Center, Inc we intend to provide you with the care and service that you expect and deserve. Achieving your best possible health requires a "partnership" between you and your doctor. As our "partner in health," we ask you to help us in the following ways:

**SCHEDULE ANNUAL VISITS WITH US FOR ROUTINE PHYSICAL EXAMS AND
OTHER RECOMMENDED HEALTH SCREENINGS.**

I understand that my doctor will explain to me which regular health screenings are appropriate for my age, gender, and personal and family history. I understand I will need to complete these recommended health screenings (mammogram, pap smears, colon cancer screening, immunizations, etc). These health screenings are tests that can help detect life-threatening diseases and conditions. If I visit my doctor only for treatment of immediate problems and forget to arrange for regular health screenings, I put myself at risk of letting serious health problems go undetected. I will schedule regular visits with my doctor to complete my physical exam and to discuss these health screenings. These office visits are not the time to discuss other medical issues except those pertaining to illness and cancer prevention.

**RETURN TO CARE BASED ON THE RECOMMENDATIONS DISCUSSED DURING
YOUR OFFICE VISIT.**

I understand that my doctor will want to know how my condition progresses after I leave the office. Returning to my doctor as instructed gives him or her the opportunity to check my condition and my response to treatment. During a follow-up visit, my doctor might order tests, refer me to a specialist, prescribe medication, or even discover and treat a serious health condition. If I do not follow-up as instructed in the original office visit, I run the risk that my physician will not be able to detect and treat or properly manage a serious health condition. I will make every effort to follow-up as instructed by my physician.


**CALL THE OFFICE WHEN I DO NOT HEAR THE RESULTS OF LABS AND OTHER
TESTS.**


I understand that my physician's goal is to report my lab and test results to me as soon as possible. However, if I do not hear from my physician's office within one week, I will call the office for my test results.

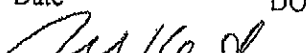
**INFORM MY DOCTOR IF I DECIDED NOT TO FOLLOW HIS OR HER
RECOMMENDED TREATMENT PLAN.**

I understand that after examining me, my doctor may make certain informed recommendations based on what he or she feels is best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and tests, or even asking me to return to the office within a certain period of time. I understand that *not* following my treatment plan can have serious negative effects on my health. I will let my doctor know whenever I decide *not* to follow his or her recommendations so that he or she may fully inform me of any risks associated with my decision to delay or refuse treatment.

Thank you for your partnership. As our patient, you have the right to be informed about your health care. We invite you, at any time, to ask questions, report symptoms, or discuss any concerns you may have. If you need more information about your healthy condition, please ask.

Patient name _____


Patient Signature _____


Date _____ / ____ / ____
DOB _____


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