

OAK STREET MEDICAL, P.C.

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Thank you for allowing us to become partners in your Health Care!

Enclosed you will find paperwork we need you to complete and bring with you for your appointment. If this is not completed when you come in it may delay your appointment time. Please arrive 20 minutes prior to your appointment time as additional paperwork will be needed at check in as part of the new patient registration process.

§ If your insurance is a managed care plan, a referral is required from your primary care physician in order to be seen by a specialist. With a managed care plan, please call to make sure the referral has been requested from your primary physician and received by the specialist.

§ As a courtesy, our office will contact your insurance company to verify coverage and benefits. Please call us if you have questions about the amount you will need to be prepared to pay at your first appointment. Co-payments, Co-insurance and Deductible amounts are payable at the time of service. We accept cash, checks made payable to Oak Street Medical, Visa, MasterCard and Discover.

§ **Late Appointments:** The office may need to reschedule your appointment if you are late.

Appointment Policy

Our office requires 24 hour notice if an appointment cannot be kept. If you are unable to make your scheduled appointment, please notify us as soon as possible. You can call our main office number between 8am and 5pm. If before 8am or after 5pm, please leave a message on our voice mail. All "No Show" appointments are tracked within the patient's medical record. There is a \$50.00 fee attached to all "No Show" appointments subsequent to the first offense. With any additional "No Show" appointments following the second notice, our office will be unable to schedule any appointments in advance. Patients may call our office on the day he/she is available to attend an appointment to inquire if there is an opening that would work for them. Continued missed appointments will subject the patient's account for review of possible termination from the Practice.

If you have any questions, please feel free to call the office during regular business hours.
We look forward to meeting you soon.

Warmest regards,
The Office Staff
Oak Street Medical

NEW PATIENT HISTORY FORM

Patient Name: _____

DOB: _____

**Please list ALL Medications you are currently taking, including over the counter and skin creams/ointments:
(Please bring your medicines to your appointment)**

_____	_____
_____	_____
_____	_____
_____	_____

List any medication ALLERGIES (including LATEX):

_____	_____
_____	_____

What type of work do you do?

- Do you have mold/mildew or water leaks in your home? Yes No
- Do you use a fireplace, wood or pellet stove? Yes No
- Do you have an air conditioner? Yes No
- Do you have pets? Yes No
- What kind? Dogs Cats Other
- Do they come inside? Yes No
- Are you a current smoker? Yes No
- Have you smoked in the past? Yes No
- Is there smoking at home (indoor or outdoor)? Yes No
- If you smoke or have smoked:
Number of packs per day: _____ Number of years _____

NEW PATIENT HISTORY FORM

Patient Name: _____

DOB: _____

Please check all that are appropriate:

REVIEW OF SYSTEMS

- Systemic: feeling tired/fatigued fevers or chills other
- Cardiovascular: high or low blood pressure irregular heart rhythm
 swollen ankles (edema) heart failure
 Chest pain/angina/heart attack other
- Gastrointestinal: abdominal pain heartburn
 vomiting diarrhea other
- GU: difficulty urinating pain with urination other
- Endocrine: diabetes/high blood sugars thyroid problems other
- Hematologic: anemia swollen lymph nodes other
- Musculoskeletal: muscle aches/pains swollen joints other
- Neurological: headaches dizziness other
- Psychological: depression anxiety other
- Skin: itching rash other

FAMILY HISTORY

Is there a history of any of the following in your immediate family (parents or siblings)?

- Environmental allergies Yes No Who? _____
- Food allergies Yes No Who? _____
- Eczema Yes No Who? _____
- Asthma Yes No Who? _____
- Recurrent infections Yes No Who? _____
- Hives Yes No Who? _____