

# 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.

## **ALLERGY APPOINTMENTS:**

§ Please STOP all antihistamines 5 days prior to your scheduled appointment unless you have hives or swelling. This includes over the counter Claritin, Allegra and Zyrtec. If you have any questions or concerns, please give our office a call.

### ***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 \_\_\_\_\_

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? \_\_\_\_\_