AllCare
Primary Care & Walk-ins

ESTABLISHING CARE

Patient's Name: _____ Date of Birth:_____

Establishing care at AllCare is only considered after careful review of all old records, diagnostic tests (i.e. procedures, mammograms, etc.) sub-specialist records and any other pertinent medical records. **Walk-in visits DO NOT CONSTITUTE ESTABLISHMENT OF CARE.**

Certain patient cases will not be considered for establishment of care: **CHRONIC PAIN, ACTIVE OR RELAPSING DRUG AND ALCOHOL ABUSE, AND ACTIVE OR RELAPSING BULIMIA AND ANOREXIA,** will not be considered for establishment of care because these conditions require a multidisciplinary setting for effective care. **Please note that the use of Medical Marijuana (Cannabis) for pain management constitutes a CHRONIC PAIN condition.**

The following must be completed in detail and obtained prior to being set-up for an initial consultation visit. We strongly suggest you contact your past doctor(s) and verbally request your old records to expedite our receipt of all requested documents.

- Medical history and insurance responsibility forms (enclosed)
- Insurance information (attaché a copy of your card)
- All past doctors with addresses and contact phone numbers

Doctor's Name: _____Specialty: _____
Address: _____
City: _____State: _____ Zip Code: _____
Phone: _____ Fax: _____

Doctor's Name: _____Specialty: _____
Address: _____
City: _____State: _____ Zip Code: _____
Phone: _____ Fax: _____

Doctor's Name: _____Specialty: _____
Address: _____
City: _____State: _____ Zip Code: _____
Phone: _____ Fax: _____

Doctor's Name: _____Specialty: _____
Address: _____
City: _____State: _____ Zip Code: _____
Phone: _____ Fax: _____

- **IF YOU NEED ADDITIONAL SPACE, CHECK THIS BOX AND CONTINUE ON THE BACK SIDE OF THE SHEET.**

All hospitalization dates, locations and phone/fax numbers:

_____
_____

_____ _____
Patient Signature Date

ALLCARE 6401 East Thomas Road, Ste 103, Scottsdale, AZ 85251 T: 480-941-4400 F: 480-941-1100
www.allcaremedicine.com

Print Form