

## 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: \_\_\_\_\_

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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