

Patient Medication History Authority

At Flat Rock Physicians, we are committed to providing excellent care while evolving with modern technology. We are pleased to announce our new electronic medical records (EMR) implementation powered by Athena Health, Inc. To make the EMR transition as seamless as possible, please review and sign the patient Medical History Authority agreement below. The Medication History Authority is an authorization that allows for an import and download of a patient's 13-month medication history into the EMR. The information collected only includes medications that were filled and paid for by the patient's health insurance. Thank you for your participation in this program as it maintains an accurate medication history for your records. This accurate history empowers us as physicians to better assist you at Flat Rock Physicians.

Consent

By signing this document, I the patient, give consent and authorize the use of Medical History Authorization to be implemented and utilized by Flat Rock Physicians' EMR services powered by Athena Health Inc.

Patient Printed Name : _____

Patient Signature : _____

Date (Flat Rock Physicians) : _____

Flat Rock Physicians

Insurance Questionnaire

Your insurance company will only cover the following reasons for your visit today. Please check ONE box to explain the reason for today's visit.

I am here for a PHYSICAL (sport, work, insurance, Medicare Wellness Exam, Healthy Blue Exam, etc.) and have NO problems, nor symptoms to discuss with the doctor today.

I DO NOT NEED REFILLS TODAY.

I DO NOT HAVE A NEW PROBLEM OR OLD PROBLEM TO DISCUSS WITH THE DOCTOR.

I am here for a NEW MEDICAL PROBLEM, or to DISCUSS ABNORMAL TEST RESULTS.

OR

I am here for CHRONIC DISEASE MANAGEMENT and MEDICATION REFILLS.

- 1.
- 2.
- 3.

OR

I am here for a PROCEDURE (skin biopsy, pap smear, wart destruction, etc.)

I am here for CLEARANCE FOR SURGERY or PAPERWORK.

Signature _____ Date _____

Review of Systems

If you suffer from any of the following health problems, place a check in the space provided.

General	Check if "yes"	Additional Details
Weight loss		
Weight gain		
Fever		
Chills		
Eyes		
Blurred Vision		
Itchy Eyes		
ENT		
Dizziness		
Nose Bleeds		
Voice Change		
Hearing Loss		
G!		
Nausea or Vomiting		
Diarrhea		
Blood in Stool		
Heart		
Chest Pain		
Racing Heart Rate		
Leg Swelling		
Lungs		
Shortness of Breath		
New Cough		
Wheezing		
Endocrine		
Frequent urination		
Neuro		
Loss of memory		
Numbness		
Involuntary Movement		
Skin		
Rashes		
Itching		
Changes in Moles		
Psych		
Depressed Mood		
Sleep Disturbance		
Crying Spells		
Anxiety		
MS		
Joint Pain		
Stiffness		
GU		
Pain with urination		
Incontinence		
Weak Urine Stream		
None of the above		