CONE HEALTH

Falls

1.Have you had any falls in the past year? ☐ Yes ☐ No ☐ Non-ambulatory
2.How many falls in the last year? ☐ One ☐ Two or More
3.Was there injury with the fall? ☐ Yes ☐ No

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1.Little interest or pleasure in doing things?	0	1	2	3
2.Feeling down, depressed, or hopeless?	0	1	2	3
3.Trouble falling of staying asleep, or sleeping too much?	0	1	2	3
4.Feeling tired or having little energy?	0	1	2	3
5.Poor appetite or overeating?	0	1	2	3
6.Feeling bad about yourself, or that you are a failure or have let yourself or your family down?	0	1	2	3
7.Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
8.Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving a lot more than usual?	0	1	2	3
9.Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	0	1	2	3

Scores _____ + _____ + _____ + _____

= Total Score: _____

If you check off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

GAD-7

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1.Feeling nervous, anxious, or on edge?	0	1	2	3
2.Not being able to stop or control worrying?	0	1	2	3
3.Worrying too much about different things?	0	1	2	3
4.Trouble relaxing?	0	1	2	3
5.Being so restless that it is hard to sit still?	0	1	2	3
6.Becoming easily annoyed or irritable?	0	1	2	3
7.Feeling afraid as if something awful might happen?	0	1	2	3

Scores _____ + _____ + _____ + _____

= Total Score: _____

If you check off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Cone Health Medical Group
Partnering for exceptional care.

Cone Health Primary Care at Welden Village
1380 Old Salem Road
Kernersville, NC, 27284
Phone: 336-890-3661
Fax: 336-733-6635

ADVANCED DIRECTIVES

Do you have Advanced Directives?

☐ Yes

☐ No

If yes, please mark the appropriate box:

☐ DNR

☐ Living Will

☐ Healthcare Power of Attorney

Would you like additional information?

☐ Yes

☐ No

Name:_____ DOB:_____

1380 Old Salem Road
Kernersville, NC, 27284
Phone: 336-890-3661 Fax: 336-733-6635

Medical Records Release Form
(from another practice to ours)

Patient Name _____ Date of Birth_____
Telephone _____ Social Security # _____
Address_____

I hereby authorize the use or disclosure of my individual identifiable health information as described below. This includes information pertinent to mental health, drug/alcohol abuse and HIV/AIDS diagnosis. I understand that this authorization is voluntary. The information released may not be released by the recipient without my authorization. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer by protected by federal or state privacy regulations.

I authorize Cone Health Primary Care at Welden Village to request progress notes, labs, xrays, procedure notes, and immunizations from the last 1 year.

Please indicate if you would like your records once we receive them. Yes / No

Please request records from:

Dr._____ Phone:_____
Address: _____ Fax: _____

The patient or the patient's representative must read and initial the following statements.

a. I understand that unless revoked earlier, this authorization will expire on __/__/__. **Initials:**_____
b. I understand that I may revoke this authorization at any time by notifying Cone Health in writing, but if I do, it won't have any effect on any actions Cone Health took before it received the revocation. **Initials:**_____
c. I understand that Cone Health cannot make me sign this authorization as a condition to receive treatment from Hospital except:
    a. When Cone Health provides me with research-related treatment, or
    b. When Cone Health provides me with health care solely for the purpose of creating protected health information for disclosure to someone else.

    Initials:_____
d. **I understand there may be a charge for reproduction of medical records/films/tapes. Initials:**_____

Hospital, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

(Form MUST be completed before signing)

_____ _____
Signature of Patient Date

_____ _____
Signature of Parent/Guardian/Auth. Repres Date

_____ _____
Witness Signature Date

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

Cone Health Medical Group
Partnering for exceptional care.

DESIGNATED PARTY RELEASE

We request that you complete this form when consenting for use to leave detailed verbal information (results of labs, xrays, prescription refills, etc.) on your home answering machine, voice mail at work, cell phone, or with another party that you choose to designate.

This form does not allow copies of your medical records to be released. To release copies of your medical records, you must complete a Request & Authorization for Use/Disclosure of Protected Health Information form.

Note: The "Health Care Providers Guide-Communicating with a Patient's Family, Friends, or Others Involved in the Patient's Care," the U.S. Dept. of Health and Human Services, Office for Civil Rights, provides the following information: Even though HIPAA requires health care providers to protect patient privacy, providers are permitted, in most circumstances, to communicate with the patient's family, friends, or others involved in their care of payment for care, without obtaining written authorization from the patient. You can find more information about HIPAA at this website: https://www.his.gov/ocr/hipaa.

Patient Name (PRINT) _____ Date of Birth _____

Today's Date _____

At my request, I authorize ___ All Cone Health Medical Group Practices, or ___ Only WPC-PRIMARY CARE WELDEN to verbally disclose my protected health information, as needed, to (*enter the name of the person(s)/entity who may be allowed to receive your protected health information*):

Name: _____ Name: _____

Address: _____ Address: _____

City/State/ZIP: _____ City/State/ZIP: _____

Phone Number: _____ Phone Number: _____

Relationship to Patient: _____ Relationship to Patient: _____

At my request, I authorize ___ All Cone Health Medical Group Practices, or ___Only WPC-PRIMARY CARE WELDEN to communicate my protected health information to me via the following methods:

☐ Leave detailed message on my home answering machine (phone #: _____)

☐ Leave detailed message on my voice mail at work (phone #:_____, ext: _____)

☐ Leave detailed message on my cell phone voice mail (phone #:_____, ext: _____)

Patient Signature: _____ **Date:**_____

********IMPORTANT NOTICE BELOW*******

PROCEDURE TO CANCEL THIS AUTHORIZATION:
I understand that I may revoke this authorization at any time in writing. However, if I revoke this authorization, I also understand that the cancellation will not affect any action taken in reliance on this authorization before the receipt of the written notice of cancellation.

CONTROLLED MEDICATIONS PRESCRIPTION POLICY

Since the inception of **North Carolina's STOP ACT in July 2017**, Cone Health Primary Care Welden Village no longer uses narcotic pain medication or other controlled substances when treating new patients with chronic pain or chronic medical issues. We do treat new patients with chronic pain using non-narcotic medicines, physical therapy and other modalities, depending on the condition.

We reserve narcotic pain medication as an occasional tool for pain management to improve function while a patient is recovering from an **acute** injury or condition. Cone Health Primary Care may prescribe a narcotic pain medication for temporary relief of acute pain (5 days or less) or for an injury that will require surgical intervention.

We have created this policy because there is growing concern among medical providers regarding the safety of these medicines with risk for overdose and addiction.
We will not replace a stolen or lost prescription for narcotic pain medicine or other controlled substance.

The following medications are not prescribed at this clinic: Suboxone, Nucynta (Tapentadol), Demerol, Methadone, and MS Contin. This list is not comprehensive.

This clinic reserves the right to restrict all controlled substance medications based on safe and appropriate medical care for our patients.

Cone Health Primary Care Welden Village utilizes the North Carolina Controlled Substance Reporting Database.

I acknowledge that I have read, understand, and will abide by the Cone Health Primary Care Welden Village Controlled Medications Prescription Policy.

Signed By:_____

Print Name:_____ Date:_____

CONE HEALTH
Primary Care
WELDEN VILLAGE

Dear Patient,

We are delighted that you have selected us to be your health care provider. To ensure that we provide you with exceptional service with your healthcare and billing needs, please take a few moments to read and sign the following information.

Registration

Cone Health Primary Care works on appointment/same day work in basis. Please call ahead for same day work in availability times. Office hours are 8:00 AM – 5:00 PM Monday through Thursday and 8:00 AM to 12:00PM on Friday. The office is closed for business between the hours of Noon – 1:00 PM and closed on the weekends. Please make note that there is a fee of $50.00 if you do not show for your scheduled appointment and for cancelled appointments if not notified 24 hours prior to your original appointment. If you have 3 no shows, you will be discharged from our practice.

New patient should arrive 30 minutes prior to actual appointment time to fill out paperwork. If you are more than 10 minutes late for your appointment, we may ask that you reschedule your appointment. If you wait more than 10 minutes in the waiting room, please ask the receptionist if there is a delay in the physician's schedule.

Billing/Insurance

Please be advised that the billing and insurance filing of the services provided in our office is managed by the Billing and Profees Department. If you have any questions with regards to your account/balance please call 884-566-1324 (Toll Free).

Your insurance will be filed for all Office visits including Nurse Visits and a co-pay will be collected at the time of service. All in house labs are referred to Solstas Laboratory Network located on the lower level of the MedCenter Kernersville building.

As a courtesy, we will file a claim to your insurance company, and it is your responsibility to provide proof of insurance coverage. If you cannot provide proof of insurance, you will be responsible for payment of the bill at the time of your visit.

Please make note that it is the patient's responsibility to notify our office if your visit is related to a Worker's Compensation Case and if you have notified your present employer of the injury. We will file

with your insurance until you advise us that your employer will cover your visit as a Worker's Compensation incident.

Visit with your Doctor

Please bring all medications, vitamins, mineral pills, etc., you take to each visit. If you need your medicine refilled, please call your pharmacy/drug store first. Please allow 24 hours for all refill requests called in to our office.

If you need to reschedule a referral visit please call the Specialist Office directly that will be provided to you by the referral coordinator. To obtain your results from a referred Specialist Office, please call their office directly for results. We will contact you with all STAT labs and abnormal results.

Emergency Contact/After Hours

Please call 911 or go to the nearest Emergency Room if you have a life-threatening emergency. Otherwise, dial 336-890-3661 to reach the on call physician. Please make note that no prescriptions will be filled after regular business hours.

Customer Service

Your feedback is important to us as our team strives to be the leading choice as your Primary Care Provider.

Thank you for your patronage,

Cone Health Primary Care Welden Village Team

Patient Signature	Date
Guardian/Power of Attorney Signature	Date