



CANCELLATION AND NO SHOW POLICY

We understand that situations arise in which you must miss your appointment. It is therefore requested that if you must miss your appointment you provide the office with more than a 24 hours' notice. This will enable another patient who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than a 24 hours' notice, we are unable to offer that appointment to other patients.

Office appointments which are cancelled with less than a 24 hours notification, will be subject to a **\$25.00** cancellation fee. Procedure cancellations require 5-7 business day advance notice, without notification they may be subject to a **\$150.00** cancellation fee. Any appointments that are not cancelled within 24 hours will be considered a no-show at the time of your appointment and will be charged the cancellation fee.

The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

We understand that some unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval, once per 12 month period.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no show fees should be directed to the Billing Department Manager at (480) 246-3070.

Please sign that you have read, understand and agree to this Cancellation and No Show Policy.

Printed Patient Name

Date of Birth

Patient Signature

Date



Patient Name: _____

Date: _____

Health History Update

Please check YES or NO if any symptoms are *currently present*

NOTE: Please do not leave any blanks

<u>Symptom</u>	<u>Yes</u>	<u>No</u>	<u>Symptom</u>	<u>Yes</u>	<u>No</u>	<u>Symptom</u>	<u>Yes</u>	<u>No</u>
<u>Cardiac:</u>			<u>Respiratory:</u>			<u>Psychiatric:</u>		
Chest Pains			Snoring			Depression		
Palpitations			Hemoptysis (Coughing up blood)			Hallucinations		
Diaphoresis (Excessive sweating)			Dyspnea (shortness of breath)			<u>Hematologic:</u>		
Syncope (fainting)			<u>Gastrointestinal:</u>			Acute Anemia		
Orthopnea (Difficulty breathing laying down)			Nausea			Thrombocytopenia (low blood platelet count)		
PND (breathing disorder related to CHF)			Reflux			<u>Endocrine:</u>		
<u>Vascular:</u>			Bleeding			Goiter (enlarged thyroid)		
Claudication (Pain or limping in legs)			<u>Genitourinary:</u>			Tremors		
Edema or Swelling			Hematuria (Blood in urine)			<u>Derm:</u>		
<u>Constitutional:</u>			Frequent urination at night (>2 times/night)			Rash		
Weight gain			<u>Neurological:</u>			Skin Sores		
Weight loss			Dizziness			<u>Musculoskeletal:</u>		
Fever			Memory loss			Joint Pain		
<u>HEENT:</u> (Head, Ears, Nose & Throat)			Seizures			Myalgia (muscle pain)		
Visual Changes			<u>Reproductive:</u>					
Hearing loss			HX of oral contraception (Birth Control Pills)					