

David Alster MD
Sander Zwart MD
Michael Tirado PA *Certificate in Comprehensive Care For Persons with Diabetes
Ernie Fox PA-C CDCES
Kori Spencer NP
Claire Ramirez PA CDCES
Elise Edward RD CDCES

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Tucson Endocrine Associates
www.tucsonendocrine.com
520.297.0404 (phone)
520.297.0436 (fax)

READ THIS!

5910 N. La Cholla Blvd. Tucson, AZ 85741
1773 W. St Marys Rd. Ste. 202 Tucson, AZ 85745

YOU MUST ARRIVE 20 MINUTES BEFORE YOUR APPOINTMENT TIME. IF YOU DO NOT ARRIVE AT LEAST 20 MINUTES PRIOR TO YOUR APPOINTMENT TIME THE APPOINTMENT MAY BE CANCELLED OR RESCHEDULED.

CHECK LIST

- Valid insurance card**
- Valid referral (if your insurance requires a referral)**
- Co-Pay (Cash, check, or Credit Card – NO Amex. A \$1 fee is charged for credit cards)**
- Pertinent medical records, we strongly recommend you contact your doctor or**
- HAND CARRY YOUR RECORDS to your appointment.**
- If you are a diabetic patient, bring your glucose meter and log book.**
- Completed patient information sheets (two-pages – BOTH SIDES)**

OFFICE PATIENT POLICY

- 1. Follow the initial office visit, prescription refill requests may be obtained by contacting your pharmacy first and allowing 3-5 business days.**
- 2. You must have a valid referral, copay, and valid insurance card at every office visit. If you do not have these your appointment may be cancelled or rescheduled.**
- 3. If you cancel your appointment less than 48 hours (two working days) before the time of your scheduled appointment, you will be charged a fee.**
- 4. Respectful language and behavior are required at all times.**

Portal Address: www.tucsonendocrine.com

OFFICE PATIENT POLICY

Welcome to Tucson Endocrine Associates PLLC

OFFICE POLICIES

We are an endocrine/ diabetes specialty clinic, but we do not provide primary care

Office hours: Posted on website www.tucsonendocrine.com

1. When to arrive: 20 min prior to appointment for new patients, follow up patients please arrive at least 10 min early. If past 10 min mark your appointment may be rescheduled.

2. What to bring: Insurance card(s), applicable co-pay/co-insurance /deductible; and for Diabetes patients: blood glucose meter, log book, or both if available – but at least the meter.

3. Appointment reminders: Phone call and voice message; however it is your responsibility to remember your appointment time.

4. Rescheduling an appointment: We request notification via the portal or by phone or in person at least 2 working days prior. It allows us to help another person. We reserve the right to charge \$29 for late (< 48 hrs) rescheduling or no shows. Multiple occurrences may lead to dismissal from our practice.

Diabetes care: we work as a team. Failure to show up, late cancellations (< 48 hr) for nutritionist appointments may lead to dismissal from our practice. Our nutritionists download your glucose meter and/ or insulin pump and ask provider input for your medication management during the visit. They provide expert opinion and work with our providers on better control of the diabetes.

5. Behavior and language: Respectful language and behavior is required at all times. Abusive gestures, language, or behavior is not tolerated and may lead to dismissal from the practice. We will at all times do our very best to help you the best we can. We strive to solve all issues professionally.

If it takes longer than usual to obtain a medication or schedule a procedure, it typically has to do with restrictions placed by your insurance on medications, x-rays and scans. This is especially true for MRI's, CT scans, specialty medications, and glucose sensors, insulin and insulin pump supplies. Please be patient with us, but we do contact your insurance several times though the week. Costs of medications, imaging needs and procedures are not under our control. We do try very hard to find the most cost-effective treatment for you. Please study your plan's drug formulary, that helps immensely.

6. Refills: Always first contact your pharmacy, and allow 5 days. Contacting us first will actually often delay the refill process. For us to fill refills, it is required that you are seen regularly.

7. After hour care: We do NOT offer after hours services. However you may leave a message to be returned when the office reopens.

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Marital Status: Married Single Widowed Divorced Sex:Female/Male/Transgender/Queer/Nonbinary

SS# _____ Language _____

Mobile #: _____ Home # _____

May we leave messages (check box)

May we retrieve your medication records (check box)

Race _____ Ethnicity _____ Decline to state

Referring Physician _____ Primary Care Physician _____

Pharmacy _____ Location _____

May we retrieve your medical records (check box)

Emergency contact _____ Phone# _____

Address _____ Relation _____

If over 18 years of age what is your school status (circle): Not in school Full Time Part Time

Primary Insurance _____ Policy # _____

Other Insurance _____ Policy # _____

Guarrantor Name _____ Address _____ DOB _____

Release of Medical Information

List of individuals that may receive information about your health (test results, medications, treatments etc.).

Name: _____ Phone _____ Relation _____

Name: _____ Phone _____ Relation _____

Email address _____ (so we may send you test result alerts)

MEDICAL HISTORY

- Do you have a history of atrial fibrillation? Yes No
- Are you under treatment for asthma? Yes No
- Do you have a history of depression? Yes No
- Do you have a history of thyroid problems? Yes No
- Do you have a history of neuropathy? Yes No
- Do you have a history of seizures? Yes No
- Do you have a history of hepatitis? Yes No
- Did you have a history of kidney stones? Yes No
- Do you have a history of a heart murmur? Yes No
- Do you have a history of reflux disease or GERD? Yes No
- Do you have a history of osteoporosis? Yes No
- Do you have a history of cancer, prostate? (Men only) Yes No
- Do you have a history of breast cancer? Yes No
- Do you have a history of sleep disorder, chronic? Yes No
- Do you have a history of stroke? Yes No

Other Medical History _____

Other Medical History _____

Other Medical History _____

MEDICATIONS. (Please list all)

<u>Name</u>	<u>Strength</u>	<u>Dose</u>	<u>How often</u>	<u>Reason you take the medication</u>

ALLERGIES

Past Surgical History

- Have you ever had your gallbladder removed or had a cholecystectomy? Yes No
- Have had a tubal ligation? (Women only) Yes No
- Have you had a hysterectomy? (Women only) Yes No
- Have you ever had prostate cancer? (Men only) Yes No
- Have you ever had pituitary surgery? Yes No
- Have you ever had a cardiac stent? Yes No
- Have you ever had a gastric bypass or other surgical weight loss procedure? Yes No
- Have you ever had an amputation? Yes No
- Have you had thyroid surgery? Yes No
- Do you have a transplant, kidney? Yes No
- Have you had any bowel surgery? Yes No
- Did you have coronary artery bypass graft-heart bypass surgery? Yes No
- Have you ever had breast surgery? Yes No
- Have you had retinal laser for diabetes retinal eye disease> Yes No
- Have you had a vascular bypass procedure? Yes No

Other surgery _____

Other surgery _____

Other surgery _____

Family History

- Did or does your Mother have: Diabetes Thyroid disease High blood calcium
- Osteoporosis Kidney stones Pituitary tumor Breast Cancer
- Did or does your Father have: Diabetes Thyroid disease Osteoporosis
- Kidney stones Pituitary tumor High blood calcium Prostate Cancer
- Did or do any of your brothers or sisters have: Diabetes Thyroid disease
- Osteoporosis Kidney stones Pituitary tumor High blood calcium
- Prostate cancer