



Annual Patient Letter.

Thank you for choosing Blairsville Internal Medicine for your healthcare provider. We feel honored you have chosen our practice and would like to educate you on how our practice may differ from your previous primary care provider. Our primary concern is to take excellent care of our patients while following up to date guidelines for control of disease processes, coordinating care with other providers, ensuring annual wellness and preventative care is addressed and completed, and providing timely follow up with your primary care provider. Given our focus on prevention and well controlled chronic diseases, our expectation is cooperation by the patient. We will work closely with each patient to explain the process and necessity when ordering, but we would like you to be familiar with these expectations as we want to ensure we are the right fit for your healthcare goals.

- ~ Annual Physical (non Medicare patients) or Medicare Wellness (patients on Medicare)
- ~ Patients with chronic medical problems (Provider discretion) are usually seen every 3 months including Prediabetic, Diabetics (A1C every 3 months), Hypertensive patients, etc.
- ~ 7-14 day follow up after hospitalization regardless of diagnosis. Please notify our office.
- ~ Follow up within 7 days of ER visit. Please notify our office.
- ~ Daily sick appointments are available, but may not be with your normal clinical provider. We prefer our patients come to our office for sick visits, rather than going to a walk-in clinic. Please call, send a portal message, and/or walk in as soon as you realize you are ill. Antibiotics are not called in without the patient being seen in the office.
- ~ All specialist visit notes, tests and labs should be forward to our office.
- ~ Annual eye exam if diabetic
- ~ Colon screening: Colonoscopy every 10 yrs, or Cologuard every 3 yrs, or Fecal Occult Blood test annually.
- ~ Mammogram (females): Annually age 50-74
- ~ Bone Density (females): Every 2 yrs after age 65
- ~ Cervical Cancer Screening (females): Every 3 yrs until age 30. 30-64 yrs of age, every 5 yrs if performed with HPV screening, otherwise every 3 yrs,
- ~ PSA (males): Annually per discussion with the patient as this is controversial.
- ~ Annual labs with Cholesterol screening.
- ~ Annual alcohol, depression, tobacco, fall risk, memory screening
- ~ Annual Chest Xray or CT scan in a person who smoked more than 30 pack years.
- ~ Annual Flu vaccine (beginning as early as Aug, preferably before November).
- ~ Current Covid 19 Vaccine and/or Booster per CDC requirements
- ~ Set of Pneumonia vaccines: Prevnar at 65 or after, Pneumovax at age 66 or after.
- ~ Shingles vaccine: At age 50 or after if not completed.
- ~ Tdap vaccine: Td or Tdap every 10 yrs.
- ~ Advanced Care Plan or POLST or Living Will

If the above are completed at another provider's office, we will need to obtain documentation of that for our charts. Please complete a release of records so that we may obtain this information.

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In preparation for your visit, we have included a packet of information that we are requesting you fill out and return to our office using one on the following methods:

1. Drop the paperwork off at our office front desk
2. Mail to: PO Box 1000 Blairsville, GA 30512
3. Fax to 706-745-0282

We require all paperwork to be completed and returned prior to schedule your new patient appointment. **We also appreciate receiving your previous health record prior to your new patient appointment.** If you have any questions about the following forms, please do not hesitate to call our office for further assistance.

On the day of your appointment, we ask that you **arrive 15 minutes prior to your scheduled visit time.** We will be taking your photograph for our electronic medical record when you arrive at the front desk.

Please bring the following to every visit:

- ~ **Your driver's license (or photo id) and insurance card**
- ~ **All medications you are taking.** *This includes prescriptions, supplements, creams, and over the counter. This is to ensure that your medication list is accurate and allows the nurses to check your prescription bottles for necessary refills at the time of the visit.*

While we are happy to provide you care for your medical problems, we **do not prescribe controlled substances, including narcotics or benzodiazepines.** It will be the responsibility of the patient or their family to locate a chronic pain specialist or psychiatrist to prescribe these medications. We will provide you with a list of providers if available to us. We will not be responsible for prescribing these medications during your transition to a specialist or if you run out of these medications or are unable to get in touch with your specialist.

We look forward to meeting with you in person and forming a long lasting healthcare partnership. By signing below you agree to participate with all the preventive health measures described above; failure to do so may result in your discharge from this practice.

Sincerely,

Your Blairsville Internal Medicine Providers.

Signature of patient acknowledging receipt of above

Date