New Patient Check List

Please complete all items and return to our office before your first appointment.

Item 1 — NEW PATIENT DEMOGRAPHICS

☐ I have completed the New Patient Demographic information forms, including the HIPAA notice of privacy practices.

Item 2 — CONCIERGE PLAN SELECTION

☐ I have reviewed the Concierge Medical Practice Sheet and agree to pay the appropriate semi-annual retainer fee at the conclusion of my first appointment.

- ☐ Gold Concierge Plan (Medicare as primary insurance)
- ☐ Silver Concierge Plan (Private pay)

Item 3 — CLINICAL PACKET

☐ I have completed the Clinical Packet, titled Osteopathic Manipulative Questionnaire, to the best of my abilities and knowledge.

Item 4 — APPOINTMENT CONFIRMATION

☐ I agree to call the office at 707-829-5455 confirming my initial appointment 72 hours prior to the scheduled time. If the office does not receive my confirmation call, the appointment time may be released to another patient.

Item 5 — CANCELLATION POLICY

☐ I understand the doctor sees patients twice a week and that I must give 48 hours advance notice for cancellations. A missed or are $95.00. Late cancellation of a first appointment is $150.00 (and may result in not being rescheduled). Follow-up missed cancellations.

Signature

SIGNATURE _____ DATE _____

WAIT LIST REGISTRATION

Please complete items 1 and 2 and return the paperwork via email to: yusuferskinedo@gmail.com | Fax: 707 824 9235

You will receive confirmation of registration for the wait list.