

## Welcome to Uptown Family Medicine

As your new family doctor, I am here to be your primary source of health care. My goal is to provide you with knowledgeable, comprehensive health care and medical advice through all the stages of your life. I will work together to try and prevent, treat and manage the periods of illness that will undoubtedly occur.

I will provide you with office-based care as well as in hospital and urgent care when needed. I will also offer small procedures, such as the removal of skin lesions, joint and soft tissue injections, and IUD insertion, among others. I also work in a group for hospital care, and if you are admitted to the hospital you may be cared for by a colleague at that time as well.

My practice is a mix of scheduled and *same day* or *next day* appointments. I encourage you to “call us when you’re sick” and I will do our best to arrange a time that works for both of us. The reason for this is to ensure you have the opportunity to see a familiar face when you are sick and hopefully avoid unnecessary waits at after-hours clinics and the emergency department.

I also work as part of a Family Medicine New Brunswick team which offers after-hours care for urgent issues. This means that if I am not able to see you quickly because of other commitments, you may have the option of seeing another member of the team. All the team have access to your electronic medical record, which contains all relevant information about your current medications and allergies. The physician who sees you will be able to chart your visit in your own medical record.

I also ask that when you call for an appointment you provide as descriptive a reason for your appointment as you feel comfortable disclosing. This is to better schedule your appointment and give you the time your need requires. Any information you provide is treated with the utmost privacy and confidentiality.

My goal is to be efficient with your time as well as my own and my staff’s. The office as a whole will attempt to remain on time, but if the office falls behind due to unanticipated circumstances I ask your forgiveness in advance. Also, in order to have things run smoothly and as a sign of respect to me and the other patients in the practice we ask that you present 5-10 minutes early for your appointment. **Please bring all medications (including over-the-counter medications) to every appointment.**

Sincerely,

Dr. S. Wood, MD, CCFP

## Office Policies

### **Courtesy**

We strive to provide the best medical care for our patients. While we make every effort to provide prompt on-time service, the healthcare needs of each individual do not necessarily lend themselves to an exact schedule. We therefore appreciate your understanding and patience. If you have any suggestion or complaint for our office, please let us know. Angry or foul language directed to our staff regardless of the issues involved will absolutely not be tolerated and will be grounds for immediate dismissal from our practice.

### **Hours of Operation**

Our office hours will be variable, but generally you should be able to call to book an appointment between 9am - 3pm Monday to Thursday and on occasion between 9am – 11am on Fridays.

During severe weather please call the office before coming in for your appointment to make sure the office is open.

### **Uninsured Health Services**

Some medical services are not covered by NB Medicare and must be paid for by the patient. Our fees for these services are based on the recommendations of the NB Medical Society. Prior to the service you will be notified of the fee. There will be a list of common services and the associated fees posted in the office.

Completion of forms is also an uninsured service and will be subject to a fee. We may require you to book a specific appointment for form completion to ensure timely and accurate completion of the form.

### **Prescription Policy**

Please allow adequate time to book your appointment before your prescriptions expire. We will do our best to see you in the office in a timely manner for required refills. We do not routinely refill medications over the phone or by fax because it is important that we see you in the office to determine your specific medication needs and required monitoring. In rare special circumstances we may refill medications over the phone or by fax and there will be an associated fee.

We do not routinely prescribe narcotics or sedatives to patients. These medications will only be prescribed after an assessment of the patient, a thorough review of the previous medical record, and a trial of other treatment options. In the rare occurrence that narcotics are prescribed in this office, the patient will be required to sign a contract and adhere to strict rules. Lost or stolen narcotics or sedatives will not be replaced or refilled.

*Disclaimer: Although we rent office space from Lawtons drug store, there is no requirement for our patients to fill prescriptions or make any purchases at the store.*

**Missed Appointment Policy**

We understand that your schedule may change unexpectedly and you may have to cancel appointments. We do however require notice by 12 noon the day prior to your appointment or it shall be considered a missed appointment.

If you can't make your appointment, someone else can. It is your responsibility to call and cancel or re-book.

You will be notified by phone and/or receive a notification via mail about missed appointments and associated fees. Following frequent missed appointments (e.g. 3 consecutive or 5 in a 12 month period) you may be dismissed from the practice.

If you arrive late for an appointment you will have the opportunity to be fit into the office as time allows or reschedule you appointment for another day. We will make every effort to fit you into the schedule but we will not compromise the appointments of other patients in the office to do so.

N.B. This policy applies specifically to our office, however, you may also be charged a rebooking fee for missed appointments at the hospital (e.g. imaging or blood work).

**Your signature below acknowledges that you have read, understand and agree with the above information.**

|                  |                             |             |
|------------------|-----------------------------|-------------|
| _____            | _____                       | _____       |
| <i>Signature</i> | <i>Patient Name (Print)</i> | <i>Date</i> |
| _____            | _____                       | _____       |
| <i>Signature</i> | <i>Witness Name (Print)</i> | <i>Date</i> |