New Patient Packet

Medical Information

Once you have selected Houston Thyroid and Endocrine Specialists to manage your endocrine condition, you will have the support of our friendly staff. Our top priority is to educate our patients in a warm, welcoming environment.

Please complete the questions of the New Patient Packet listed the next few pages by clicking the "Next Page" button on the the lower right portion of the screen. Listed below is the information our physicians would like to review prior to your appointment and some general information about the clinic. You do not need to print out any of the forms and can complete the entire packet online.

Our physicians work very hard to run on-time, please help us keep it that way. Arrive in the office waiting room 15 minutes prior to your scheduled appointment time. This packet must be received by our office before we can schedule a new patient appointment for you.
Please read What to Expect on Your First Visit

Print our directions to the closest parking locations and you will arrive to the office on time.

We may need specific information at the time of your visit. If you have any of these items please Fax 713.795.0855 your records ahead of time or upload from your desktop for the doctor to review with this link.
Upload data here

All patients: All current medication bottles, recent blood work and relevant testing, a current insurance card, detailed contact information for your pharmacy of choice.
Referred patients: We do not know why you are coming unless you bring records from your referring doctor explaining why you are coming to us. You must bring those records with you to your first visit. We will not obtain those records for you.
Hyperthyroidism or Hypothyroidism: any previous thyroid scan and uptake, recent thyroid blood testing, and any thyroid ultrasound report.Thyroid Nodules: Previous thyroid ultrasound report if available, any recent thyroid testing (TSH)Thyroid Cancer: Thyroid FNA biopsy cytopathology report, final surgical pathology reports, the surgery operative report, all radioactive iodine treatment reports, whole body scan reports, all thyroglobulin blood test results, any thyroid ultrasound reports.Pituitary Diseases: The most recent MRI-pituitary reports and the one from prior to any pituitary surgery, any pituitary labs and ACTH stimulation testing, surgical operative reports, final surgical pathology reports, radiation therapy notes, visual field examination notes from your ophthalmologist, and any endocrinologists' notes.Adrenal Disease: The most recent CT or MRI of adrenal glands and recent blood work.Diabetes Mellitus: If taking insulin you must bring your glucometer for download. Any recent hemoglobinA1c and kidney testing. Written blood glucose values are not acceptable.

If needed, complete a Medical Release-of-Information form from our website
Medical Release Form, print it, and fax TO your other physicians (not to us) since they need to have your permission to send us records. Our fax number is 713.795.0855 and our address to mail records is "attention- for medical records upload" 6624 Fannin Street. Suite 2260. Houston, TX 77030.

If you think your old records will be important in our decisions, then the only way to guarantee we receive your records in a timely manner is to physically obtain them from your other physician and bring to your clinic visit. Note: If a fax request is sent then we usually do not receive this information from your other physician for at least 4-6 weeks.

Medical Information

Primary Care Doctor Name Dr. Shannon Hardy	**Phone Number** 713-791-9100
Today's Date: 10/19/2015	

Appointment PreferencesPlease inform us below as to your preferences and we will try to accommodate as much as possible. We do not allow switching of doctors. We will schedule your appointment via an email notification to you to check your patient portal. The email will come from email address reminders@eclinicalmail.com "Houston Thyroid and Endocrine Specialists" so please make sure this does not get filtered to your junk email. You will be directed to log into your secure patient portal to view the message Access your patient portal from our website:
http://www.houstonendocrine.com/patientportal

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Day of the week/date: any	**Time of Day (7am to 4pm):** 7am to 4pm
Doctor preference: ❑ No preference ❑ Dr. Cristina Dumitru ❑ Dr. Diana Desai ❑ Dr. Fareed Elhaj ■ Dr. Medhavi Jogi	
Office Location Preference Katy Freeway	
Contact me via Phone	
Last Name Sabitha	**First Name** Deepthimahanti
Middle Name or Initial	
Is this your legal name? Yes	
What is your legal name?	
Title Mrs.	
Marital Status Married	
Date of Birth: 03/27/1986	**Age** 29
Sex F	
Country of Residence United States	
Address 11511 Piping Rock Dr	
Primary Phone 713-306-9346	**Cell Phone** 713-306-9346
City Houston	**State** TX
Zip Code 77077	
Are you a US citizen? Yes	
International patient appointments are for those that reside outside USA and are non-US citizens. Our international patient coordinator will arrange for a comfortable visit. International patients please contact 00 1 713 337 2187 for more information and visit the webpage www.houstonendocrine.com/international. Note also: Patients from the United States that wish to utilize our endocrine concierge services can read about it here.	
Work Phone 713-306-9346	**Occupation** Neutraceutical chemist
Employer Bluebonnet	**Employer Phone**
Are you seeing us because another doctor recommended you come to an endocrinologist? Yes	
Name and phone number of the doctor who recommended you see an endocrinologist. (If you are self-referred put "none") Dr. Shannon Hardy 713-791-9100	
Email Address d.sabitha@ymail.com	
After one of your appointments your physician may send a one-time email asking if you are willing to share your experiences onto a third-party physician review site. If you prefer your doctor to not send this one-time email please check this box. ❑	

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Please visit our Insurances Accepted page to learn which insurances we accept.
Insurance Type HMO
If your insurance requires that you have a referral authorization code from your primary care doctor, then it is your responsibility to make sure we receive that code from your PCP prior to your visit with our clinic. We will attempt to let you know if this authorization is required but sometimes we cannot find this information ahead of time. It is the patient's responsibility to determine if an authorization is needed. If we do not have the authorization code prior at or prior to the time of your visit, you will be responsible for the full visit charges.
I agree with the above terms. ■
Signature: Sabitha Deepthimahanti

Medical Information

Primary Medical Insurance
Remember that we cannot see patients with any form of medicaid.

Policy Holder Name Sabitha Deepthimahanti	**Insurance Company** Aetna Health Inc.
Insurance Member ID W2011 74399	**Insurance Group Number** 326515-032-00010

Insurance Address P.O. Box 14079, Lexington, KY 40512-4079

Insurance Phone Number 1-866-551-6664

Patient's relationship to subscriber Self

If other

Secondary Medical Insurance
Remember we cannot see patients with any form of medicaid

Name of secondary insurance	**Subscriber Name**
Group Number	**Member ID**

Patient's relationship to subscriber

Medical Information

Emergency Contact Name Bhagat Kota	**Relationship to Patient** Friend
Home Phone 608-216-4005	**Work Phone**

Cell Phone

Demographics
Federal government regulations now require the following specific questions be asked concerning race.

Race Other

Ethnicity Non-Hispanic

Languages Spoken English, Telugu

Pharmacy Information

Local pharmacy name, address, zip code, phone number Walmart
2700 S Kirkwood Rd, Houston , TX 77082
(281) 558-5670

Mail-order pharmacy name, address, zip code, phone number

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What is the reason for your visit and for how long has this been present? Please be detailed. hypothyroid. 1 month

If a doctor has referred you for an abnormal blood test please make sure to send those records to us ahead of time.

Remember, if you have been referred by another doctor, it is your responsibility prior to the first visit to make sure we have in your chart the reason for your referral and applicable notes. We will not know why you are being referred because we generally do not have access to your referring doctor's charts. We will not be able to obtain those records for you.
Fax to 713.795.0855 your records ahead of time OR upload from your desktop for the doctor to review with this link. Upload data here If you do not send records ahead of the visit then please give to the front desk staff when you check in at the Kiosk and note that your time with the doctor will be reduced.

Are you coming to us for evaluation or biopsy of a thyroid nodule or thyroid growth? No

Do you have a diagnosed thyroid problem of any kind? Yes

Did you have a history of thyroid cancer? No

Do you have diabetes mellitus? No

Do you have high blood calcium or hyperparathyroidism? No

What was your last TSH and Free T4 blood test value and the date of testing? If none, write "none" TSH: 19.977 uIU/ml
Free T4: 0.89 ng/dL
Date: 10/10/2015

Current Medications Please list dosages and frequency (once per day, twice per day, etc...) of all medications, injections, supplements and vitamins. Please be detailed and Please do not write 'will bring list or see attached'. If not taking any, write 'none'. LevoThyroxin 75 MCG; QTY : 90; Day supply : 90

Past Medical History

- ❑ Diabetes mellitus type 1
- ❑ Pre-diabetes
- ❑ Low Vitamin D
- ❑ Hyperthyroidism
- ❑ Thyroid Cancer
- ❑ Goiter
- ❑ Adrenal failure
- ❑ Hirsutism
- ❑ Coronary artery disease
- ❑ High cholesterol
- ❑ Lupus
- ❑ Cirrhosis
- ❑ Migraines
- ❑ Kidney failure
- ❑ Other diagnoses (please list in next question)
- ❑ Diabetes mellitus type 2
- ❑ Hyperparathyroidism
- ❑ Osteoporosis
- ■ Hypothyroidism
- ❑ Thyroid Nodules
- ❑ Adrenal nodules
- ❑ Pituitary tumor
- ❑ Stroke
- ❑ Heart Failure
- ❑ Kidney stones
- ❑ Hepatitis
- ❑ Headaches
- ❑ Sleep Apnea
- ❑ Pancreatitis

List other medical problems. Missing periods from February 2015

Medical Information

Have you had an recent hospitalizations (within the past 2 months)? If possible please bring those records with you. none

List medication allergies and the reaction that occurs. If no allergies write 'none': Dust allergy. Sneezing reaction

Surgical History none

Medical Information

Please enter medical problems that run in your family.

Please Check all that apply:

	Diabetes	Hypertension	Heart Disease	Cancer	Hypothyroidism	Hyperthyroidism	Thyroid Cancer	Unknown	
Mother	❑	❑	❑	❑	❑	❑	❑	❑	
Father	■	❑	❑	❑	❑	❑	❑	❑	
Siblings	❑	❑	❑	❑	❑	❑	❑	❑	

Other significant medical problems that run in your family: none

Mother Status Alive

Father Status Alive

Sibling Status Alive

Please enter any additional information.

Social History

Marital Status

Occupation Nuetracuetical chemist

Education level Master of Science

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Do you smoke tobacco?
- ❑ Current smoker
- ❑ Former smoker
- ❑ Nonsmoker
- ❑ Current every day smoker
- ❑ Current some day smoker
- ❑ Smoker, current status unknown
- ❑ Unknown if ever smoked
- ❑ Light tobacco smoker
- ❑ Heavy tobacco smoker

Did you have a drink containing alcohol in the past year?

If "Yes", how often did you have a drink containing alcohol in the past year?

Review of Systems in Last 3 Months

General

❑ fatigue	❑ fever	❑ weight gain	❑ weight loss

Eyes

❑ double vision	❑ change in vision	❑ diminished visual acuity	❑ pain

ENT

❑ ear ringing	❑ hoarseness	❑ nasal discharge	❑ difficulty swallowing
❑ nosebleed			

Endo

❑ increased ring size	❑ feel cold	❑ excess thirst	❑ freq urination
❑ feel hot			

Resp

❑ cough	❑ bloody sputum	❑ shortness of breath	❑ sputum production
❑ wheezing			

Cardio

❑ chest pain	❑ can't lay flat	❑ edema in legs	❑ irregular heart rhythm
❑ palpitations			

GI

❑ jaundice	❑ change in bowel habits	❑ constipation	❑ diarrhea
❑ nausea	❑ vomiting		

Heme

❑ abnormal lymph nodes	❑ easy bruising	❑ prolonged bleeding

GU

❑ blood in urine	❑ difficulty urinating	❑ painful urination	❑ reduced sex drive

MSK

❑ back pain	❑ joint stiffness	❑ muscle aches	❑ painful joints

Skin

❑ suspicious lesions	❑ dark color around neck	❑ acne	❑ dry skin
❑ rash			

Neuro

❑ dizziness	❑ loss of strength	❑ seizures	❑ tingling/numbness

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Psych

❑ headaches ❑ anxiety ❑ depressed mood

Women only

❑ last menses ■ irregular menses ❑ are you pregnant?

Date of last menses	**If pregnant, due date**

Do you have a preference for a laboratory to draw your blood work? Note, your insurance may require you use certain labs so you may want to check with your carrier as well. Here are their locations

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Welcome to Houston Thyroid and Endocrine. We are committed to providing you with quality medical care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility. ANY CHANGES IN INSURANCE COVERAGE, ADDRESS, AND TELEPHONE OR OTHER DEMOGRAPHICS MUST BE GIVEN TO THE RECEPTIONIST WHEN YOU SIGN IN FOR YOUR APPOINTMENT. TO ASSIST US IN ESTABLISHING YOUR ACCOUNT PLEASE PROVIDE THE FOLLOWING:

1. Current insurance information.
2. Please present your insurance card so that a copy can be made for your chart.
3. A signed Notice of Privacy Practices Acknowledgment for authorization for the release of information necessary for filing your insurance claim(s), faxing orders, releasing medical information to other physicians and/or for insurance pre-certifications.
4. All co-pays designated by your PPO or HMO must be PAID AT THE TIME OF SERVICE.

Self Pay / Cash Pay Discount
For patients who are not using insurance for their office visit, the balance will be due at check-out.

Insurance
Insurance is a contract between you and your insurance company. We are not a party to your contract though we may have a contractual fee schedule agreement with the insurance company. We will not become involved in disputes with your insurance company regarding deductibles, noncovered/ covered expenses, co-insurance or “reasonable and customary” charges other than to supply factual information as necessary. You are responsible for timely payment of your account and office visit claim follow-up with your insurance company. Payment plans are available but arrangements must be made in advance with our Practice Administrator or Business Office Manager. We accept checks, cash and credit cards (Visa, MasterCard, Discover and American Express).

Medicare:
We are participating providers with Medicare. We will also file with your secondary or supplementary policy. Our office does not file tertiary insurance policies. Please make sure that you provide our receptionist with your Medicare and supplementary cards.

Indemnity/Fee for Service:
As a courtesy to our patients we will file with your insurance provided you have met your annual deductible and pay your coinsurance at the time of service. If you have not met your annual deductible you must pay at the time of service and a claim will be filed with your insurance, upon request.

Contracted Managed Health Care:
(HMO's, PPO's, EPO's) It is your responsibility to make sure that the Physician(s) you will see is currently enrolled with your plan. All necessary referrals must be obtained prior to each visit. If your referral has not been completed prior to your arrival in the office it may result in a delay in being seen by the physician and the possible rescheduling of your appointment. You are obligated by your insurance company to pay the co-pay at the time of your visit.

Worker's Compensation and Medicaid:
We DO NOT ACCEPT Worker's Compensation or Medicaid patients.

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Please provide initials besides each policy.

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Prescription Refills
It is our policy that you should be responsible to know when your medications must be refilled at least a week before you run out. Medications are refilled only at the patient visit or when requested in advance. The most efficient way to request a refill is through your pharmacy. We cannot take weekend, walk-in, or after hours refill requests.

Emergencies
Our providers will make every effort to receive your calls and respond promptly in an emergency. If you do not receive an immediate response you will call 911, receive paramedic intervention, and seek the nearest emergency room.

Telephone Encounters and Sick Patients
Our practitioners do not treat new patients or new illnesses over the telephone or via email. The physician may elect to treat an existing patient seeking continuing care for an existing straightforward illness over the telephone. This will be left to the practitioner's discretion.

Information
You agree to provide your correct name, current and correct address, cellular or other phone number, email address, insurance information, Social Security number, driver's license, or picture identification at the time of registration or as requested by the practice at any time.

Financial Responsibility

Information
By these initials and your signature below, you accept financial responsibility for all charges for services rendered to you. If a minor or under guardianship.

Payment Methods
We accept cash, check, and several major credit cards.

Appointments
Our office will schedule appointments as a common courtesy for patients in consideration of your time. Minors must be accompanied by a parent or guardian to be seen unless special arrangements have been made with the office. We require a minimum of 24 hours (or the Friday before a Monday appointment) notice of cancellation as a courtesy to other patients seeking services. We reserve the right to charge a fee, not to exceed $50, for noncancelled and missed appointments. A pattern of non-cancelled missed appointments may result in discharge from the practice.

Forms Fees
Our practice charges for additional paperwork outside of the completion of the medical record. The following fees apply and are subject to change without notice: FMLA, immigration, and disability forms - $25. Additional fees may apply at the discretion of the practice and upon notification to you.

Medical Records
The medical chart is the property of the practice. However, copies of your pertinent medical information are available upon request. The practice charges a fee for a copy of the record according to those published annually by the Texas State Medical Board. This fee schedule is available upon request. Medical record copies forwarded to other physicians involved in your healthcare are provided free of charge.

Statement Policy
Our office sends patient statements each month. Payments are due upon receipt of the statement. You understand that if we participate with your insurance company the sending of a statement may be delayed until your insurance responds to a claim for services. Such a delay can take months. You understand that such a delay does not alter our policy of patient financial responsibility and you will be liable for all service fees.

Collection Fees, Bank Fees, and Credit Reporting
Accounts more than 90 days old are subject to a $25 collection fee and reporting to the credit bureau. In addition, banks charge for checks that do not clear or cannot be cashed. You agree to be liable for all such fees with a minimum charge of $25.

Patient Discharge
The practice reserves the right to discharge a patient for any reason. Please note that discharges may occur for failure to meet your obligations under this document. In addition, because of quality of care considerations, the practice may discharge you for failure to comply with treatment plan(s) as outlined by your practitioner. Inappropriate actions or

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comments directed towards our practitioners or staff may also result in discharge from the practice.

Insurance Claims
If applicable, our office will submit insurance claims. You agree to allow our practice to “accept assignment” of benefits and receive payment directly from your insurance company. In the event your insurer sends payment for a claim from our office to you directly, you agree to endorse the payment to our practice in fulfillment of any amounts due within 10 days of postmark.

I have read and understand the above financial policy terms and conditions and by entering my name below, I attest that I fully understand each item and agree to the terms above. ■

Signature Sabitha Deepthimahanti	**Today's Date:** 10/19/2015

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Phone Consultations

What does this mean?
Patients who reside in the USA can now talk to the physician for non-urgent matters via the telephone. These visits are only for select patients only including missed appointments, lab follow up review after initial visit, and those with no transportation or simple questions.
Visits to your doctor's office are always encouraged but if you are not able to do so then your physician may determine that a Phone Consultation may be appropriate for you.

How does this work?
The visit is scheduled through our office during normal business hours and you will receive a response within 2 business days. In some cases it may be determined that your visit require you to come into the office for treatment. In that case our office will contact you to schedule an appointment.
Again, this is not for Urgent matters if there is an emergency call 911.

How much does this cost?
The cost for this type of visit is $100. These visits will NOT be submitted to Insurance. These visits are for Established USA patients only.

I, the patient, agree to the terms mentioned above and understand Houston Thyroid and Endocrine Specialists will not be filing telephone consults with my Insurance. I understand that this is HIPAA compliant and every visit is part of my medical record.

Patient Signature Sabitha Deepthimahanti	**Date** 10/19/2015

Privacy Notice Signature Form
I have received the Notice of Privacy Practices. (see our website for full detailed version www.houstonendocrine.com/your-first-visit/privacy or written copy in office) and I have been provided an opportunity to review it. I understand that, under the Health Insurance Portability & accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.Obtain payment from third-party payers.Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that Houston Thyroid and Endocrine Specialists has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address or phone number above to obtain a current copy of Notice of Privacy Practices. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions. I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

With whom may we speak about your medical problems? Please list names and relationships

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Names and relationships of persons with whom we may discuss your medical care (if any). Vamsee Achanta	
Patient Name Sabitha Deepthimahanti	**Date:** 10/19/2015
Signature of Patient or Authorized Representative (if applicable) for acknowledgement of this privacy disclosure Sabitha Deepthimahanti	**Date:** 10/19/2015
Comments to Houston Thyroid and Endocrine regarding why a written acknowledgement was not obtained:	

No-Show Fee Policy and No-Lab Fee Policy
Our goal here at Houston Thyroid and Endocrine, PLLC is to provide quality service to all of our clients in a timely manner. Failure to keep scheduled appointments (“no-show”) and failure to complete pre-clinic labs for follow up patients ("no -lab") is costly to the clinic and you. There are no-show fees and no-lab fees.
Please see details on this policy here www.houstonendocrine.com/your-first-visit/no-show-policy

I have read and understood this policy, and accept the responsibility of its terms. ■	
Patient Signature Sabitha Deepthimahanti	**Date:** 10/19/2015

Thyroid Surgery

Pituitary Surgery

Additional Policies Continued

CONSENT FOR PATIENT PORTAL ELECTRONIC MAIL (E-MAIL) USEHouston Thyroid and Endocrine offers patients the opportunity to utilize our patient portal to send/receive secure communications or to communicate electronically for non-urgent matters. This form provides the guidelines regarding electronic communications and documents your consent.

IN CASE OF A MEDICAL EMERGENCY, DO NOT USE PORTAL. CALL 911Electronic Communication Use: Secure messaging or e-mail communication should be between this office and an adult 18 years of age or older, or the parent or guardian of a minor. In response to a federal mandate, we have a patient portal that is accessible online. Your email will allow you to log into the portal to access certain portions of your medical records, schedule appointments, view lab results, send messages, view your balances, etc. Patient portal messaging will become the primary way we will communicate with you.
Privacy, Security, and Confidentiality: This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. No transmission system is perfect and we will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it.
Only you can make sure these two factors are present. We need you to make sure we have your correct email address and are informed if it ever changes. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us.
Messaging: Electronic communications are appropriate for the following: Appointment scheduling, prescriptions, refills, general questions and information about results of testing after initial face-to-face visit, billing questions, and referrals. Do not use email to request records.

Access to this secure web portal is an optional service and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service, we will notify you as promptly as we reasonably can. By signing below, you acknowledge that you have read and agree to comply with the Practice's Patient Portal Policies and Procedures, which are available on request. If you do not understand or do not agree to comply with or do not consent to our policies and procedures, please do not sign this form. If you have any questions or need further information, please let us know before signing the form. I acknowledge that I have read and fully understand this consent form and that I voluntarily request the use of e-mail as a primary form of communication Houston Thyroid and Endocrine Specialists.

Signature of Patient, Parent or Legal Guardian: Sabitha Deepthimahanti	**Date:** 10/19/2015
Date of Birth: 03/27/1986	**Patient Name Relationship (if other than patient):**