

Birmingham Rheumatology & Bone Health Clinic

Greg E. Eudy, MD, PC

518 Brookwood Blvd Suite #500

Birmingham, AL, 35209

205-263-0093

Our staff looks forward to caring for your health needs! Here are a few of our policies that will allow us to serve you better:

1) TIME: we want our office to run on time as much as our patients do! We ask for you to arrive on time for your appointment so the wait time is minimal. We request that new patients check in **30 minutes** before their appointment time with the new patient paperwork filled out. If you have not filled out the paperwork you will need to arrive **1 hour** before your appointment time. If you fail to follow these guidelines, we cannot guarantee that you will be able to be seen on the day of your appointment; you may be asked to reschedule.

2) NO SHOWS: Rheumatologists in our area are busy; wait times of 3-4 months for an appointment are very common. Therefore, if you do not keep your appointment or call within 24 hours of your appointment time, you will be charged a **\$25.00 NO SHOW FEE**. We will not make any further appointments until the no show fee is paid. This policy also applies to follow-up appointments. Failure to pay a **NO SHOW** fee in a timely manner will cause your account to be **locked** until the fee is paid. A **LOCKED** account means no appointments can be made and no prescriptions can be refilled or written.

3) CONTACTING OUR OFFICE: We answer the phone Monday through Thursday (exclusive of major Holidays) from **8:30AM-12:00PM** and from **1:00PM to 3:30PM**. Our phones roll every day at 3:30PM. **We are closed on Fridays!** If it is an emergency please contact our answering service. During busy periods you may be placed on a hold since our office personnel often handles multiple phone calls. However, we want to talk to you personally, so please be patient! If you cannot get through, please allow a few minutes and call again.

4) PRESCRIPTION REFILLS: To ensure that you are properly monitored for any medicines Dr. Eudy may prescribe, he will authorize enough prescription refills at the prescribed dosages so that the medications will last until your next scheduled appointment. If you cancel your follow-up appointment or fail to keep it, be advised that Dr. Eudy will only authorize additional refills for your medications **AFTER** seeing you at a follow-up visit. We require a **24 HOUR IN ADVANCE** for all refills.

All patient balances are due when billed. When you receive a billing statement from us please pay the entire balance promptly. If you cannot do so you must contact Joy Caton in our billing office to arrange a payment plan that pays the entire balance due over no more than a 90 day period. If you fail to pay can cause your account to be locked, meaning no appointments or refills. Dr. Eudy is not a Primary Care Physician. And will not be able to see you for PC needs. YOUR PCP treats all health conditions; acute and chronic. Therefore, we do not fill prescriptions unrelated to conditions we treat.

Thank you very much for your understanding. These policies are designed to achieve our goals of providing you with quality care and service while respecting the value of your time and the time of our other patients. Our staff cares about you and your health. We look forward to meeting you and helping you during your time of need.

Sincerely,

Greg E. Eudy, MD and staff
Your appointment date: _____

Your appointment time: _____

Birmingham Rheumatology

Greg E. Eudy, MD, PC

Name: _____ DOB: ____/____/____

SS#: _____ Age: _____ Sex: F M

Address: _____

Telephone: (Home) _____ (Cell): _____

(Work): _____ Insurance Name: _____

Contract #: _____ Group#: _____

Secondary Insurance name: _____

Contract#: _____ Group#: _____

Name on card(Insured): _____

Spouse SS#: _____ (If spouse is name on the card)

Spouses DOB: ____/____/____

Emergency Contact: _____ Telephone: _____

Marital Status: Never Married Married Divorced Separated
 Widowed

Spouse/Significant other: Alive/Age: _____

Major illnesses: _____

Education(Circle highest level attended): 7 8 9 10 11 12 .:

College: 1 2 3 4 Graduate School: _____

Occupation: _____ # of hours worked per week: _____

Referred here by: Self Family Friend Doctor Other

Name of person making referral: _____

Primary Care Physician: _____

Medications:

Drug Allergies? Yes No If yes, to what? _____

List current medications(provide dose and frequency):

Family History:

Do you know of any blood relatives who has or had any of the following illnesses? (Circle the illness, then list the relationship(s) of the family member(s):

Arthritis (unknown type)

Osteoarthritis

Gout

Childhood Arthritis

Other Arthritis condition: _____

Lupus

Rheumatoid Arthritis

Ankylosing Spondylitis

Osteoporosis

List other illnesses that run in your family (blood relatives) diabetes:

Social History:

Do you drink caffeinated beverages? Yes No

Cups/glasses per day? _____

Do you smoke? Yes No Past How long ago? _____

Do you drink alcohol? Yes No Number per week? _____

Has anyone ever told you to cut down on your drinking? Yes No

Do you use drugs for reasons that are not medical? Yes No If yes,

Please list: _____

Do you exercise regularly? Yes No

Type: _____ Amount per week: _____

How many hours of sleep do you get at night? _____

Do you get enough sleep at night? Yes No

Do you wake up feeling rested? Yes No

Recent weight
Loss amount _____

Recent weight loss
Amount _____

Fatigue

Weakness

Fever

Pain

Redness

Loss of vision

Double or blurred
Vision

Dryness

Feels like something in eye

Itching eyes

Ears-Nose-Mouth-Throat

Ringing in ears

Loss of hearing

Nosebleeds

Loss of smell

Dryness in nose

Runny nose

Sore tongue

Bleeding gums

Soreness in mouth

Loss of taste

Dryness of mouth

Frequent sore throat

Hoarseness

Difficulty in swallowing

Cardiovascular

Shortness of breath

Swollen legs or feet

Cough

Coughing of blood

Wheezing (asthma)

Gastrointestinal

Nausea

Vomiting of blood or coffee like
material

Stomach pain relieved by food
or milk

Nausea

Stomach pain relieved by
food or milk

Jaundice

Increasing constipation

Blood in stools

Black stools

Heartburn

Difficult urination

Pain or burning when
urinating

Blood in urine

Cloudy(Smoky) urine

Pus in urine

Discharge from penis/vagina

Getting up at night to pass urine

Vaginal dryness

Rash/Ulcers

Sexual difficulties

Prostate trouble

FOR WOMEN ONLY:

Age when periods began _____

Periods regular? Yes No

How many days apart? _____

Date of last period ___/___/___

Date of last pap? ___/___/___

Bleeding after menopause? Yes No

Number of pregnancies? _____

Number of miscarriages? _____

Morning stiffness

Lasting how long? _____

Minutes? ____ Hours? ____

Joint pain

Muscle Weakness

Muscle tenderness

Joint swelling

List joints affected in the last months:

Easy bruising

(skin and/or breast)

Redness

Rash

Hives

Sun sensitive

Tightness

Nodules/bumps

Hair loss

Color changes of hands
feet in the cold

Neurological System

Headaches

Dizziness

Fainting

Muscle Spasms

Loss of consciousness

Memory Loss

Night sweats

Psychiatric

Excessive worries

Anxiety

Easily losing temper

Depression

Agitation

Difficulty falling asleep

Difficulty staying asleep

Endocrine

Excessive thirst

Hematologic/Lymphatic

Swollen glands

Tender glands

Anemia

Bleeding tendency

Transfusion/when: ____

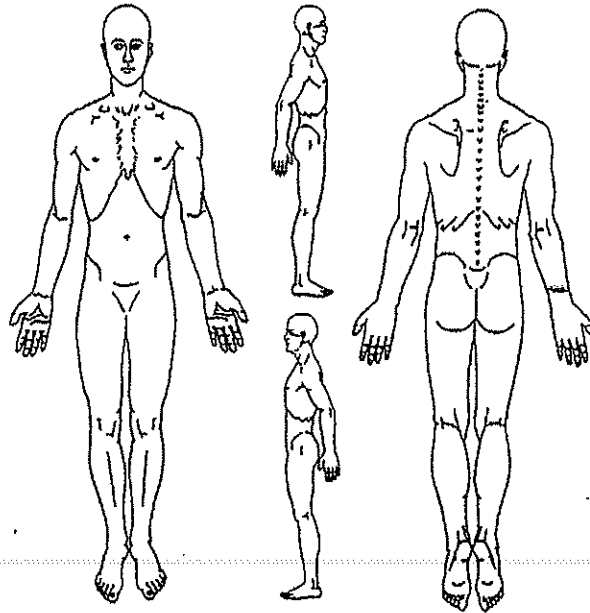
Allergic/Immunologic

Frequent sneezing

Increased susceptibility
to infection

Do you have an Orthopedic Surgeon? Yes _____ No If yes, name: _____

Please shade all the locations of your pain over the past week on the body figures and hands:



Describe briefly your present

Symptoms: _____

Date symptoms began (Approximate): _____

Diagnosis: _____

Previous treatment for this problem (include physical therapy, surgery and injections): _____

Please list the names of other Practitioners you have seen for this problem: _____

Past Medical History:

- Cancer Heart Problems Asthma Anemia Tuberculosis
 Cataracts Leukemia Stroke HIV/AIDS Glaucoma
 Nervous Breakdown Diabetes Epilepsy High Blood pressure
 Stomach Ulcers Rheumatic fever Colitis Other Significant illness (please
 Bad Headaches Jaundice Kidney Disease list): _____
 Pneumonia Psoriasis _____

Natural or alternative therapies (chiropractic, message, over the counter preparations, etc): _____

Systems Review

As you review the following list, please check any of those problems, which have significantly affected you:

Date of last Mammogram: ____/____/____

Date of last eye exam: ____/____/____

Date of last chest xray: ____/____/____

Date of last Tuberculosis test: ____/____/____

Date of last Bone Density: ____/____/____

Previous Operations:

Type	Year	Reason

Any previous fractures? Yes No If so describe: _____

HIPAA Release Form-Medical Information Release Form

*Authorization for use of disclosure of protected health information.

*Required by Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 & 164.

NAME: _____ Date of Birth: _____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

SPOUSE: _____

Child(ren): _____

OTHER: _____

OR:

INFORMATION IS NOT TO BE RELEASED TO ANYONE.

The Release of Information will remain in effect until terminated by me in writing.

Messages:

Please call me at preferred phone number: _____

If unable to reach me:

You may leave a detailed message on my voicemail

Please leave a message asking me to return your call

The best time of day to be reached is: _____

Signature of patient or personal representative: _____

Printed name of patient or personal representative: _____

Date: _____

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES and
CONSENT TO UPDATE PATIENT'S MEDICATIONS HISTORY**

This document (1) acknowledges your receipt of the privacy practices of Greg E Eudy MD PC and of Greg E Eudy MD PC's right to modify those privacy practices (Notice of Privacy Practices) if and when needed; and (2) provides Greg E Eudy MD PC with your consent to update your medication history to help avoid possible drug-drug interactions. By your signature you consent to such updates of your medications history as required by Greg E Eudy MD PC beginning on the date given below and continuing as long as you are a patient of Greg E Eudy MD PC. This consent can be terminated by you providing a signed and dated written notice withdrawing your consent. If you terminate your consent, Greg E Eudy MD PC reserves the right to no longer write prescriptions for you because of the increased possibility of hidden drug-drug interactions.

NEW PATIENTS ONLY:

By signature below I acknowledge receipt of the Notice of Privacy Practices and I give Greg E Eudy MD PC permission to update my medications history as needed:

Name of Patient (Print or Type)

Signature of Patient

Date

FOLLOW-UP PATIENTS: MEDICATIONS HISTORY UPDATE CONSENT:

I hereby give Greg E Eudy MD PC permission to update my medications history as needed:

Name of Patient (Print or Type)

Signature of Patient

Date

TELEPHONE CONSUMER PROTECTION ACT (TCPA):

**ALL PATIENTS MUST HAVE A SIGNED COPY ON FILE
(ONLY ONE COPY REQUIRED- DO NOT RE-SIGN EACH VISIT)**

I, _____ (print name), agree that in order for Greg E. Eudy, MD PC to service my account or to collect monies I may owe, Dr Greg E Eudy, and/or his staff and/or agents may contact me by telephone at any telephone number associated with my account including wireless telephone numbers which could result in wireless charges to me. I also agree that contact may include sending text messages or emails, using the email address I provide with my account and/or prerecorded/artificial voice messages and /or use of automatic dialing service, as applicable.

I have read the above disclosure and agree Greg E. Eudy, MD, PC, it's employees and/or his agents may contact me as described above.

Signature of responsible party

Date

Release of Medical Information

I authorize the release of medical information to my physicians and insurance carriers. I also authorize my pharmacy to release any information regarding any prescription history, to consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical treatment to be rendered by Greg E. Eudy and staff and assume financial responsibility. In the event of the account is not paid in full within 90 days. The undersigned agrees to pay all costs of collection including reasonable attorney fees and hereby waives all rights of exemption under the constitution and laws of the state of Alabama. **(If Dr. Greg E. Eudy has a contract agreement with your insurance carrier. The balance refers only to the amount that you are required to pay.)**

Signature of patient or legal guardian

Date

Map & Directions to Brookwood Medical Center

Effective January 8, 2018, Dr. Eudy's office will move to Suite 500 of Brookwood Medical Plaza [BMP, Medical Office D], located at 513 Brookwood Blvd. in Homewood, Alabama; a suburb of Birmingham. To reach the BMP parking deck follow these instructions:

- From I-65, exit east onto Lakeshore Drive (Ala 149) and continue for about two miles. **You have multiple routes to the BMP parking deck from which to choose:**
 - (1) Turn right onto US31, continue south on US31 for about a half-mile, then exit right onto the ramp to Brookwood Medical Center Drive, which passes over US 31.
 - a. Turn left at the first traffic light on Brookwood Medical Center Drive, and follow the access road to the top level of the BMP Parking Deck, or
 - b. Go to the 2nd traffic light on Brookwood Medical Center Drive, and turn left onto Brookwood Blvd. Continue to the bottom entrance to the BMP parking deck.
 - (2) Or, you may continue on Lakeshore under the US31 overpass and turn right at the first traffic light onto Brookwood Blvd. Continue for about a half-mile to the bottom entrance of the BMP parking deck.
- From US 280, exit to Lakeshore Drive (Ala 149), and drive west on Ala 149 towards US31. Turn left at the stop light just before the US31 overpass. You are on Brookwood Blvd. Continue for about a half-mile to the bottom entrance to the BMP parking deck.
- From US 31, use appropriate northbound or southbound off-ramp to Brookwood Medical Center Drive and then follow routes a. or b. above under (1) to reach BMP parking deck.

Click 'Campus Map' under MAPS drop down to see a view of the Brookwood Campus.

Map of Major Roads accessing Brookwood Medical Center

