



## NEW PATIENT AGREEMENT

Our providers practice traditional Endocrinology. While we devote tremendous care and time to each patient, while discussing health concerns, we are unable to manage additional care outside of the scope of endocrinology.

We are a specialty office and cannot function as your primary care physician (PCP). We do advise all of our patients have a primary care physician who can manage their health through a wider scope of care alongside their network of specialists.

Patient endocrine system evaluation is done at our provider's discretion and not solely per patient request. We value evidence-based management and want to have a mutually respectful clinical relationship.

### **For patients with hypothyroidism or hyperthyroidism:**

Our practice may consider desiccated thyroid medication in some cases and base medication dosage on TSH levels. We do not check reverse T3 levels unless clinically indicated.

### **For our patients with Diabetes:**

While we understand managing a chronic medical disease is difficult, we do expect our patients to be equally interested in optimal management of their diabetes.

We require:

- 1) Compliance with the medication regimen as recommended by Dr. Ahmad or Carolyn Lawson
- 2) Sugar monitoring
- 3) Maintaining up to date lab-work and follow-ups

Patients with an A1C over 10% are required to follow up every 2-4 weeks until their sugars are in a controlled range. Patients with an A1C in the range of 8-10% must follow up every 4-6 weeks until sugars are under control. Except under extenuating circumstances, if labs and follow-up appointments are more than a month out of the recommended schedule, you may be at risk of being dismissed from our practice.

*\* Diabetic patients are required to follow up EVERY 3 MONTHS, or they will risk dismissal from our practice. A 6-month follow-up period may be approved based on the provider's discretion.*

Please sign below to acknowledge the new patient agreement:

Print Name \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_