

# Dr. Rupen Joshi, MD

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333 Whitesport Dr. #305  
Huntsville, AL 35801  
Phone: (256) 880-1222 Fax: (256) 880-2666  
[DrJoshi35801@gmail.com](mailto:DrJoshi35801@gmail.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## What doctor do you see for the following?

Colonoscopy/GI: \_\_\_\_\_ Last Exam: \_\_\_\_\_

GYN(females): \_\_\_\_\_ Last Exam: \_\_\_\_\_

Heart Doctor: \_\_\_\_\_ Last Exam: \_\_\_\_\_

Lung Doctor: \_\_\_\_\_ Last Exam: \_\_\_\_\_

Neurology Doctor: \_\_\_\_\_ Last Exam: \_\_\_\_\_

Urology Doctor: \_\_\_\_\_ Last Exam: \_\_\_\_\_

Eye Exam Doctor: \_\_\_\_\_ Last Exam: \_\_\_\_\_

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## Have you had any of the following tests done? If yes, when and where?

**DEXA/Bone Scan:** YES NO

When: \_\_\_\_\_ Where: \_\_\_\_\_

**Mammogram:** YES NO

When: \_\_\_\_\_ Where: \_\_\_\_\_

**Stress Test:** YES NO

When: \_\_\_\_\_ Where: \_\_\_\_\_

## Have you had the following vaccines? If yes, when?

Pneumonia: YES NO When: \_\_\_\_\_

Tetanus: YES NO When: \_\_\_\_\_

Shingles: YES NO When: \_\_\_\_\_

Flu Shot: YES NO When: \_\_\_\_\_

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +      +      +       
=Total Score:     

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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## Updated Office Policies for Dr. Joshi- 2024

- 1. Prescription refills must be phoned into our automated voicemail.** Please leave a detailed message with your name, the name of medicine and name of pharmacy and medicine dosage. Please give 48-72 hours for refill or you can get **webenabled** at front office and be able to send the refill request directly to Dr. Joshi online!
- 2. No Show Fees will be assessed for every missed appointment.** We can no longer write off no show fees, **so please call us if you cannot make it to your appointment.** We will give you a courtesy call with the phone number we have on file to remind you the day before but we are not responsible if you do not receive the message.
- 3. Televisit copays/balances will be collected before your appointment time upfront.** Televisits are the same as office visits per the insurance companies and so the **copay/balance** will be collected by our staff before your appointment.
- 4. New insurance cards must be emailed to our office or brought in before your visit. Please email them to drjoshi35801@gmail.com.** We need to verify all new insurance and this takes time, so please call/email us with the new insurance information ASAP.
- 5. Please treat all employees with respect and consideration.** They are trying their best to help you so please be courteous to them so we can quickly help you resolve any issue you are facing.

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Patient Signature

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Date

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Dear Friend,

As a patient of Dr. Rupen Joshi, we would like to make you aware of the following items that need to be addressed for you to remain in good standing with our practice. Each item listed will help you maintain optimal wellness which is our goal for YOU.

1. Complete an Annual Wellness Visit each year.
2. Breast Cancer Screening: Mammogram completed every year
3. Colon Cancer Screening:  
Colonoscopy every 5-10 years (Gastroenterologist's discretion)  
Cologuard every 3 years
4. If Diabetic:  
A1C less than 8  
Annual Diabetic Eye Exam
5. Annual Flu Shot received between October and March each year or tell your provider that you are refusing so that it can be documented in your chart.
6. Medication Adherence: Refill and take all medication that is prescribed. Discuss any adverse reaction with Dr. Joshi.
7. Report all immunizations to staff/Dr. Joshi if received at another facility.

Please sign below that you have been given this document. Refusal to abide by the above listed items may result in discharge from the practice.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_