

Dr. Rupen Joshi, MD

333 Whitesport Dr. #305
Huntsville, AL 35801
Phone: (256) 880-1222 Fax: (256) 880-2666
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: _____

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: _____

Who would help you in an emergency?

Who would help you with health care decisions if you were not able to communicate your wishes?

How many medications do you take, including prescribed, over the counter, and vitamins? _____

Are you sexually active?

Has anyone intentionally tried to harm you?

Please draw the face of a clock with all the numbers and the hands set to indicate 10 minutes after 11 o'clock.

Memory: 3 item recall after 1 minute (banana, sunrise, chair) #recalled: _____

Patient signature: _____ Date: _____

Reviewing Physician: _____ Date: _____

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

Somewhat difficult

Very difficult

Extremely difficult

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.

Patient Signature

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: _____