



Thank you for your interest in Qliance!

Dr. Broyles is moving her practice to Qliance Medical Group to increase patient-doctor access and to spend more time with her patients. We hope you will join her!

If you are interested in continuing to receive your care from Dr. Broyles, there are two options from which to choose:

Option A - Qliance Primary Care, Level 2

Qliance Primary Care offers *unrestricted* primary and preventive care for a low monthly care fee in lieu of insurance. At Qliance you will receive personalized care with same or next-day appointments 7 days a week, and unhurried 30 to 60 minute office visits. Level 2 primary care patients have the added benefit of on-site hospital rounds at Swedish Hospital by Dr. Broyles as needed. Choose this option for the treatment of the common cold, minor urgent care *and* endocrine care.

Option B – Qliance Endocrine Care

If you wish, you may consult Dr. Broyles on a fee-per-visit basis via Qliance Endocrine Care for endocrine related issues only. Fee-per-visit consultations will be booked in 30 minutes increments and may be scheduled at your convenience. Though we do not bill any insurance, we can provide you with a statement of service for your records. Payment is due at the time of service. Please refer to the fee schedule below for specific pricing information. Choose this option for the treatment of endocrine care issues *only*.

Qliance Primary Care Level 2 <i>Dr. Broyles – Internal/Endocrine Care</i>	
Age	Monthly Fee
14-19	\$54
20-29	\$64
30-39	\$79
40-49	\$99
50-59	\$109
60-64	\$119
65+	\$129
Registration Fee – Waived for current patients	

Qliance Endocrine Care <i>Dr. Broyles - Fee-Per-Visit</i>	
Initial Consultation	\$300
60 minute visit	\$300
30 minute visit	\$150

We are here to make this transition as smooth as possible, so please do not hesitate to contact us should you have any questions.

Sincerely,

Qliance Member Services

Email: info@qliance.com

Ph. 206.381.3030

Fax. 206.381.3035

Please join us at an open house!

Dr. Broyles and Qliance will be hosting several open houses to help familiarize you with Dr. Broyles' new practice. These will be drop-in events, so please stop by at your convenience. Member Services staff will be on hand to guide clinic tours and to answer questions. Questions about Medicare? Larry Cook from the Seniors Insurance Group will be on hand to answer your individual questions. Food and beverages will be provided and parking at Pacific Place will be complimentary.

Saturday, March 28 – 12:00-2:00 pm

Wednesday, April 1 – 5:00-7:00 pm

Saturday, April 18 – 12:00-2:00pm

We look forward to seeing you at one of the following events!

Description of Practice

About Qliance

Qliance is a medical practice that specializes in comprehensive primary and preventive care. Qliance operates outside the insurance system. As a result, we do not bill insurance or receive payment from insurance carriers for the services we provide. This includes Medicare and Medicaid in addition to private insurance.

Instead, we charge an affordable monthly fee for unrestricted, 7 day a week access to a Qliance provider. Qliance features same or next-day appointments for urgent care, unhurried 30 to 60 minute office visits, 24 hour phone access to a physician and the convenience of an on-site x-ray and prescription drug dispensary.

Each Qliance physician and nurse practitioner works with a small, limited number of patients so your health care is personal, thorough and professional. When you join Qliance, you get complete primary and preventive care coordination and management, even for chronic diseases - and you can rest easy knowing that your appointments are going to be on-time and unhurried. Best of all, your health care decisions are made by you and your provider in a comfortable, patient-centered setting.

The Benefits of Membership-based Primary Care

By operating outside the insurance and Medicare systems we limit the number of patients our providers see. This gives you more one-on-one time with your provider - free from distractions associated with billing third-party carriers. The result is a cost effective “medical home” for anyone seeking a more personal level of primary care from a team devoted to working directly for YOU!

For individuals who pay ‘out-of-pocket’ for primary and preventive care, Qliance can be a means to reduce your health care costs. Typically, this includes individuals who have recurring ‘co-payments’ for office visits, are enrolled in an individual or employer sponsored HSA qualified high-deductible insurance plan or are uninsured. The bottom line is that you, not an insurance company, become our customer and benefit from true patient-centered primary care. It’s that simple.

Qliance Features

- Choice of provider
- Limited patient panel
 - To ensure high service and availability
- Unrestricted office visits:
 - Urgent care
 - Preventative care
 - Chronic disease management
- Same or next-day appointments
- Unhurried 30-60 minute office visits
- Extended weekday and weekend office hours
- 24-hour phone access to a physician
- Specialist care coordination
- Hospital care coordination
- Convenient on-site:
 - X-ray
 - Prescription drug dispensary
- Three levels of care to choose from:
 - Level 1, *Family Medicine*
 - Level 2, *Internal Medicine*
 - Fee-per-Visit, *Endocrine Care*
- No pre-screening for health conditions
- No long-term contract (*month to month*)
- No co-payments
- No insurance required
- No waiting

Your monthly care fee covers the primary and preventive care services described below. At times, your care may require durable medical supplies or third-party services that are not covered. You may be asked to pay additional fees for items such as prescription medications purchased on-site, vaccines and non-included laboratory tests and outside services such as x-ray interpretation if needed. If you have health insurance, you may choose to have your laboratory tests billed to your carrier as well as have prescriptions written to a pharmacy that accepts your plan.

In all cases, incidental items purchased on-site are provided at or near our cost, and their prices and relevance to your care are fully discussed with you in advance of being incurred.

Services Provided by Qliance

Urgent Care

Qliance strives to provide same or next-day evaluation for urgent medical problems including care of minor injuries and diagnosis and treatment of those problems appropriate to primary care (e.g. colds, general illness, minor accidents; conditions that don't require emergency, hospital or specialist care.)

Preventive Care

Qliance provides thorough periodic physical exams and health screenings for adult men and women. These include evaluation of current state-of-health and recommendations to improve your future health and wellbeing. Qliance provides well-child exams for infants and children as well as sports and other activity participation physicals for individuals of all ages.

Chronic Disease Management

Qliance incorporates national guidelines and scientific analysis to provide our patients with state-of-the-art primary care for hypertension, diabetes, hyperlipidemia, heart disease, asthma, arthritis, osteoporosis and many other chronic conditions including primary care of some mental and behavioral health disorders. Your Qliance provider is available to provide education and training to manage your chronic condition. If your chronic condition changes and you need more specialized care than your Qliance provider can provide, we will refer you to an appropriate specialist health care provider and assist you in making decisions relating to their care (see *Specialist Care Coordination* section).

Chronic Disease Management

Qliance incorporates national guidelines and scientific analysis to provide our patients with state-of-the-art primary care for hypertension, diabetes, hyperlipidemia, heart disease, asthma, arthritis, osteoporosis and many other chronic conditions including primary care of some mental and behavioral health disorders. Your Qliance provider is available to provide education and training to manage your chronic condition. If your chronic condition changes and you need more specialized care than your Qliance provider can provide, we will refer you to an appropriate specialist health care provider and assist you in making decisions relating to their care (see *Specialist Care Coordination* section).

X-ray Imaging

Qliance offices have state-of-the-art digital x-ray equipment on-site so that we can better provide real time diagnoses of your medical condition. X-rays we can perform on-site are included in your monthly care fee. However, if your provider determines that an outside radiologist review and interpretation of your x-rays is warranted, there will be a nominal charge by that specialist.

- ✓ If you have health insurance, the outside radiologist review fee may be covered by your policy.
- ✓ If you are uninsured, paying with a health savings account or are otherwise paying out-of-pocket for your medical care, the outside radiologist review fee may be paid for with cash at a pre-negotiated discount price.

Vaccines

Qliance providers are able to administer selected vaccines in our office. While some of these items are provided at no additional charge, some will be charged to you at or near our cost. In Washington State, all state-approved childhood (ages 0-19) immunizations are provided at no extra cost.

- ✓ Please refer to the **Services** page of our website (www.qliance.com) for a complete list of available **Vaccines** and their prices.

In-office Procedures

For your convenience and cost saving, Qliance providers are able to perform several diagnostic and urgent care procedures in our office. There is no additional Qliance charge for performing these procedures. In some situations, your Qliance provider may determine it is clinically appropriate to send specimens collected from procedures to an outside pathology specialist for evaluation. In other situations, your procedure may require the use of items such as IUDs and other durable medical supplies for which you will be charged a fee.

- ✓ If you have health insurance, fees for outside service providers may be covered by your policy.
- ✓ If you are uninsured, paying with a health savings or health reimbursement account or are otherwise paying out-of-pocket for your medical care, outside service provider fees associated with in-office procedures may be paid for with cash at pre-negotiated discount prices.
- ✓ Please refer to the **Services** page of our website (www.qliance.com) for a complete list of available **In-office Procedures** and their prices.

Prescription Pharmaceuticals

For your convenience and cost saving, Qliance providers may dispense selected prescription drugs in our office. This can save you the time and hassle of visiting a pharmacy when you are ill. Your Qliance monthly care fee does not cover the cost of these or any other prescriptions. However, the pharmaceuticals we sell are available for purchase at or near our cost. If the prescribed medication is not available from our dispensary, or if you prefer, your provider may write a prescription for you to fill at the pharmacy of your choice.

- ✓ Please refer to the **Services** page of our website (www.qliance.com) for a complete list of available **Prescription Pharmaceuticals** and their prices.

Medications

Qliance providers are able to administer selected medications in our office. While some of these items are provided at no additional charge, some will be charged to you at or near our cost.

- ✓ Please refer to the **Services** page of our website (www.qliance.com) for a complete list of available **Medications** and their prices.

Specialist Care Coordination

When more specialized care is needed, we will assist in referrals to other health care providers. With your authorization, we will send each specialist a summary of your medical background and current issues and assist you in making decisions relating to their care. When you have completed your specialist evaluation, we will provide appropriate medical follow-up.

- ✓ If you have insurance, we will seek to provide referrals to qualified health care providers covered by your policy.
- ✓ If you are uninsured, paying with a health savings or health reimbursement account or are otherwise paying out-of-pocket for your medical care, we will seek to provide referrals to qualified health care providers who have a policy of providing discounts to cash paying patients.

After Hours Coverage

Level 1 Patients

After-hours phone coverage will be **shared** by all Qliance Level 1 provider. While each provider has remote access to your medical record and is fully capable of taking care of your after-hours medical needs, there is a chance that when you call, you will not speak with your own provider.

Level 2 Patients

After-hours phone coverage will be **provided by your primary Qliance Level 2 physician** except on weekends, holidays and vacations when it will be shared by all Qliance Level 2 physicians. In addition to being available to speak with you after-hours, your provider will have remote access to your electronic medical record.

Hospital Care Coordination

Level 1 Patients

If it is determined that hospitalization is required, Qliance Primary Care – Level 1 patients will receive **remote coordination** and supervision of their care via a hospitalist. A hospitalist is a hospital-based rotating physician who assumes the care of patients in the place of the patients' primary care provider. When you have completed your hospital stay, your Qliance provider will coordinate with the hospitalist to provide appropriate medical follow-up. If you have insurance, the care provided at the hospital may be covered by your policy. Please check with your insurance plan.

Level 2 Patients

If it is determined that hospitalization is required, Qliance Primary Care – Level 2 patients will receive **on-site coordination** and supervision of their care by your Qliance provider, including admission and if appropriate, coordination of specialists, hospitalists, and nursing staff; monitoring of charts, procedures, laboratory, imaging, and pathology results; assisting with discharge planning and coordinating office follow-up. If you have insurance, the non-Qliance care provided at the hospital may be covered by your policy. Please check with your insurance plan.

Services and Procedures NOT covered by Qliance

The following services are not provided by Qliance except for primary care level treatment and counseling.

- Drug and alcohol dependency treatment
- Infertility services
- Marital or family counseling
- Mental health care
- Sexual dysfunction
- Weight loss treatment

The following services are not provided by Qliance at all.

- Acupuncture
- Chiropractic care
- Cosmetic surgery
- Emergency room care
- Hearing care
- Home health care
- Massage therapy
- Maternity/prenatal care
- Maternity/labor and delivery
- Hospice care
- Hospital care
- Naturopathy
- Rehabilitation
- Sterilization
- Dental care
- Vision care
- Outpatient diagnostic procedures such as:
 - Colonoscopy
 - CT Scan
 - Endoscopy
 - Mammograms
 - MRI
 - Ultrasound
- Outpatient labs
- Outpatient surgery (*beyond the procedures performed at Qliance*)
- Outpatient radiology (*beyond basic x-rays performed at Qliance*)

How did you hear about Qliance?

1. Patient Registration

Patient Information

First name: _____ Middle initial: _____
 Last name: _____ Suffix: _____
 Date of birth: _____ Male Female

Phone

Preferred #1: _____ Home Work Cell
 Preferred #2: _____ Home Work Cell
 Preferred #3: _____ Home Work Cell

Email

Email Address: _____
 I authorize Qliance to email me regarding my medical care. Yes No

Home Address

Address: _____
 City: _____ State: _____ Zip: _____

Billing Address

Same as home address
 Address: _____
 City: _____ State: _____ Zip: _____

Emergency Contact

Name: _____ Phone: _____
 Relationship to patient: _____

Your Employer *(if employed)*

Name: _____
 Phone number: _____

2. Care Selection

Level 2 – Monthly Care, Internal & Endocrine Medicine **Fee-per-Visit** – Endocrine Care Only

3. Insurance Information

Qliance does not require patients to have health insurance to become a member of our practice. However if you have insurance and would like us to use it to facilitate referrals to outside service providers including laboratory testing, specialist care, imaging services and prescriptions please indicate it below.

Primary Insurance *(if applicable)*

Secondary Insurance *(if applicable)*

Insurance Company _____
 Subscriber ID #: _____
 Group Name: _____ Group #: _____
 Carrier Address: _____
 What is your relationship to the card holder?
 Self Spouse Child Other:

Insurance Company _____
 Subscriber ID #: _____
 Group Name: _____ Group #: _____
 Carrier Address: _____
 What is your relationship to the card holder?
 Self Spouse Child Other:

AFT Payment Users
Please attach a voided check here.

Patient Registration

Please return this form to Qliance

4. Payment Options

Please choose **ONE** of the following payment **OPTIONS**:

OPTION A: Credit Card/Debit Card (Including Health Savings Account [HSA] debit cards)

HSA Visa Mastercard American Express

Card number:

Name on card:

Expiration: /

Card billing address:

City:

State:

Zip:

OPTION B: Automatic Funds Transfer (AFT)

Bank Name:

Bank routing #: (please attach a voided check to this form)

Account Number:

Account type: Checking Savings

Name on account:

Authorization for recurring transaction

- By signing below, I hereby authorize Qliance to charge my credit/debit card for my periodic membership fee and any incidental fees that I incur or have incurred on my account since my last billing date.
- This authorization to perform periodic charges to my credit/debit card will remain in full force and effect until Qliance has received written notification from me of its termination in such time and in such manner as to afford Qliance and my financial institution a reasonable opportunity to act on it.
- I understand that the transaction amount is the total of my care fee plus the care fees of any individuals on my account.
- I understand that my participation in Qliance is continuous and that recurring credit/debit card charges are authorized and will continue until I give written notice to Qliance to discontinue such transactions.
- I understand that Qliance needs to receive written notice at least (3) days before my transaction date to alter or cancel my scheduled payment; or if I have a credit/debit card number and/or expiration date change.
- I understand and authorize that a \$25 fee may be charged to me for declined credit or debit card transactions that are not honored.

Account Holder Signature:

Date:

5. Service Start Date

Monthly Members: Please answer the following questions.

1. On what date would you like to **START** your Qliance membership and be eligible to receive care from your doctor? / /

2. What is your preferred billing frequency? Monthly Quarterly Semi-annually Annually

PLEASE NOTE: Your first month's care fee will be processed on the **START** date indicated above and will be processed on that day thereafter according to your preferred billing frequency.

Fee-per-Visit Patients: Please initial below.

I acknowledge that I will be charged for each individual visit to Qliance Primary Care at a rate of \$150 per half hour and \$300 per hour. I understand that my insurance will not be billed for clinic services.

6. Patient Agreement & Disclosure Statement

1. Terms

- I acknowledge and understand that I am voluntarily becoming a Qliance Medical Group of Washington PC (“Qliance”) patient and that this agreement is non-transferable.
- I have reviewed the *Patient Services* guide, which describes the types of services provided by my Qliance health care provider, the services not provided by my health care provider, as well as the general policies of Qliance. I have had the opportunity to ask questions and receive answers regarding its content.
- I acknowledge and understand that **this agreement does not provide comprehensive health insurance coverage** nor is it a contract of insurance – **it provides only the health care services specifically described** in the Qliance *Patient Services* guide.
- I acknowledge and understand that I am responsible for any charges incurred for health care services performed outside of Qliance including but not limited to emergency room, hospital and specialist care services. Qliance encourages patients to obtain and maintain insurance for health care services not provided by Qliance. Qliance will not bill your insurance carrier for any services provided by Qliance as part of this Patient Agreement.
- I acknowledge and understand that Qliance must maintain the privacy of my health information as per the terms of our *Patient Privacy* policy. I understand and acknowledge that this policy is available to me to review at any time at www.qliance.com or will be provided to me in print upon request.
- I acknowledge and agree to pay my monthly care fee on or before the due date. In the event that I am unable to pay my fees on time, I understand that I may be charged a late fee (depending on which billing method I choose) if my payment is late and that my service agreement may be terminated.
- I acknowledge and understand that I am free to terminate this *Patient Agreement* at any time for any reason or for no reason by providing written notice to Qliance. **Monthly fees will continue to accrue until written termination notice is received.** Any pre-paid care fees will be prorated to the date of termination and refunded to me within ten (10) business days.
- I acknowledge and understand that Qliance may terminate this *Patient Agreement* by giving me written notice and any pre-paid monthly care fees will be prorated to the date of termination and refunded to me within ten (10) business days. Qliance will not terminate this *Patient Agreement* solely on the basis of health status.
- I acknowledge and understand that Qliance may add or discontinue services included in the fee or increase my fee schedule at any time (but no more than once annually), and that I will be given at least sixty (60) days notice of such fee schedule changes.
- I acknowledge and understand that if I am enrolled in Medicare I will receive a copy of the *Medicare Opt-out Agreement* for review and signature before my first appointment. *(The Opt-out Agreement does not prevent me from receiving my current or future Medicare benefits from non-Qliance providers—it only states that neither I nor my Qliance health care provider(s) will seek reimbursement from Medicare for the medical services I receive from Qliance).*

2. Rights and Responsibilities

- I understand that I have the right to choose my personal health care provider and to request to change providers at any time, for any reason. I understand that all reasonable efforts will be made to accommodate my request, but that the change may not be possible if the requested health care provider does not have openings.
- I understand that I have the right to receive accurate and easily understood information about Qliance’ health care services, health care professionals, and health care facilities. If I speak a language my provider does not speak, have a physical or mental disability, or just don’t understand something, I understand that Qliance will make its best effort to provide assistance so I can make informed health care decisions. If I require interpreter services beyond what can be provided by my Qliance health care team, professional interpreters can be provided at an additional cost to me.
- I understand that if I wish to terminate my membership at Qliance I must complete a written Service Cancellation Form. Any difference in payment between my billing date and the date of cancellation will be refunded to me via the payment method I have chosen for my monthly care fee. I understand that if my account is overdue, I am responsible for resolving the outstanding balance prior to my service cancellation.

Patient Registration

Please return this form to Qliance

- I understand that I have the right to know all of my treatment options and to participate in decisions about my care. Parents, guardians, family members, or other individuals whom I designate can represent me if I cannot make my own decisions.
- I understand that I have the right to considerate, respectful, and nondiscriminatory care from my Qliance health care provider(s). I also understand that, in turn, I am responsible for communicating clearly and respectfully my wants and needs with regard to my health care and the services I receive. If I should become dissatisfied with my care or Qliance services, I agree to notify Qliance immediately so my concerns can be addressed in a timely manner.
- I understand that I have the right to talk in confidence with my Qliance health care provider(s) and to have my health care information protected. I also understand that I have the right to review and receive a copy of my personal medical record and may request that my health care provider(s) amend my record if I feel it is not accurate or complete.
- I understand that I have the right to a fair, fast, and objective review of any complaint I have against my health care provider(s) or any other staff, including complaints about wait times, operating hours, conduct of personnel, business practices, and adequacy of health care services and facilities. I agree to first bring any complaints to the attention of Qliance staff and to participate in the Qliance complaint and grievance process. Unresolved complaints may be brought to the attention of the Office of the Insurance Commissioner for the State of Washington by calling the Consumer Advocacy department at: (800) 562-6900 (TDD 360-586-6241) or by email at cad@oic.wa.gov.
- In order to receive the best possible care, I agree to be actively involved in my health care decisions and to disclose all relevant information to my Qliance health care provider(s) so that they can help me achieve my health goals. I also agree to inform my Qliance health care provider(s) of any health care services I receive outside of Qliance (such as emergency room, specialist, or hospital services).
- I understand that I am responsible for avoiding knowingly exposing myself or others to disease or danger. I understand that I can receive information from my Qliance health care provider(s) about how to protect the health and safety of myself and others.

3. Patient Signature

By my signature below, I agree to become a Qliance primary care patient and I agree to the terms outlined in this Patient Agreement. (Parents or guardians of patients under age 18 may sign on their behalf as their representative). A separate registration form should be completed for each patient in a family.

Signature: _____

Name: _____

Date: _____

Signature by: Patient Parent Legal Guardian

Email: registration@qliance.com

Internet: www.Qliance.com

Telephone: (206) 381-3030 **Fax:** (206) 381-3035

Address: 509 Olive Way, Suite 1607, Seattle, WA 98101

Patient Record

Billing number: _____

Patient number: _____

EMR / Patient Central: (date) _____

Patient Service

Fee-per-Visit

Monthly member

Registration Fee:

*This section for use
by Qliance staff.*

Your answers to these questions are completely confidential and will be used only by your healthcare provider to help give you the best possible care. If you prefer not to complete this form, or certain sections, you may discuss them with your provider during your first appointment.

Patient name:	Date of birth:
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What is *most* important to you about your medical care?

What specific concerns would you like to address with your new provider?

1. Personal Medical History

Have you ever had any problems with the following *(if yes, please explain)*:

Alcohol or substance abuse:	Lungs:
Blood:	Metabolism (<i>diabetes, thyroid...</i>):
Cancer:	Muscle, joint, bones:
Digestion:	Nerves and brain:
Ear, nose, throat, eyes:	Skin and hair:
Heart or blood vessels:	Sleep:
Infectious diseases:	Social or mental health:
Kidneys or bladder:	Men's health:
Have you had any surgeries?	Pregnancies:
Woman's health:	Pregnancies (#): Births (#): Living children (#):
Other:	

2. Medications & Allergies

(Including vitamins & supplements)

Item	Dose	Frequency	Taken for	Prescribed by
1.				
2.				
Allergies to medications and other items		Reaction		
1.				
1.				
Preferred Pharmacy:		Location:		
		Phone: Fax:		

Medical History Form (*Adult*)

Please return this form to Qliance

3. Family Medical History

Family (who?) includes, parents, grandparents and siblings

- | | |
|--|---|
| <input type="checkbox"/> Alcohol abuse (<i>who?</i>) | <input type="checkbox"/> Lymphoma/Leukemia (<i>who?</i>) |
| <input type="checkbox"/> Arthritis (<i>who?</i>) | <input type="checkbox"/> Osteoporosis (<i>who?</i>) |
| <input type="checkbox"/> Asthma (<i>who?</i>) | <input type="checkbox"/> Ovarian cancer (<i>who?</i>) |
| <input type="checkbox"/> Autism (<i>who?</i>) | <input type="checkbox"/> Overweight/obesity (<i>who?</i>) |
| <input type="checkbox"/> Bipolar disorder (<i>who?</i>) | <input type="checkbox"/> Parkinson's Disease (<i>who?</i>) |
| <input type="checkbox"/> Bleeding disorders (<i>who?</i>) | <input type="checkbox"/> Prostate cancer (<i>who?</i>) |
| <input type="checkbox"/> Breast cancer (<i>who?</i>) | <input type="checkbox"/> Schizophrenia (<i>who?</i>) |
| <input type="checkbox"/> Cancer of an unknown type (<i>who?</i>) | <input type="checkbox"/> Sickle cell anemia (<i>who?</i>) |
| <input type="checkbox"/> Colon cancer (<i>who?</i>) | <input type="checkbox"/> Skin cancer (<i>who?</i>) |
| <input type="checkbox"/> Clotting disorders (<i>who?</i>) | <input type="checkbox"/> Stroke (<i>who?</i>) |
| <input type="checkbox"/> Cystic fibrosis (<i>who?</i>) | <input type="checkbox"/> Substance abuse (<i>who?</i>) |
| <input type="checkbox"/> Deafness (<i>who?</i>) | <input type="checkbox"/> Thyroid (<i>who?</i>) |
| <input type="checkbox"/> Dementia (<i>who?</i>) | <input type="checkbox"/> Other cancer (<i>who?</i>) |
| <input type="checkbox"/> Depression (<i>who?</i>) | |
| <input type="checkbox"/> Diabetes (<i>who?</i>) | |
| <input type="checkbox"/> Glaucoma (<i>who?</i>) | |
| <input type="checkbox"/> Heart attack (<i>who?, what age?</i>) | <input type="checkbox"/> Any other condition that two or more relatives have? |
| <input type="checkbox"/> Heart disease (<i>who?</i>) | |
| <input type="checkbox"/> High blood pressure (<i>who?</i>) | |
| <input type="checkbox"/> High blood cholesterol (<i>who?</i>) | |
| <input type="checkbox"/> HIV (<i>who?</i>) | |
| <input type="checkbox"/> Inflammatory bowel disease (<i>Crohn's disease</i>) (<i>who?</i>) | |
| <input type="checkbox"/> Inherited anemias (<i>i.e. thalassemia</i>) | |

4. Hospital & ER Visits

- | | | | |
|---|---------|---------------------------|--------------------------------|
| Have you visited the emergency room and/or been admitted to the hospital in the past two years? | | <input type="radio"/> Yes | <input type="radio"/> No |
| Date: | Reason: | <input type="radio"/> ER | <input type="radio"/> Hospital |
| Date: | Reason: | <input type="radio"/> ER | <input type="radio"/> Hospital |
| Date: | Reason: | <input type="radio"/> ER | <input type="radio"/> Hospital |
| Date: | Reason: | <input type="radio"/> ER | <input type="radio"/> Hospital |

Medical History Form (*Adult*)

Please return this form to Qliance

5. Social History & Lifestyle

Relationship status: Married or Partnered Single Separated Divorced Widowed

What is your highest educational level completed?

Occupation:

Do you have any children: Yes No

Name _____ Date of birth: _____ Lives at home? Yes No

Name _____ Date of birth: _____ Lives at home? Yes No

Who also lives at home with you?

Do you have any pets? Yes No If yes, type(s): _____

Have you ever been neglected or abused physically, emotionally, sexually? Yes No

If yes, are you currently living in an unsafe situation? Yes No

Do you have more than one sexual partner? Yes No

Sexual partners: Men Women Both None

Do you practice safer sex (*i.e. use condoms*)? Yes No N/A

On average, how many alcoholic drinks do you consume per week? _____ Does anyone smoke around you? Yes No

Do you use or have you ever used tobacco products (*cigarettes, cigars, pipes, chewing tobacco*)? Yes No

Do you use or have you ever used any recreational drugs? Yes No

How much caffeine do you consume daily? (*coffee, soda, chocolate,..*) _____

What do you do for exercise?

6. Health Maintenance & Prevention

When was the last time you...

Visited the dentist (*month/year*)?

Type (*exam, cleaning or both*): _____

Had a cholesterol test (*month/year*)?

Result: Normal Abnormal

Had a blood sugar test (*month/year*)?

Result: Normal Abnormal

Had a colon cancer screening (*month/year*)?

Result: Normal Abnormal

Type: Colonoscopy Flexible sigmoidoscopy Occult blood stool test (*card*)

For woman: When was your last PAP smear (*month/year*)?

Result: Normal Abnormal

When was your last mammogram (*month/year*)?

Result: Normal Abnormal

When was your last bone density test (*month/year*)?

Result: Normal Abnormal

For Men: When was your last prostate exam (*month/year*)?

Type (*rectal exam, blood test or both*): _____

Medical History Form (*Adult*)

Please return this form to Qliance

7. Immunization History

Did you have the usual childhood immunizations?					<input type="radio"/> Yes	<input type="radio"/> No
Hepatitis A series:	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure	Completed?	<input type="radio"/> Yes	<input type="radio"/> No
Hepatitis B series:	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure	Completed?	<input type="radio"/> Yes	<input type="radio"/> No
HPV vaccine series:	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure	Completed?	<input type="radio"/> Yes	<input type="radio"/> No
Influenza vaccine?	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure			
MMR booster?	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure			
Meningococcal vaccine:	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure			
Pneumonia vaccine:	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure			
Tetanus booster:	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure			
Varivax (<i>chicken pox vaccine</i>):	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure			
Zostavax (<i>shingles vaccine</i>):	<input type="radio"/> Yes, year:	<input type="radio"/> No	<input type="radio"/> Not sure			

8. Race & Ethnicity (*Optional*)

(Please check all that apply)

- White Asian Hispanic or Latino Native American or Alaska Native
- Black or African American Native Hawaiian or Pacific Islander Other:

9. Legal Documents & Directives

1. Do you have a living will? Yes No
2. Do you have a power of attorney? Yes No
3. Do you have a durable power of attorney for healthcare? Yes No

10. Other Concerns?

Do you have any other concerns that you would like to discuss?

Please complete this form and return it to Qliance if you would like to have your medical records transferred from your current physician to Qliance. Please complete a form for each physician office from which you would like your records transferred.

Patient Authorization

Patient Name

First name: _____ M.I.: _____

Last name: _____ Date of birth: _____

Patient Address

Address: _____

City: _____ State: _____ Zip: _____

From (the following individual or health care provider)

Name: **Minor & James Medical**

Address: **515 Minor Avenue**

City: **Seattle** State: **WA** Zip: **98104**

Phone: **206-386-9500** Fax: **206-386-9605**

To (the following individual or health care provider)

Name: **Qliance Medical Group of WA**

Address: **509 Olive Way, Suite 1607**

City: **Seattle** State: **WA** Zip: **98101**

Phone: **206-913-4700** Fax: **206-913-4710**

To disclose all health information and records, including notes, lab results, x-rays, MRI and similar diagnostic scans and reports EXCEPT:

- Information related to treatment for sexually transmitted disease, including HIV or AIDS and treatment for substance abuse
- Information related to treatment for mental-health related illness or treatment
- Only specified information (please describe): _____

Terms

- I have the right to revoke this Authorization, in writing, at any time by notifying the Privacy Officer at Qliance and the health care provider being requested to disclose health information (if applicable). Such revocation will not apply to information that already had been disclosed in reliance on this Authorization.
- I have the right to not sign this Authorization. Qliance will not condition treatment, payment for services, or enrollment or eligibility for benefits on whether I sign this Authorization.
- If health information is disclosed to a person who is not covered by federal or state confidentiality laws, there is the potential for this information to be subject to re-disclosure and no longer by protected by these laws.
- I have read and understand this Authorization, have had an opportunity to have my questions answered, have signed this Authorization freely, and have received a copy of this Authorization.
- Please note, this authorization expires after 90 days unless otherwise specified above.

Signature: _____

Date: _____

Signature by: Patient Parent Legal guardian

This authorization commences on the above signed date and expires on: _____