

Functional Medicine of Alabama, PC
Dr. Leigh St. Petery
2228 Cahaba Valley Drive, Birmingham, AL 35242
Ph: 205-593-4200 / Fx: 205-672-1009

New Patient Information

Name: _____ **DOB:** _____

Mailing Address: _____

Phone: _____ **Email:** _____

Insurance: _____ **Contract #:** _____

Reason for visit? _____

Who referred you? _____

I have researched and want to start doing these services:

____ HOCATT ____ PEMF ____ Prolozone joint injections ____ IV therapy ____ Hyperbaric Oxygen

***** Please initial each*****

_____ We are ONLY offering functional medicine and will NOT be serving as a primary care physician. You will need to keep your primary doctor for routine prescriptions and urgent care issues.

_____ We strive to render excellent medical care to you and the rest of our patients. In order to do so we have had to implement an appointment/cancellation policy. This policy enables us to better utilize available appointments for our patients.

_____ As a courtesy, we contact you one week prior to your appointment as a reminder. If we leave you a message, please confirm your appointment by calling our office; messages may be left on the voicemail. If we have not received a confirmation from you by close of business the day of your reminder, your appointment will be cancelled completely and will require you to call and schedule a new appointment.

_____ A "no show" is someone who misses a confirmed appointment without cancelling it at least 24 business hours in advance OR who fails to keep a scheduled appointment. Monday appointments MUST be cancelled by no later than 4pm on Thursday before your appointment. In the event that proper notice is not given, a fee of \$150.00 will be charged for the missed appointment. THESE FEES ARE NOT COVERED BY INSURANCE.

_____ At the time of scheduling you must provide a credit card to process for \$150. This will serve as a credit on your account unless you fail to adhere to the above stated policies; which will then be deducted. In the event you choose to leave our practice and still have a credit remaining, you must provide in writing a request for refund. Once received, allow 90 days for a refund and dismissal from the office.

We gladly accept Cash, Credit, and Debit.... NO CHECKS!

Patient Name: _____ **Date:** _____

Signature: _____

Please send completed form to help@functionalmedicineofalabama.com in order to get an appointment.

FOR STAFF: _____ **Y / N / S Appt:** _____