



Welcome to the Colorado Mountain Medical Endocrinology Team!

Dr. Rebecca Adochio, MD
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Please fill out the new patient paperwork for your upcoming appointment. Read the instructions carefully and let us know if you have any questions.

Instructions for New Patients:

- Please arrive at least **30** minutes prior to the time of your appointment, even if your paperwork is already completed
- This ONE HOUR appointment has been reserved for you
- If you arrive more than 10 minutes late, we may not be able to see you and your appointment will be rescheduled
- Please give at least 2 business days' notice by calling our office if you are unable to keep this appointment
- Canceling the day of your appointment may require you to obtain another referral

Please bring to your appointment:

- Completed New Patient Paperwork. This can also be emailed to us prior to your appointment at endocrinology
- **All** of your medications in their original containers (in addition to your written list):
 - Prescriptions
 - Over-the-counter medicine
 - Vitamins
 - Herbal supplements
- **PLEASE STOP TAKING BIOTIN PRODUCTS A WEEK PRIOR TO YOUR SCHEDULED APPOINTMENT**
- Government issued photo identification (driver's license, passport)
- Insurance card
- Every effort will be made by our office to obtain your past medical records. Please bring any records you may have with you to your appointment.

**Please contact our office if you have any questions.
We look forward to meeting you!**

Thank you,

Colorado Mountain Medical - Endocrinology
Physical: 322 Beard Creek Road, Suite 1300
Edwards, CO 81632
Mailing: PO Box 4330
Avon, CO 81620
P: 970-446-1300
F: 970-926-6348

**Patients' Bill of
Rights- Please read
and keep for your
records**

Patient Responsibilities

Patients are responsible for:

- Providing the clinic with as much information as possible about their health, medical history and insurance benefits.
- Showing behavior that is respectful and considerate to other patients, families, visitors, and employees of Colorado Mountain Medical.
- Participating in their treatment.
- Informing their health care provider or physician immediately if you need clarification when you do not understand the medical words or details about your plan of care.
- Notifying their care provider or physician about any changes in their condition.
- Following the plan of care established by their health care provider or physician. If they are unable or unwilling to follow the defined plan, they are responsible for telling their care team.
- Keeping their scheduled appointment times, and if unable to keep the appointment time to contact the clinic 48 hours in advance of your scheduled appointment.
- Assuring that their financial obligations are fulfilled as promptly as possible.
- Signing up for the patient portal, the portal allows for direct communication of Colorado Mountain Medical lab results and direct communication with their provider. This is the preferred method of communication with our providers.
- Contact your pharmacy for refills on any medications; they will contact the provider's office for approval.

Clinic Responsibilities

The clinic is responsible for:

- Providing patients with an after care summary of their visit which includes their plan of care.
- Showing respect and compassion to each patient and their family members.
- Protecting the confidentiality of patient's health care records.
- Contacting patients with test results within 1 week after results are final.
- Returning patients phone calls within 3 days with answers to non-emergent patient questions or issues.
- Providing patients advanced notice if a surgery, procedure, or clinic visit needs to be rescheduled and the reason behind the schedule change.

Quick Reference Phone Numbers

- Endo Clinical Line: 970-688-8431
- Medical Records: 970-688-8398
- Edwards Front Desk : 970-446-1300



Colorado Mountain Medical

Doctors you know and trust.

A partner of Vail Health

Admission Health Survey

Patient Name: _____ **Date of Birth:** _____

Primary Care Provider: _____ Referring Physician: _____

Other Providers (name and specialty): _____

Reason for Visit: _____

Preferred Pharmacy: _____

Allergies/Sensitivities (Can attach list if needed)

Name of Drug/Food	Reaction	Name of Drug/Food	Reaction

Medications(can attach a list): list all prescriptions including injections/topicals, over-the-counter, dietary supplements and compounded products that you take daily, weekly, monthly, etc.

***MUST BRING EVERYTHING IN ORIGINAL BOTTLES/PACKAGING IN ADDITION TO YOUR LIST**

Name of Drug	Dosage	How Often	Reason for taking

Medical Problems: (can attach a list) include year of diagnosis

Name: _____
DOB: _____

Social History:

Profession _____ Married Single Divorced Widowed

Do you drink alcohol? Yes No If yes, how many drinks in a week: 1-7 8-14 14+

Do you or have you ever used tobacco/nicotine? Yes No

Packs/day _____ Age Started _____ Age Quit _____

In past year have you used marijuana? Yes No Other recreational drugs? Yes No

Type of Diet: Regular Vegetarian Vegan Calorie Restricted Low Salt Low Carb

Servings of vegetables/day _____ Servings of fruit/day _____

Do you exercise? Yes No Type _____ Days per week ____

Local Resident? Yes No Part Time Home Elevation: _____ feet

Procedures/Surgeries: (may attach a list)

Year

Family History:

Relative	Alive? (Y/N)	Medical Conditions
Mother		
Father		
Siblings:		
Children:		

Wellness	Date	Women Only	Y/N		
Colonoscopy		Could you be pregnant?		Date of last menstrual period	
EKG		Post-menopausal?		Birth control method	
Sleep Study		Last pap smear?		# of pregnancies	
		Last mammogram?		# of Miscarriages	

Patient/Parent/Guardian Signature _____ **Date** _____