

PEARL ROSE WELLNESS, INC.

Patient Consultation Checklist

Consultation checklist (circle best answer)

Patient First Name: _____ Patient Last Name: _____

Date of Birth: _____ Type of Consultation: (circle one) First visit Follow up

- 1.** Are you satisfied with today's consultation? Yes No

Explain:

- 2.** Did the fitter explain how to put on and off the garments? Yes No

Explain:

- a.** Did you received maintenance instructions of the products you are receiving today? Yes No

- b.** Were the warranties for the products explained during the consultation today? Yes No

- 3.** Was the ABN form provided and explained? Yes No N/A (Only for Medicare)

- 4.** Did you receive our HIPPA policy and regulations form today? Yes No

- 5.** Was the return, exchange timeframe explained during the visit today? Yes No

Please comment if you have any feedback about today's appointment:

PEARL ROSE WELLNESS, INC.

Patient Consultation Checklist

Patient First Name: _____ Patient Last Name: _____

Date of Birth: _____

At Pearl Rose Wellness, we respect the patient's privacy. Our practice follows HIPAA compliance policy and protect any information collected by our staff. We only disclose medical information when and if the patient has authorized a third party to receive medical notes from our practice. Please visit our website for additional information about Privacy Patient Authorization Form and/or contact us at 813-409-3425 if you have any questions about our Privacy policy.

Please allow 24-36 hours from the date of the concern to respond to you at the preferred contact provided by you.