



# Robeson Family Practice Associates, P. A.

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## New Patient Initial Assessment Letter

Thank you for your consideration in allowing us to provide you with your health care services. There are a few guidelines that we would like for you to be aware of regarding your initial assessment. **After reading the guidelines below, please initial on each numbered line provided.**

- \_\_\_\_\_ 1. We will treat acute conditions (colds, flu, ear infections, sinus infection, injuries, etc.) even if we do not have your most recent medical records. However, please go to the nearest ER (Emergency Room) for any life-threatening emergencies.
  
- \_\_\_\_\_ 2. All patients must sign all of our required documents in order to be seen by a provider. We are also required to take and have a photo of you in our medical chart.
  
- \_\_\_\_\_ 3. **No controlled substances** (Xanax, Klonopin, Lorcet, Percocet, OxyContin, etc.) will be prescribed at the initial assessment. After the initial assessment, the provider will determine if pain management is required.
  
- \_\_\_\_\_ 4. After reviewing your medical records from other facilities and your initial assessment, our providers will choose a plan of care that will best suit your medical needs.
  
- \_\_\_\_\_ 5. Based on our provider's initial assessment and your requested medical records, we reserve the right not to further treat or take you as a new patient.

By signing below you understand and agree to these guidelines. Once again, Robeson Family Practice would like to extend our gratitude for considering us for all your health care needs and service.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
If applicable, Parent or Legal Guardian (Please Print)

\_\_\_\_\_  
Patient, Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Employee)

\_\_\_\_\_  
Date