



Alamir Health Inc.

28871 Center Ridge Road, Suite 101
Westlake, Ohio 44145

Phone: 440-250-2130
Fax: 440-250-2140
E-mail: alamirhealth@yahoo.com

INITIAL APPOINTMENT CONSENT

Dear prospective patient,

In order for you to be seen for an initial appointment by Alamir Health Inc., you need to read and sign this form.

By signing this form, you acknowledge clear and full understanding of the following:

1. A doctor-patient treatment relationship MAY be established after the first appointment.
2. Having an initial appointment scheduled does not establish a treatment relationship.
3. Being seen for an initial appointment does not guarantee that a treatment relationship between you and Alamir Health, Inc. will be established.
4. After the initial appointment, Alamir Health Inc. will make the decision if you will be accepted as a patient into the practice and if a treatment relationship will be established or not.
5. If Alamir Health Inc., at the time of the initial appointment, is of the medical opinion that he/she cannot meet your clinical needs; a treatment relationship will not be established.
6. If a doctor-patient treatment relationship is not established, you will not be provided any prescriptions or future appointments.
7. If a treatment relationship is not established, you will be offered assistance in identifying other treatment options that may better meet your clinical needs.
8. Establishment of a treatment relationship does not guarantee that you will be prescribed medications and/or medication(s) that you have previously been prescribed.
9. The doctor-patient relationship can be terminated by Alamir Health Inc. if it is felt that your clinical needs can no longer be met.
10. Establishment of a treatment relationship does not guarantee that forms will be filled out, for example, Disability forms and FMLA forms. If forms are completed, there is a fee of \$25.00.

Patient Name

Date