



# SIERRA MADRE COMMUNITY MEDICAL GROUP

147 W. Sierra Madre Boulevard, Sierra Madre, CA 91024

## Patient Partnership Plan

Dear Patient,

Welcome to our practice. We intend to provide you with the care and service that you expect and deserve. Achieving your best health requires a partnership between you and your doctor. As our “partner in health,” we ask you to help us in the following ways:

### *Schedule Visits with Your Doctor for Routine Physical Exams and Other Recommended Health Screenings*

I understand that my doctor will explain to me which regular health screenings are appropriate for my age, gender, and personal and family history. I understand I will need to complete these recommended health screenings (mammogram, colonoscopy, pap smears, etc.). These health screenings are tests that can help detect life-threatening diseases and conditions. If I visit my doctor only for treatment of immediate problems and forget to arrange for regular health screenings, I put myself at risk of letting serious health problems go undetected. I will schedule regular visits with my doctor to complete my physical exam and to discuss these health screenings.

### *Keep Follow-up Appointments and Reschedule Missed Appointments*

I understand that my doctor will want to know how my condition progresses after I leave the office. Returning to my doctor on time gives him or her the chance to check my condition and response to treatment. During a follow-up appointment, my doctor might order tests, refer me to a specialist, prescribe medication, or even discover and treat a serious health condition. I will make every effort to reschedule missed appointments as soon as possible.

### *Call the Office When I Do Not Hear the Results of Lab and Other Tests*

I understand that my physician’s goal is to report my lab and test results to me as soon as possible. However, if I do not hear from my physician’s office within the time specified, I will call the office for my tests results.

### *Inform my Doctor if I Decide Not to Follow His or Her Recommended Treatment Plan*

I understand that after examining me, my doctor may make certain recommendations based on what he or she feels is best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and tests, or even asking me to return to the office within a certain period of time. I understand that not following my treatment plan may have serious negative effects on my health. I will let my doctor know whenever I decide not to follow his recommendations to that he or she may fully inform me of any risk associated with my decision to delay or refuse treatment.



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Thank you for your partnership. As a patient, you have the right to be informed about your healthcare. We invite you at any time to ask questions, report symptoms, or discuss any concerns you may have. If you need more information about your health condition, please ask.

Sincerely,

The Physicians of Sierra Madre Community Medical Group

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date of Birth