

# Dr. Sona M. Garg

Holistic Family Medicine



## Welcome!

*\*\*\* Please fill out as thoroughly as possible prior to your visit to ensure an amazing appointment!\*\*\**

### Contact Information

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

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

Phone \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home)

Address  
\_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

### Goals of Care

What Do You Dream About Most for Yourself?

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What Do You Hope to Accomplish at Your Visit Today?

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What Would Make your Visit Amazing?

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## Medical History

Major Issues You Hope to Resolve

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Allergies

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Medications

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Social History

Do you have a history of tobacco use? \_\_\_ Yes \_\_\_ No

If yes, how many years have you smoked for? \_\_\_\_\_ Years

How many packs do you smoke a day? \_\_\_\_\_ Packs

Do you drink alcohol? \_\_\_ Yes \_\_\_ No

How many drinks a week? \_\_\_\_\_ drinks per week

Do you currently or have you ever used illicit drugs? \_\_\_ Yes \_\_\_ No

If yes, please describe \_\_\_\_\_

Family History

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Past Medical History

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Past Surgical History

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Specialists

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Signature \_\_\_\_\_ Date \_\_\_\_\_

# Patient Expectations



- 1) Prescriptions, Forms, and Questions will be answered during your office appointment
- 2) I respect your time please respect mine and my family's
- 3) Telemedicine Consultation - charges will apply
  - i. 30 minutes - \$175
  - ii. 60 minutes - \$350
- 4) Telephone calls are \$5 per minute and accepted between the hours of 9:30am-4pm and will be returned as soon as possible
- 5) Evenings and Weekends are a time to rest, recharge, and rejuvenate
  - The office is closed after 4pm and on weekends
- 6) Any prior authorizations will require an appointment and be completed with both the patient and me on the phone
- 7) Please go immediately to the Emergency Room and/or call 911 with any medical emergencies at any time
- 8) Payment is due at time of service
- 9) No narcotics or medical marijuana
- 10) Please ensure a quiet, uninterrupted space with your cell phone on silent during your visit
- 11) Please have all portions of paperwork completed prior to your visit
- 12) Please take your height, weight, temperature, blood pressure (if you have a home monitor), and pulse, and write them down prior to any telemedicine appointment.