**Tulsa Rheumatology Clinic**

2622 E 21st Street Suite 1

Tulsa, Ok 74114

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**Patient Agreement**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

This is an agreement between you and Tulsa Rheumatology Clinic. You, as the patient must understand that the guidelines listed below are required to continue receiving medical care and/or prescribed medication(s) at Tulsa Rheumatology Clinic.

Tulsa Rheumatology Clinic does not prescribe pain medications for chronic pain. If this is determined to be medically necessary during your treatment, a referral will be placed for you to by evaluated by a pain management provider.

Along with medication treatment, other medical care may be ordered to help improve your ability to perform daily activities. This may include exercise, physical therapy or other treatments.

I understand that I have the following responsibilities:

**Initial**

\_\_\_\_ I will inform Tulsa Rheumatology Clinic of all medications that I am taking.

\_\_\_\_ I will take medications only at the dose and frequency prescribed. No early refills if medications are overused/abused/misused.

\_\_\_\_ I will not increase or change medication without the approval of Tulsa Rheumatology Clinic.

\_\_\_\_ No refills will be done on Fridays, weekends, after hours, or on observed holidays.

\_\_\_\_ I agree to keep all scheduled lab dates, office visit appointments, and follow all therapies prescribed according to the treatment plan.

\_\_\_\_ I understand that I need to arrive before my scheduled appointment time or that my appointment may be rescheduled.

\_\_\_\_ New symptoms and/or events will require a clinic appointment. Dr Cunningham is unable to diagnose or treat me over the phone or via telehealth visits.

\_\_\_\_ I will not consume excessive amounts of alcohol in conjunction with certain prescribed medications. If there is a question regarding whether I can consume alcohol, I will call the clinic for clarification.

\_\_\_\_ I will maintain an active relationship with a primary care provider. I understand that Tulsa Rheumatology Clinic will not act as my primary care provider.

\_\_\_\_ I will always treat the staff at the office respectfully. I understand that if I am disrespectful to staff and/or disrupt the care of other patients, I may be dismissed from Tulsa Rheumatology Clinic.

I understand that Tulsa Rheumatology Clinic may stop prescribing medications and or change

my treatment plan if:

**Initial:**

\_\_\_\_ I am unable to attend my follow up appointments or if I do not obtain required lab evaluation for monitoring.

\_\_\_\_ I do not participate in ongoing communication surrounding my treatment plan in a timely manner.

\_\_\_\_ My behavior is inconsistent with this signed contract.

I understand that failure to adhere to these policies may result in termination from Tulsa Rheumatology Clinic and/or medication prescribed by Dr Cunningham.

I affirm that I have full rights and power to sign and be bound by this agreement with under the

care of Tulsa Rheumatology Clinic, and I accept all of the patient agreement terms above.

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_