OAK MEDICAL
ONSITE PHYSICIAN SERVICES

Welcome to Oak Medical!

Oak Medical is a dedicated practice of medical professionals that provide care exclusively in Senior Living Communities. Our providers specialize in caring for seniors with chronic and acute health care needs while remaining patient-centered and communicating closely with residents and their family members.

If you chose to sign on to Oak Medical, we will become your sole Primary Care Provider. We encourage you to continue seeing any specialty providers you are already seeing. Please complete Pages 2 - 5 (Patient Enrollment Form, Consent For Treatment & HIPPA Acknowledgment Form, Authorization for Release of Health Information & New Patient Health Assessment) in their entirety if you would like Oak Medical to become your Primary Care Provider. These forms will help to ensure a smooth transition to our practice. Forms can be returned to your facility staff or directly to Oak Medical.

E-mail: oakmedAL@oakmedgroup.com
Fax: 262-955-7298

Please direct any questions to the staff at your community who will help you get in touch with Oak Medical. We look forward to working with you!

Please Return Completed Forms To
Email: oakmedAL@oakmedgroup.com or
Fax: 262-955-7298

Patient Enrollment Form

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☐ *Memory Care* ☐ *Assisted Living* ☐ *Independent Living*

Patient Information: Please use full legal name.

First Name: _____Last Name:_____ M.I._____

Patient Date of Birth:____ / ____/_____ Social Security #_____ Gender ☐ M ☐ F ☐ Other

email address:_____

Community Name:_____ Room #_____

Patient Direct Phone #: _____ Preferred Pharmacy _____

Allergies:_____

Insurance Information: Please submit a copy of your insurance cards

Medicare ID #_____

Primary Plan_____Policy ID#_____Group #_____

Secondary Plan_____Policy ID#_____Group #_____

Prescription Drug Coverage Name:_____Plan ID#_____

Legal Representative:

☐ **Self;** I make my own medical decisions and have no activated Healthcare Power of Attorney or Legal Guardian

Name_____Relationship to Patient_____

Phone #_____Cell Phone #_____

email address:_____ ☐ Allow Oak Medical Online Portal access

Oak Medical Patient Portal

The Oak Medical Patient Portal is a HIPAA compliant communication and health record systems where you and/or people you authorize can stay updated or access important health information online and access the Oak Medical care team. Both are very important tools for delivering high quality healthcare and keeping everyone informed.

Consent for Access to Protected Health Information (PHI)

People who have consent to receive information about your care

Name_____Relationship to Patient_____

Phone #_____Cell Phone #_____

email address:_____ ☐ Allow Oak Medical Online Portal access

Name_____Relationship to Patient_____

Phone #_____Cell Phone #_____

email address:_____ ☐ Allow Oak Medical Online Portal access

Name_____Relationship to Patient_____

Phone #_____Cell Phone #_____

email address:_____ ☐ Allow Oak Medical Online Portal access

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Consent for Treatment & HIPAA Acknowledgement

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Full completion of all the following information is *mandatory* for services

Patient Information:

First Name: _____Last Name:_____ M.I._____

Patient Date of Birth:____ / ____/_____ Community Name & Room#:_____

Consent for Services & Disclosing Health Information: I consent to evaluation and treatment services determined by physicians, advanced practice providers, or designees of Oak Medical to be necessary and advisable. I also consent to the use and disclosure of my health information by Oak Medical for my treatment, including disclosure of my health care information to health care providers and facilities unrelated to Oak Medical that may be involved in my care. Oak Medical may disclose my health information to, and access my health information from, other providers using a record locator service or patient information service of a health information exchange for treatment.

Insurance & Payment Consent: I authorize payments directly to Oak Medical of insurance, Medicare or Medicaid Assistance benefits, or funds from other sources that I am entitled to as payment for any services I have received. I consent to the use and disclosure of my health information for payment purposes. In addition, my insurer may share my past, current, and future health and account records with Oak Medical about services received from Oak Medical and care providers unrelated to Oak Medical. These records may be used by Oak Medical as needed to manage, coordinate, and improve my quality of care.

Notice of Privacy Practice: I acknowledge that I have received a copy of Oak Medical's Notice of Privacy Practices and I understand that I have a right to review these privacy practices before signing this consent form. I understand that Oak Medical may change its privacy practices in the future, that any changes will be presented to me, and that I can request a new copy of the privacy practices at any time. I also understand that I can contact Oak Medical's main office with any questions I may have about the Notice of Privacy Practices. In addition to the other uses and disclosures described in this document, I consent to the use and disclosure of my health information for the purposes described in the Notice of Privacy Practices, including Oak Medical's health care operations.

Use of Health Information for Trainings & Evaluations: I give Oak Medical permission to use and disclose information gathered during my treatment from Oak Medical, including information from my records, for the purposes of program evaluation, training, and/or quality review of staff performance at Oak Medical.

Chronic Care Management Program (CCM): I consent to enrollment in the CCM program when appropriate. CCM is considered to be a critical component of primary care that has been found to contribute to better outcomes and higher patient satisfaction. We will work with you to create an individualized plan of care for your chronic conditions. You will receive education on those chronic conditions and have monthly telephone check ins between provider visits. CCM will be billed to your insurance with normal deductibles and copays. I understand that only one practitioner may bill for this service in a calendar month, and that I have the right to stop CCM services at any time.

This consent applies to health information that Oak Medical already has about me, future care I may receive, and any information Oak Medical receives from third parties. This consent will continue unless I provide written notice to Oak Medical revoking consents, or when it expires by law. Revoking my consent only will apply after the date when the notice is received. It will not affect any information that was used or disclosed prior to the cancellation.

By signing below, I understand Oak Medical will become my Primary Care Provider.

Patient or Legal Representative Signature **Date**

Relationship to Patient **Printed Legal Representative name** **Phone #**

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Fax: 262-955-7298

Authorization for Release of Health Information

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Patient Information:

First Name: _____Last Name:_____ M.I._____
Patient Date of Birth:____ / ____/_____ Community Name & Room#:_____

Release Information From: (Include previous PCP and all Specialty Providers)

Clinic Name: _____Previous Primary Provider: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #_____

Clinic Name: _____Specialty Provider: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #_____

Clinic Name: _____Specialty Provider: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #_____

Clinic Name: _____Specialty Provider: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #_____

Information May Be Released To:

Oak Medical, S.C.
Attn: Medical Records Department
2428 N. Grandview Blvd
Waukesha, WI 53188
oakmedAL@oakmedgroup.com
Fax-262-955-7298

Information To Be Released:

____ Last History & Physical or Annual Wellness Visit
____Labs within 6 months
____Tests or Scans within last 12 months
____Power of Atty for Healthcare and/or Activation Forms
____Current Medication List
____Last Primary Care Provider Note

Completion of this form authorizes the release of the information described in the section above called "Information to be released." The person whose records are released may have a right to inspect and, upon paying any applicable fees, obtain a copy of the disclosed records. I understand this authorization to release healthcare information is voluntary. I understand that my healthcare and the payment for my healthcare will not be affected by my signing of this form. This authorization is in effect while I am a patient of Oak Medical, S.C. I understand that this authorization may be revoked by me by written notice to Oak Medical, S.C.
As evidence by my signature, I hereby authorize disclosure of records to Oak Medical S.C.

_____

Patient or Legal Representative Signature **Date**

_____

Relationship to Patient **Printed Legal Representative name** **Phone #**

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New Patient Health Assessment

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Patient Information:

First Name: _____Last Name:_____ M.I._____

Patient Date of Birth:____ / ____/_____ Community Name & Room#:_____

Family Health History

Has a family member (parents, siblings, children) had any of the following conditions listed?

Diabetes_____Cancer_____Heart Disease_____High Blood Pressure_____Tuberculosis_____

Any other health concerns or conditions_____

Personal Health History

	Yes	No		Yes	No		Yes	No
Back Injury	____	____	Thyroid problem	____	____	Heart Disease	____	____
Seizures	____	____	Stomach or Gall Bladder trouble	____	____	Stomach Ulcer	____	____
Tuberculosis	____	____	Vision difficulty, eye disease	____	____	Difficulty Hearing	____	____
Hepatitis, Jaundice	____	____	Ear, nose, throat issues	____	____	Kidney Disease	____	____
Nervous Disorder	____	____	Chronic Pain	____	____	Muscular Disease	____	____
Respiratory Disease	____	____	Headaches	____	____	Mental Illness	____	____
High Blood Pressure	____	____	Fainting or Dizziness	____	____	Hernia	____	____
Diabetes	____	____	Arthritis, Gout, Joint Disease	____	____			
Cancer	____	____	Permanent defect from illness or injury	____	____			

Current Medications and Dosage *or attach medication list*

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Social History

Do you currently smoke? Y____N____ How long have you smoked?_____

How many packs per day do/did you smoke? _____ If history of smoking, when did you quit?_____

Did you or do you currently use drugs? Y____N____How long have you used drugs? _____When did you quit?_____

Do you drink alcohol? Y____N____ Number of drinks per week? _____History of alcohol abuse?_____

Health Maintenance Screening

Colorectal Screening (colonoscopy or fecal occult blood)_____

PSA Screening (men only)_____

Mammogram (women only)_____

Osteoporosis Screening(women 65 + and some men)_____

Last Annual Wellness Visit_____

More concerns to be discussed with the provider?

_____

_____

_____ _____

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Senior Living Services

Why Choose Oak Medical? We come to you!!

Our primary care appointments are held in the building so you don't have to drive, or ask loved ones to take you to appointments. You stay safe from bad weather, slippery sidewalks, long walks to and from the car. No more long days of sitting in the doctors waiting room. Our doctors, advance practice providers and nurses will work with you and the caregivers in your community to help you with your medical needs.

Benefits of Onsite Medical Care

- Your **Oak Medical** team consists of doctors, advanced practice providers, registered nurses, medical assistants and supportive staff
- Providers can see you in person or via tele-health. Appointments are made as medically necessary and are based off of a provider assessment and your plan of care.
- **Oak Medical** providers will become your primary care provider. Labs, X-rays, testing or procedures will be ordered and followed by your provider.
- We encourage patients to continue with any specialists. **Oak Medical** providers will collaborate with current specialists and can refer you to new specialists for example, cardiologist, nephrologist, urologist, etc, as needed.
- Visit oakmedgroup.com or call the **Oak Medical** office for enrollment forms. Our team will be happy to assist you with completing the forms.
- To make an appointment or refill prescriptions, discuss with your facility staff or call the **Oak Medical** office.

Services of Senior Living Care

- Wellness visits with focus on prevention of illness
- Management of chronic conditions
- Treatment for acute illness
- Medication management
- Coordination of specialist referrals
- Arrangement of home care services or home medical equipment
- Post hospitalization follow up
- RN case management service that provide families a single point of contact
- Chronic case management with dedicated RN to educate on medical interventions

Oak Medical *is accepted by all major insurance carriers including Medicare, Managed Care and Medicaid. Deductibles and co-payments applied the same way as office visits. Call 262-875-5070 for more information.*

Contact us
Info@oakmedgroup.com • 262.875.5070
oakmedgroup.com

If you have an urgent medical need, visit a local Urgent Care Clinic. If it's an emergency, call 911

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Chronic Care Management

Chronic Care Management (CCM) is a Medicare benefit offered to patients who live with 2 or more chronic conditions

Benefits of Chronic Care Management

- Education about chronic conditions
- Individualized care plan for your chronic conditions
- Oversight and reconciliation of patient medications
- Assistance with referrals to specialists
- Communication with all providers for continuity of care
- Coordination of home care services and medical equipment as needed
- Monthly check ins between visits with patients, families and facility staff.

What is Chronic Care Management?

CCM is considered to be a critical component of primary care that has been found to contribute to better outcomes and higher patient satisfaction. Patients, families and caregivers receive assistance from a healthcare professional in between visits helping them to coordinate all their care needs

Contact us
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oakmedgroup.com

If you have an urgent medical need, visit a local Urgent Care Clinic. If it's an emergency, call 911