



NOTICE THAT SERVICES ARE NOT PRIMARY CARE

I understand that Dr. Aman is not acting as my primary care physician. I understand that even though she may address issues affecting my general health, the practice is focused on a complementary, holistic or integrative approach to medicine. It is in my best interest to also have a primary care physician to ensure that I am fully informed about all available conventional means to address any medical conditions I may have. This is also important because Dr. Aman's practice is exclusively office-based and is not affiliated with a hospital. If I become so ill that I require hospitalization, it is vital that I have a primary care physician with hospital admitting privileges familiar with my health problems and history. I understand that Dr. Aman does not provide emergency, on-call assistance. Should Dr. Aman provide treatment for a condition, I understand this assistance does not mean she is taking primary responsibility for managing that condition, but is complementing the care I receive from my primary care physician. I understand that in addition to a primary care physician, it may be in my best interest to have appropriate specialists, such as a cardiologist if I have cardiac problems.

I also understand that it is my responsibility on an ongoing basis to inform Dr. Aman of the name of and contact information for my primary care physician and treating specialists, of any diagnoses I have received, and of any treatments I have had or am now undergoing for current conditions. I also understand that it is important for me to let my primary care physician know about any recommendations/treatments performed by Dr. Aman, to ensure that my care is properly coordinated.

My primary care physician is:

1) Name _____ Address _____

City, State, Zip _____ Phone _____

2) I am also being treated for _____ by _____

Address _____ Phone _____

3) I am also being treated for _____ by _____

Address _____ Phone _____

_____ Date: _____

Patient Name Printed