

Ridgeline Consulting Services, LLC

NEW PATIENT ORIENTATION

Date: _____

Patient: _____

By signing this form I state that I have been educated regarding the following aspects of my medical care at Ridgeline Consulting Services, LLC

- 1. Emergency after hours contact procedure.**
- 2. Medication administration, dosage and safety.**
- 3. Side effect management.**
- 4. Complaint procedure.**
- 5. My right to take part in my treatment planning**
- 6. Termination policy**
- 7. Payment policy**
- 8. Safety while visiting the office.**
- 9. All costs associated with my treatment.**
- 10. Urine Drug Screen procedures**
- 11. Counseling policy**
- 12. HIV, Hepatitis B and C education.**
- 13. Overdose prevention.**
- 14. Diversion Control Policy**
- 15 Patient contract obligations**

Patient signature: _____

Date: _____

Witness: _____

Date: _____