

Patient Centered Medical Home

PCMH 1:E

Patient Centered Medical Home - What it means for you as a patient; what we as your care team will do for you; and what we expect you to do for your own health.

PCMH 1:E:4

Patient Centered Medical Home means that you will be surrounded by a dedicated team of health professionals, working together with you, to optimize your health goals using the best **evidence-based medicine** and resources available for you today. We help empower you and give you the **self-management support** that you need to succeed.

As your medical home we will:

Learn about you, your family, life situation, and health goals and preferences.

- Remember you and your health history when you seek care.
- Suggest treatments that make sense for you.
- Take care of any short-term illness, long-term chronic disease, and your child's all-around well-being.
- Keep your child up-to-date on all vaccines and preventive screening tests.
- Coordinate your child's care with specialists, other facilities & behavioral health providers as health needs change.
- Provide after-hours access for clinical advice.
- Notify you of test results in a timely manner.
- Communicate clearly with you so you understand medical conditions and your options.
- Listen to your questions and feelings.
- Respond to you - and your calls - in a way you understand.
- Help you make the best decisions for medical care.
- Give you information about classes, support groups, or other services that can help you learn more about medical conditions and how to keep your family healthy.

PCMH 1:E:1

PCMH 1:E:2

Revise instructions
on how to obtain care
& advice after-hours.

Update community
resources and incorporate
in daily practice.

The Pediatric Center of Stone Mountain, LLC
5405 - D Memorial Drive
Stone Mountain, GA 30083
www.the-pediatric-center.com

Patient Centered Medical Home

PCMH 1:E:3

Patient & Family responsibilities

We trust you, as our patient, to:

**Hold accountable;
enforce TPC policies**

**Post on website and
frame on wall**

- Know that you are a full partner with us in your care.
- Come to each visit with any updates on medications, dietary supplements, or remedies you are using, and with any questions you may have.
- Make a scheduled appointment and keep the scheduled appointment
- Call to reschedule the day before your appointment if you will not be able to keep your appointment.
- Arrive on time and prepared for your scheduled appointment.
- Ask questions during your appointment if you don't understand.
- Work to learn what you can do to keep your family as healthy as possible.
- Work with us to develop and follow a plan healthy living.
- Tell us if you have obstacles to this plan so we can discuss solutions together.
- Take medication as prescribed.
- Call us with questions.
- Return for visits as prescribed.
- Contact us after hours only if your issue cannot wait until the next work day.
- If possible, contact us before going to the emergency room.
- Agree that all health care providers are part of the care team.
- Learn about your health insurance coverage and benefits
- Pay co-pays, deductibles, co-insurance and other personal obligations.
- Give us feedback to help us improve our care for you.

PLEASE DIAL 911 IN AN EMERGENCY

Office Hours: : Mon -Thursday 8am – 5pm

Friday 10am – 5pm

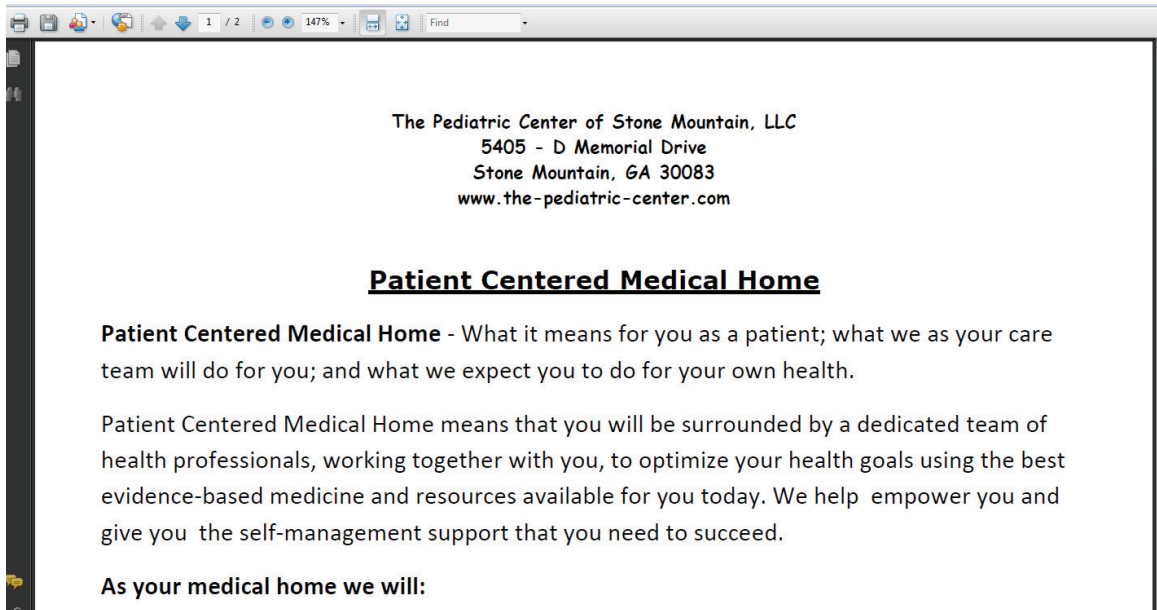
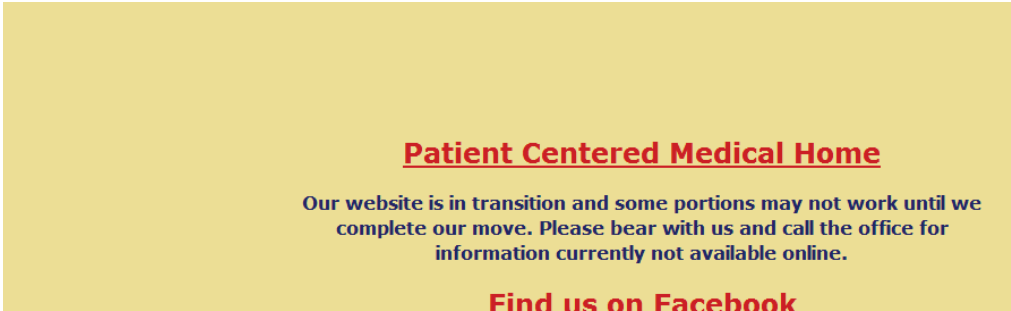
Office Phone: 404-296-3800 Fax: 404-297-8753

PCMH 1:E:1-4
Process

We have our Patient Centered Medical Home document posted in the waiting rooms, various locations throughout the office and available as an handout in the front office. In addition, patients and families are referred to our website for information.

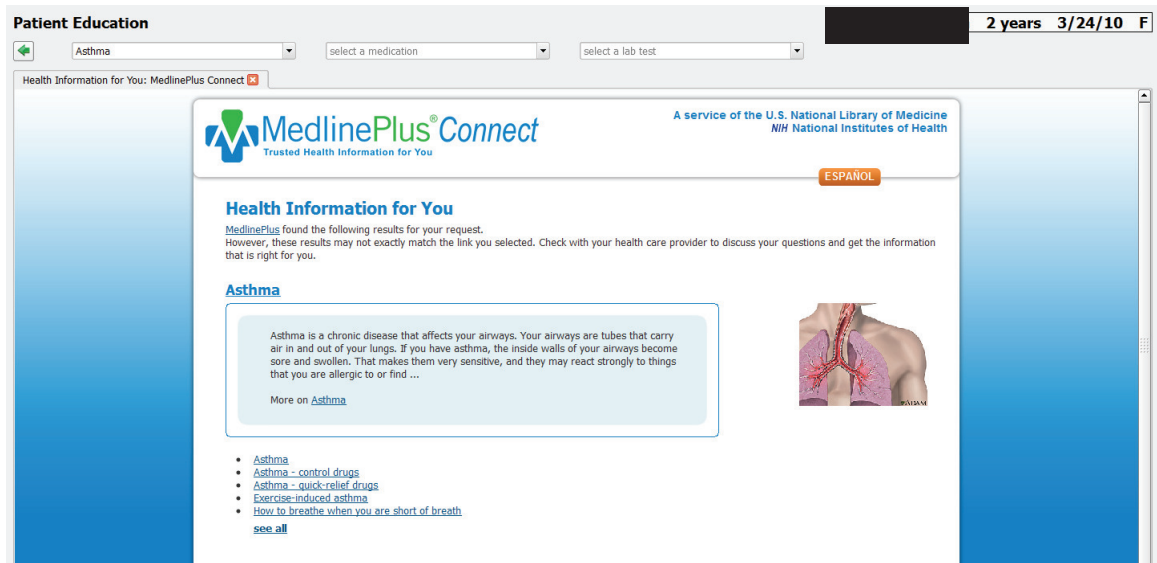
Screen shot from our website displaying the link for patients to click on to learn about our explain of a Patient Centered Medical Home.

Click the red "Patient Centered Medical Home" and the document becomes available.



PCMH 1:E:4
Evidence-based
care

Continue to use and
incorporate in visit



Initial History Questionnaire

On website for download and include in New Patient Packets

FORM COMPLETED BY

06/21/2012

DATE COMPLETED

PCMH 1:E:3, Patient medical history form

Household

Please list all those living in the child's home.

Name	Relationship to child	Birth date	Health problems
	sister	09/06/2001	
	step-brother	10/13/2000	Seasonal/Pet Allergies

Name

Need a completed Questionnaire for every patient.

ID NUMBER

BIRTH DATE

AGE

06/07/1999

13

☒ M

☐ F

Are there siblings not listed? If so, please list their names, ages, and where they live.

What is the child's living situation if not with both biological parents?

- ☒ Lives with adoptive parents
- ☐ Joint custody
- ☐ Single custody
- ☐ Lives with foster family

If one or both parents are not living in the home, how often does the child see the parent(s) not in the home?