



## Primary Care

Dear New Patient:

Welcome to Southeastern Primary Care. We appreciate the opportunity to assist you in your health care needs. I would like to take this opportunity to introduce you to the practice. Southeastern Primary Care is dedicated to providing primary care to adults and adolescents. If you require admission to a hospital, a provider from our practice or another provider selected by your Primary Care Physician will attend to your care at North Florida Regional Medical Center. We also take care of our patients at Shands Rehab Hospital, and in several of the local sub-acute rehabilitation facilities, and long-term care nursing home facilities.

Our office is open Monday through Friday, from 8:00 am to 5:00 pm. The telephones are turned over to the answering service after 5:00 pm and on weekends and holidays. During emergency situations the answering service is able to contact the on-call health care provider. Please make every effort to make your calls during our routine office hours. During our routine office hours the staff will have access to your medical records to assist your calls. It is our focus to keep you as active as possible, and keep you out of the urgent care centers, emergency rooms, and hospitals. Except for obvious emergencies, please call us prior to visiting one of these facilities. We may be able to assist you over the phone, or have you seen in our office.

The physicians cannot be in all of our facilities at once, so Southeastern Primary Care utilizes the services of physician extenders. Physician extenders are Advanced Registered Nurse Practitioners (ARNP's) and Physician Assistants (PA's) certified by their respective boards and licensed by the state of Florida to provide health care under the supervision of a physician.

You are required to provide us with your up to date medical insurance information, and we will file your claim with the insurance company. However, deductibles and co-payments are required to be paid by you at the time of each visit to our office.

We always welcome comments from patients and their families about how we are doing. Both the good news and the bad news are helpful in evaluating our ability to meet your health care needs.

Wishing you the best of health,

Larissa A. Lim, MD, FACP

Director of Primary Care



# Southeastern Primary Care Medical History Form

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

**Reason for Visit:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Past Medical History (Check):**

- |                                      |   |  |  |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Heart Problems      | <input type="checkbox"/> Shingles        |
| <input type="checkbox"/> Anxiety     | <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Stroke          |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Emphysema      | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Problem |
| <input type="checkbox"/> Cancer      | <input type="checkbox"/> Glaucoma       | <input type="checkbox"/> Kidney Problems     | <input type="checkbox"/> Ulcers          |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Heart Attack   | <input type="checkbox"/> Prostate Problems   |  |

Other: \_\_\_\_\_  
\_\_\_\_\_

**Past Operations (Check and write in year):**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Aneurysm Repair _____ | <input type="checkbox"/> Colon Polyps _____  | <input type="checkbox"/> Hysterectomy _____ | <input type="checkbox"/> Stomach _____ |
| <input type="checkbox"/> Appendix _____        | <input type="checkbox"/> Gall Bladder _____  | <input type="checkbox"/> Mastectomy _____   | <input type="checkbox"/> Tonsils _____ |
| <input type="checkbox"/> Breast Biopsy _____   | <input type="checkbox"/> Heart Surgery _____ | <input type="checkbox"/> Neck / Back _____  |  |
| <input type="checkbox"/> Cataracts _____       | <input type="checkbox"/> Hernia Repair _____ | <input type="checkbox"/> Prostate _____     |  |

Other: \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications (List name and include dosage):**

- |          |          |           |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____  |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

**Routine Health (Date, if known):**

Pap Smear _____	Mammogram _____	Colonoscopy _____
Tetanus Booster _____	Pneumovax _____	Dexa Scan _____
Chicken Pox _____		

FAMILY HISTORY	AGE	MEDICAL PROBLEMS	CAUSE OF DEATH
Father	_____	_____	_____
Mother	_____	_____	_____
Brothers	_____	_____	_____
	_____	_____	_____
Sisters	_____	_____	_____
	_____	_____	_____
Children	_____	_____	_____
<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

**PERSONAL HISTORY:**

1. Occupation: Yours: \_\_\_\_\_ Spouse: \_\_\_\_\_
2. Education (check level completed)  Grade \_\_\_\_\_  College \_\_\_\_\_  Masters  PhD  Other
3. If married, spouse's name: \_\_\_\_\_
4. Tobacco Use: Type: \_\_\_\_\_ Quantity per day: \_\_\_\_\_ For how long in years? \_\_\_\_\_  
When did you quit? \_\_\_\_\_
5. Alcohol Use: Type: \_\_\_\_\_ Drink each day: \_\_\_\_\_ For how long in years? \_\_\_\_\_
6. List the individuals that live in your home: \_\_\_\_\_  
Any pets in your home? \_\_\_\_\_ Type: \_\_\_\_\_
7. Whom should we contact in the event you develop a medical emergency? (Give name, address, phone number and relationship to you)  
\_\_\_\_\_  
\_\_\_\_\_
8. How much exercise do you get (walking, jogging, bicycling, swimming, golf, tennis, other)? \_\_\_\_\_  
Minimum each day? \_\_\_\_\_ Hours per week? \_\_\_\_\_  
Moderate occupational and recreational exercise? \_\_\_\_\_  
Sedentary work and light exercise only? \_\_\_\_\_

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

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

Dear Patient:

The law of Florida recognizes the right of a competent adult to make an advance directive regarding instructions for his or her medical care. An adult can instruct his or her physician to provide, withhold, or withdraw life-prolonging procedures (using a Living Will), or to designate another person to make those decisions for him or her if they are unable to (using a Designation of Health Care Surrogate form) should the adult be found incompetent and to be suffering from a terminal condition.

There is no requirement that our patients have an advance directive. The decision to have an advance directive is a personal one, and on that should be made after discussing this matter with one's family, friends, attorney, and/or spiritual advisor.

However, whether you do, or do not have an advance directive, we would like to document that fact in your medical record. If you do have an advance directive, we would like to keep a copy in your medical record.

Please contact your legal advisor if you need any further information.

Sincerely,



Larissa A Lim, MD, FACP  
Director of Primary Care

**ADVANCED DIRECTIVES  
(FOR COMPLIANCE WITH THE PATIENT SELF-DETERMINATION ACT)**

Have you executed an advanced directive? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, is this directive in the form of:

\_\_\_\_\_ A Living Will

\_\_\_\_\_ A Durable Power of Attorney

\_\_\_\_\_ A Health Care Surrogate

If you have executed an advanced directive in any of the above formats, have you provided this office with a copy for your medical records?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If you would like more information regarding advanced directives, please  
ask the nurse or the receptionist.

I have been provided with the information regarding the  
PATIENT SELF DETERMINATION ACT

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

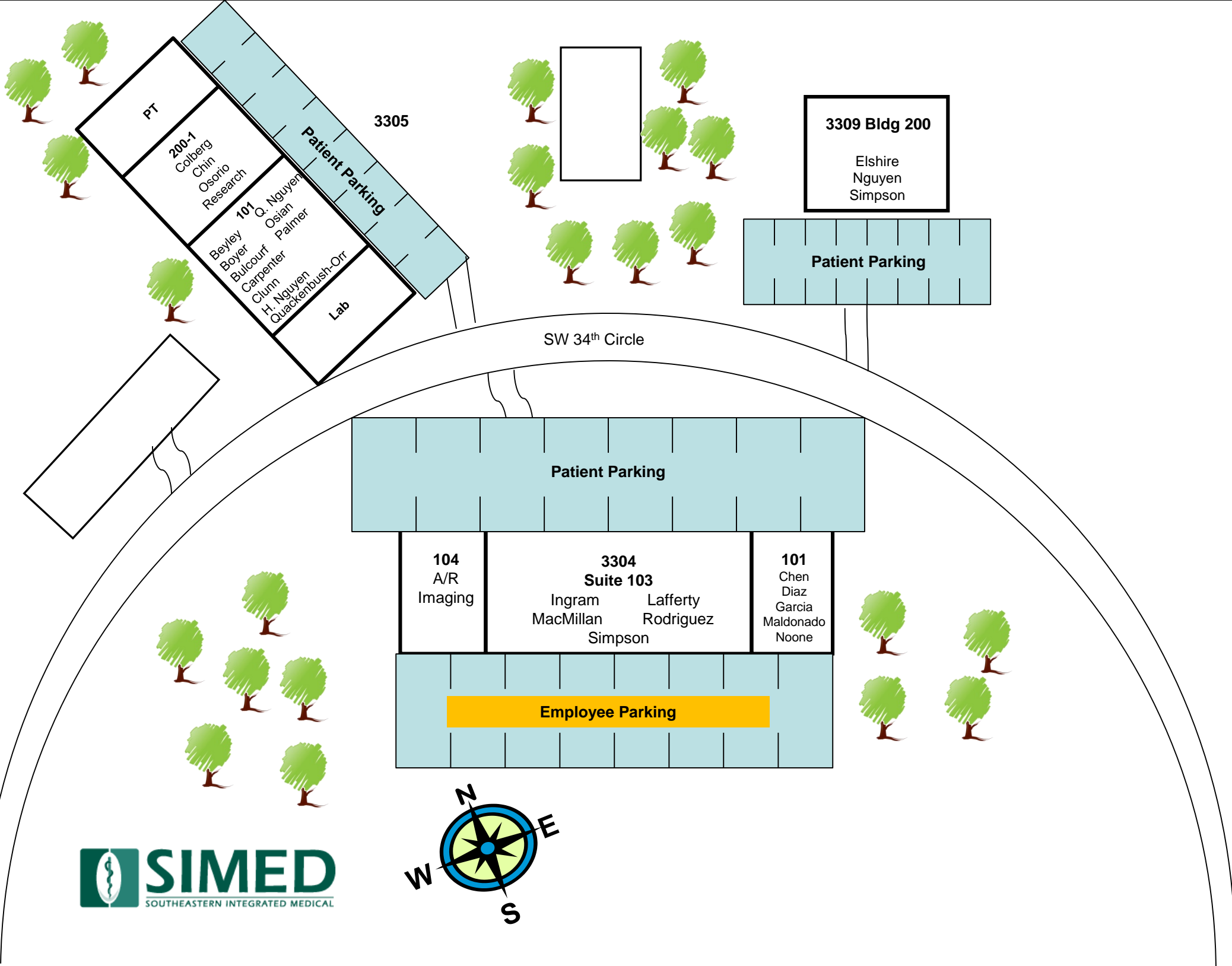
## **AFTER HOURS CARE**

At SIMED Primary Care we make every effort to be available to meet your health care needs, whenever those needs develop. During the Monday through Friday business hours we encourage you to contact our offices should you develop a sudden health care need. Our integrated medical record system allows all of our Primary Care providers to have access to your medical records regardless of which SIMED Primary Care location you choose.

Your access to a clinician does not end at the end of our business day. At SIMED Primary Care you have access by telephone every minute of every day, 365 days a year. Just call your SIMED Primary Care physician's main clinic number and if our clinics are closed you will be directed to our answering service which has the ability to connect you with the on-call provider. Of course it is more convenient for all to deal with your routine health care issues during our normal clinic hours. If you are developing a health issue that should be dealt with that day, letting us know as early in the day as you can will enhance your ability to be worked in for an appointment. Also some of our Primary Care clinics offer weekly extended hour appointments into the late afternoon and evening.

Emergency rooms and urgent care centers are excellent places for emergent or urgent health care needs, however it is usually much more cost-effective for you to reach out to your Primary Care practice prior to going to these facilities. However if the need to for an after-hours rapid health evaluation develops we encourage if at all possible the use of urgent care centers. Save the emergency rooms for acute life-threatening situations. There are several urgent care centers to choose from and in an effort to minimize your out-of-pocket expenses we suggest facilities that do not charge a hospital facility fee. SIMED's First Care in Gainesville's 4343 W. Newberry Road location is one such independent urgent care center available for your needs.





PT

200-1  
Colberg  
Chin  
Osorio  
Research

101  
Q. Nguyen  
Oslan  
Palmer  
Beyley  
Boyer  
Bulcourn  
Carpenter  
Clumm  
H. Nguyen  
Quackenbush-Orr

Lab

3305

Patient Parking

3309 Bldg 200

Elshire  
Nguyen  
Simpson

Patient Parking

SW 34th Circle

Patient Parking

104  
A/R  
Imaging

3304  
Suite 103  
Ingram Lafferty  
MacMillan Rodriguez  
Simpson

101  
Chen  
Diaz  
Garcia  
Maldonado  
Noone

Employee Parking

