

Your first visit, made simpler

ECMOS Prolific Medical Weight Care | Charles Edoigiawerie, MD, MPH, FAAFP | (312) 952-6720

1. Arrange your appointment

Use the Carepatron booking link on our website or call the office. Confirm your physical location, age eligibility, appointment time, visit fees and insurance arrangements before the visit. A booking request does not guarantee treatment or a prescription.

2. Complete one core packet

Pages 2-4: your health history and preferences. Page 5: assessment and telehealth consent, after your questions are answered. Page 6: practice policies and a separate acknowledgment of privacy-notice receipt. Do not mark that acknowledgment unless you received the full Notice of Privacy Practices.

3. Keep your information private

This is a fillable or printable PDF. It has no Submit button and does not send information or notify the office. Bring a printed copy to your visit or call (312) 952-6720 for approved secure return instructions. Do not send medical history or signed forms by general email, WhatsApp or social media.

Only if needed

A records-release authorization is available separately and is not required for every patient. Card-on-file and insurance-assignment permissions are not part of this core packet. For children, the office confirms guardian authority, age-appropriate services and applicable confidentiality rights.

Prepare for a video visit

Have your medicine list and any relevant readings or records available. Use a private setting and confirm your current address and callback number with the clinician. In-person assessment or testing may be needed. Additional medication-specific counseling is provided when appropriate.

Cancellation and help

Cancel or reschedule at least 24 hours before your appointment. Call (312) 952-6720 or use the option in your appointment confirmation if available. No automatic cancellation charge is authorized by this packet. Messages are not continuously monitored; for an emergency call 911.

About you and your visit

Complete the history pages for your visit. Bring a printed copy or ask the office for approved secure return instructions. Do not send completed forms through general email, social media or WhatsApp.

Patient full name

Date of birth

Preferred name / language / interpreter or accessibility needs

Callback number / email for administrative contact

Home address / state / ZIP code

Expected physical location at video visit (confirm full address again at the visit)

Primary care clinician / usual pharmacy and location

Emergency contact name / relationship / phone (discuss when contact is appropriate)

If applicable: guardian or representative name / relationship / basis of authority

☐ A general callback message may be left at my listed number. If not selected, clarify my preferences with me.

What would you most like help with? What matters most to you?

Health and weight history

Answer only what applies. Use the approved system for sensitive information. Your clinician may ask additional questions; this is not a complete prescribing screen.

Medical conditions / surgeries / hospitalizations / allergies and reactions

All medicines, supplements and weight treatments: name, dose, frequency if known

Current height and weight if known / highest and lowest adult weight / changes over time

Previous nutrition programs, medicines or bariatric procedures / results / difficulties

Known concerns such as blood pressure, diabetes, cholesterol, sleep apnea, liver disease or joint pain

Pregnancy, breastfeeding or pregnancy plans if relevant / other treatment-safety concerns to discuss

Eating concerns, mood, stress, sleep or other support needs you wish to discuss privately

Your clinician reviews medication suitability, contraindications, mental health or eating-disorder concerns, and any need for examination, measurements, tests or referrals. Missing a condition from this questionnaire does not establish that a treatment is safe.

Daily routines and preferences

An accurate starting point helps your clinician develop a realistic plan. This is a history questionnaire, not a promise of treatment or a consent to every therapy.

Typical meals, snacks, beverages / food access / eating preferences or restrictions

Current movement / sitting time / limitations, pain or symptoms with activity

Usual sleep schedule / snoring or daytime sleepiness / work schedule

What has helped before? What barriers, costs or support needs should we consider?

Questions about counseling, medication evaluation, video visits or referral options

☐ I have provided information to the best of my knowledge and will discuss omissions or changes with the clinician.

Patient or representative name / date (information attestation, not a treatment consent)

Clinician use: reconcile history and medicines; select any validated screening tools needed; do not interpret this blank template as a completed assessment. For children, use developmentally appropriate assessment and clarify guardian authority and applicable confidentiality rights.

Your care and video consultation

Please read and ask your clinician any questions before agreeing. This consent is separate from optional recording, payment or records permissions.

Scope: I request a medical weight-care evaluation and discussion of appropriate care, which may include nutrition, activity and behavioral counseling, medication evaluation, follow-up or referral. This does not authorize every medication or procedure. Specific treatments require an individualized discussion of benefits, risks, alternatives and monitoring. Results and prescriptions are not guaranteed.

Video care: Telehealth uses electronic audio/video communication. It can improve access but limits the physical examination. Technology failures and privacy/security risks can occur despite safeguards. My clinician may recommend in-person assessment, testing, urgent care or another service. I may decline or stop a video visit and discuss alternatives; availability and charges for services already provided should be explained separately.

Location and reconnection: At each visit I will confirm my identity, current physical address and callback number. I will use a private setting when possible. My clinician and I will agree on a plan if the connection fails and on appropriate local emergency assistance. If I have an emergency, I should call 911 from my location or seek emergency care rather than wait for a message response.

Participants and recording: I can ask who is present. Additional observers, recordings, photographs or transcription tools will be discussed and authorized as appropriate; this form is not blanket permission for them. Applicable privacy rules and minor confidentiality rights still apply.

Questions and choice: I have had an opportunity to ask questions and understand the proposed video consultation, its limitations, and alternatives. I agree to the assessment and telehealth visit as discussed. I may ask for clarification or withdraw consent for future telehealth care.

☐ I agree to the assessment and care discussion described above.

☐ I agree to telehealth as discussed and understand that in-person care may be needed.

Patient name / date of birth

Patient or authorized representative signature / date and time

If representative: relationship and authority / date and time

Clinician name / discussion date / questions or limitations documented

You may print and sign after your questions are answered. For electronic signing and secure return, follow the instructions from the office. Saving this PDF does not send it to the practice.

Before you begin care

Please review our appointment, financial and communication information. This section does not authorize automatic charges or waive patient rights.

Appointments: Please cancel or reschedule at least 24 hours before your scheduled appointment. Call (312) 952-6720, or use the cancellation/rescheduling option in your Carepatron appointment confirmation if available. For notice within 24 hours or a missed visit, contact the office to arrange next steps. This notice requirement applies consistently to practice policies and any conditional payment authorization. It does not authorize an automatic charge. Any fee must be disclosed and agreed separately in advance.

Costs and insurance: Ask the practice about visit fees and payment arrangements before booking. If insurance is used, coverage and patient responsibility depend on the plan, services and applicable rules. Medicines, laboratory tests and outside services may have separate charges. No insurer acceptance, reimbursement, blanket balance-billing obligation or card-on-file charge is authorized by this page.

Good Faith Estimate: Patients without insurance or not using it generally have a right to a written estimate when requested or when care is scheduled at least three business days ahead. Ask the practice before the visit. A bill at least \$400 above that provider's estimate may qualify for the federal dispute process.

Communication: Dr. Edoigawerie handles most calls and follow-up personally. Phone: (312) 952-6720. General email and WhatsApp are for administrative questions; do not send detailed medical or payment information there. Ask which clinical channel is approved. Messages are not continuously monitored. For emergencies call 911.

☐ I have read these practice information statements and can ask questions about my care, costs and communication options.

Separate acknowledgment of privacy-notice receipt

The practice must provide its complete, current Notice of Privacy Practices before requesting this acknowledgment. The notice explains information uses/disclosures, patient rights, duties, privacy contacts and complaints. This acknowledgment is not permission for optional disclosures. Refusal to sign should be documented; it is not itself a reason to deny treatment.

☐ I received or was provided access to the practice's Notice of Privacy Practices. Do not select if the notice was not supplied.

Notice effective date / version actually supplied (practice completes)

Patient or representative signature / authority if representative / date

Practice use if acknowledgment not obtained: delivery method, effort and reason