Policies and Procedures

Welcome to Norton Children's Urology! We are proud to be a practice in Kentucky dedicated to the unique urology needs of children and adolescents under the age of 18. All of our providers are fellowship trained in pediatric and adolescent urology specialty care.

This letter is to explain our office policies and practices designed to provide you with the best quality care.

1. No Show Policy: No shows are a huge burden to our practice. We ask that you notify us 48 hours before your scheduled appointment if you need to cancel or reschedule. If you have more than 3 no shows or a history of late cancellations you will be dismissed from the practice. You may also be charged a $25.00 fee for no showing to or cancelling your appointment in less than 24 hours.
2. Late Policy: We ask you to be on time for your appointments. You need to leave a little extra time for parking, as well as paperwork. If you are late we may reschedule your appointment in order to keep the office on schedule for the other patients who arrived on time.
3. Appointment Arrival Time: If you are a new patient to our practice or are scheduled for an annual check, you need to be at the office 30 minutes prior to your appointment time. This will allow enough time to complete the necessary paperwork before your appointment. If you are an established patient to our practice, please arrive 15 minutes prior to your appointment time for follow-up paperwork.
4. Imaging and Diagnostic Studies: Parents/Guardians are asked to bring a copy of all imaging and diagnostic studies with them to their appointment. CD-ROMs are preferred as the physician is able to view all images and reports. Please contact the facility that completed your studies to get a copy prior to coming to your appointment.
5. We will not be able to do hospital consults at hospitals outside the Norton system. If you experience an emergency situation and need to go to the emergency room go to the nearest Norton Children's Hospital facility if 18 and under. If over the age of 18, please go to the closest Norton Hospital including Norton Audubon, Norton Women's and Children's, Norton Downtown, or Norton Brownsboro. Make sure to let the emergency room doctor know you are a patient in our practice, so they can contact us for necessary follow-up care.
6. On-Call Physicians: One of the physicians from our practice is on call after regular office hours. The on-call physician is for emergencies. If you have questions regarding non-emergent issues, medications, need prescription refills, or appointments you will need to call during business hours of 8:00am-4:30pm or use My Chart to send us correspondence.

Please sign that you have read and understand the office policies.

Signature: _____

Date: _____

Patient Visit Information Sheet

Name: _____ **Age:** _____ **DOB:** _____

Referring Physician: _____

For Office Use Only:

WT (Kg):_____

HT: _____

BP: _____ /_____

Pulse: _____

Temp: _____

O_2 Sat:_____

Patient's Cell:

_____

1. **What is the reason for your visit today?**

☐Newborn circumcision ☐Hypospadias ☐Bed wetting
☐Circumcision ☐Circumcision Revision
☐Urinary tract infection ☐Kidney stones ☐Phimosis
☐Undescended testis ☐Bloody urine ☐Meatal stenosis
☐Hydrocele ☐Incontinence ☐Hydronephrosis
☐Testis pain ☐Post-Op Visit ☐Follow-Up
☐Other *(Please Specify)*_____

2. **Who is accompanying the patient?** _____

3. **Please list any allergies (latex, drugs, environmental)** _____

_____

4. **What pharmacy do you use** *(Please list Name, City, and Street Address or Phone)*

_____

5. **Please list what medications you are currently taking:**

Drug Name	Dosage

6. **Patient Symptomatic History** *(Please check if you have had any of the following)*

☐Activity change ☐Abdominal distention ☐Frequent Urination
☐Appetite change ☐Constipation ☐Painful Urination
☐Fever Max_____ ☐Diarrhea ☐Anemia
☐Chills ☐Nausea ☐Leaking Urine
☐Irritability ☐Vomiting ☐Bedwetting >5 yrs
☐Sneezing ☐Extremity weakness ☐Fecal incontinence
☐Congestion ☐Joint swelling ☐Flank pain
☐Eye discharge ☐Seizures ☐Decreased urine output
☐Eye redness ☐Bruises/bleeds easily ☐Rash
☐Cough ☐Lymph nodes enlargement ☐Skin color change
☐Wheezing ☐Leg swelling ☐Anxiety/Depression
☐Abdominal Pain ☐Weight Loss or Gain

☐Other *(Please Specify)*_____

_____

7. **How long have the symptoms been present?**

   _____

8. **Any tests/treatment done?**

   _____

9. **Social History:**

   The patient lives with (Check all that apply):

   Mother _____ Stepmother _____ Aunt _____ Grandmother _____

   Father _____ Stepfather _____ Uncle _____ Grandfather _____

   Siblings _____ Ages: _____

10. **Developmental/Past Medical History:**

    Birth History: Pregnancy Duration _____ Birth Weight: _____

    Problems as a newborn: None _____ Jaundice _____ Slow Heart Rate _____ Apnea _____

    Other: _____

    Diet (Breast milk, formula, solids, food restrictions):_____

11. **Developmental Milestones (estimated age):**

    Rolled Over _____ Sat Up _____ Walked _____ Talked _____ Sentences _____

12. Patient Medical History _____

13. Patient Surgical History

☐Ear Tubes ☐Circumcision ☐Tonsils ☐Adenoids ☐Cosmetic Surgery ☐Appendix ☐Hernia Repair ☐Fracture
☐Other _____

14. Patient/Family Medical History *(Please check if patient or anyone in patient's family have/had any of the following medical conditions. Some will not apply to the patient, but could to a family member. If you have filled this history out in the past year and there have been no changes, please check no changes at the bottom.)*

Relationship	Asthma	Birth defects	CAD/CHD <60 YO	Clotting disorder	Cancer,other…	Dementia	Depression	Diabetes	Drug abuse	Early death	Heart disease	Hyperlipidemia	Hypertension	Liver disease	Stroke	Substance abuse	Seizure Disorder	Urinary tract infections	Vesicoureteral reflux	Hydronephrosis	Kidney stones	Bed wetting	Urinary incontinence	Fecal incontinence	Sickle Cell Trait/Disease	Bleeding disorders	ADHD
Patient																											
Mother																											
Father																											
Sister																											
Brother																											
Maternal Aunt																											
Maternal Uncle																											
Paternal Aunt																											
Paternal Uncle																											
Maternal Grandmother																											
Maternal Grandfather																											
Paternal Grandmother																											
Paternal Grandfather																											

☐Adopted ☐Family History Unknown ☐Maternal Family History Unknown ☐Paternal Family History Unknown ☐No Changes

15. Is there any additional information about today's visit, family history, or current living situation we should be aware of? _____

_____