



Rural Health Clinic – Cut Bank
226 Ninth Avenue Southeast | Cut Bank, MT 59427 | (406) 873-5507

MEDICAL APPOINTMENT CANCELLATION / NO SHOW POLICY

Thank you for trusting your medical care to Logan Health Cut Bank Rural Health Clinic (RHC). When you schedule an appointment with Logan Health Cut Bank, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than four (4) hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

- Effective December 1, 2021, any patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 4 hours' notice will be considered a No Show. The missed appointment will be entered into the patients' electronic medical record (EMR) and the patient will receive a missed appointment letter via U.S. postal service.
- Any patient who fails to show or cancels/reschedules an appointment without a 4 hour notice a second time will receive a second missed appointment letter via U.S. postal service and the missed appointment will be entered into the patient's EMR.
- If a third No Show or cancellation/reschedule with no 4 hour notice should occur within one calendar year (12 months) the patient may be dismissed from Logan Health Cut Bank RHC. The patient will receive a certified letter via U.S. postal service with notification of dismissal. Patient dismissals are determined by all RHC providers and clinic manager, no exceptions, in accordance with the policy.
- Arriving more than 15 minutes late for a scheduled appointment will result in the clinic manager determining the patient has missed (no-showed) the scheduled appointment. Late arrival for any appointment scheduled will not be seen by the provider due to limited length of time and will be considered a no-show.
- As a healthcare facility we understand the importance of Behavioral Health (BH). A patient's dismissal from primary care may not include services from BH. BH service may still be utilized by the dismissed patient if deemed necessary by the BH provider.
- Exceptions to the policy will be handled on a case by case basis by the clinic manager and clinical medical director. We understand there may be times when unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our Clinic Manager. You may contact Logan Health Cut Bank RHC 24 hours a day, seven (7) days a week at the number below. Should it be after regular business hours Monday through Friday, a weekend, or holiday, please leave a message.

Logan Health Cut Bank Rural Health Clinic: (406) 873-5507

I have read and understand the Logan Health Cut Bank Rural Health Clinic Medical Appointment Cancellation / No Show Policy and agree to its terms.

Patient Printed Name: _____ Patient DOB: _____

Patient/Parent/Guardian Signature: _____ Date: _____



Cut Bank

Rural Health Clinic

Please take a few minutes to answer the following questions so we can better assist you with your health care needs.

Patient Name: _____ Birthdate: ___/___/_____

Mailing Address: _____ City/State/Zip: _____

Physical Address: _____ City/State/Zip: _____

Phone Number: Home: _____ Cell: _____ Work: _____

Email Address: _____

Gender: M F Marital Status: Single Married Separated Divorced Widowed

Current Tobacco user: Yes No Quit

Patient SSN: _____ Race: Caucasian Native American African America Other

Allergies to Medications: _____

Employer Name: _____

Occupation: _____

Emergency Contacts (Someone outside of household)

1. Name: _____ Relation to Patient: _____
Phone number: _____

2. Name: _____ Relation to Patient: _____
Phone number: _____

3. Name: _____ Relation to Patient: _____
Phone number: _____

Person responsible for payment

Name: _____ Relation to patient: _____

Guarantor SSN: _____ Birthdate: _____ Gender: M F

Phone number: Home: _____ Cell: _____

Mailing Address: _____ City/State/Zip: _____

Physical Address: _____ City/State/Zip: _____

Employer Name: _____ Phone number: _____

PEDIATRIC MEDICAL & PERSONAL HISTORY

Patient Name _____ DOB _____ Date _____ Sex: M / F Race _____
 Born at _____ Hospital or Other? _____ Birth Weight _____ Inches long _____
 Mother's age _____ Total # of Pregnancies _____ Normal labor/deliveries _____ C-Section? _____
 Complications _____

-Social Information-

Household	Siblings	Diet	Exercise	Care
Both parents _____	Only child _____	Bottle _____ Breast _____	None _____	At home _____
Single parents _____	# of brothers _____	Eats _____ times a day	30 min _____	In home daycare _____
Divorced parents _____	# of sisters _____	_____ ounces a day	1 hr day _____	Public daycare _____
Step parents _____		Takes multivitamins _____	2 hr day _____	

Medications:

Medication	Dose

Allergies:

Allergies	Reaction

Hospitalizations:

Hospitalization/Injury/Fracture	Date

Past Medical History:

Problem	Onset	Problem	Onset	Past Surgical History
Anemia		GERD		Procedure Year
Allergic Rhinitis		Hepatitis A B C		Circumcision _____
Asthma		HIV		Tymp tubes _____
Blood Transfusion		Irritable bowel		Hernia _____
Bronchitis		Obesity		Tonsillectomy _____
Diabetes, NIDDM		Pharyngitis		Adenoidectomy _____
Diabetes, IDDM		Pneumonia		
Ear Infections		Premature birth		
Epilepsy		Problems in utero		
Febrile Seizure		Urinary tract infection		

Family History: Please indicate M-Mother; F-Father; MGM-maternal grandmother; MGF-maternal grandfather; PGM-maternal grandmother; PMF-paternal grandfather ; S-sibling

Disease	Relative	Disease	Relative	Disease	Relative	Disease	Relative
Anemia		Depression		Hypertension		Renal Failure	
Anxiety		Diabetes		Hyperthyroid		Renal stones	
Allergies		Epilepsy		Hypothyroid		STD	
Asthma		Gout		Irritable Bowel		Sickle Cell	
Blood Clots		Gallstones		Obesity		TB	
Blood Trans.		HA, migraine		Osteoarthritis		Lymphoma	
CAD/MI		HA, tension		Peptic ulcer		Breast CA	
CHF		Hepatitis A B C		Pulmonary Embolus		Ovarian CA	
COPD		HIV		PVD/ Claudication		Colon CA	
CVD Stroke		Hyperlipidemia		Rheumatoid Arthritis		Prostate CA	