Care Agreement for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I want you see you succeed on your journey to wellness!

As your provider, I promise to:

* Do no harm, and be your advocate
* Make the best medical recommendations for you using all my faculties, and all the data available
* Reduce the number of pills you take as much as possible
* Help you understand how your body works
* Give you my attention, confidentiality, support and respect
* Give you every tool & trick I can muster to make you successful

As my patient, I ask that you:

* **Bring your Wellness Journal to ALL clinic appointments**
* **Use your Wellness Journal**- I need as much data about you as possible to provide you with the best care
* **DO NOT START/STOP medications** without notifying someone at the DTC, even if prescribed by a referring provider
* Always ask for simple written instructions, and a copy of your records from ALL your providers.
* I don’t expect perfection, but I expect to see an honest effort
* Keep all appointments, or cancel in a timely manner out of respect for me, and other patients

|  |  |  |
| --- | --- | --- |
| Patient Signature | Provider SignatureKarla M. Chapman, PA-C | Date  |