

PSYCHIATRIC HEALTH & WELLNESS, LLC
JILL ADAMS MSN, ANP, PMHNP-BC
TELEMEDICINE AND PRESCRIBING

Dear Health Care Provider,

The following patient is currently seeking new patient services at Psychiatric Health & Wellness Telemedicine.

Although Telemedicine laws are ever changing for health care providers regarding prescribing controlled substances via Telemedicine, we require completion of a physical exam prior to a new patient appointment.

NOTE: Common controlled substances prescribed from this office are Schedule 2 drugs for ADHD/ADD (Vyvanse, Adderall) and Schedule 4 drugs (Klonopin, Xanax) and are closely monitored. Every patient is required to sign a medication agreement and is subject to random drug testing.

*****Please include patient vital signs on this form.**

BP: _____ HR: _____ Resp: _____ Temp: _____ Ht: _____ Wt: _____

I certify I have conducted an in-person exam on the following patient and the patient is in stable physical condition. (please print clearly):

Patient First Name	Middle Initial	Last Name	Date of Exam
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****Physical Exam is invalid if not dated.**

Physician/Nurse Practitioner (Print) : _____

Physician/Nurse Practitioner (Signature): _____

Office Address (city, state & zip code): _____

Office Phone: _____ Office Fax: _____ State License number: _____

****(Please fax a copy of *brief* physical exam to 219-315-0255)**

Thank You