



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Parent / Guardian:

Thank you for allowing me to care for your child with mental health disorder/s. We take the care of children with these difficulties very seriously. With that in mind, please be advised that there are certain conditions that require your consent before proceeding with care.

#### Initial Visit

\_\_\_\_\_ After initial appointment, you will need to follow up within one month of beginning medications; you may be asked to bring new parent and/or teacher scales prior to that appointment. Subsequent appointments will be every 2-4 months, depending on patient response to treatment and side effect profile. If changes to treatment regimen are required, then follow up may be more frequent.

#### Follow-Up Appointments/Med Checks

\_\_\_\_\_ "Med checks" are scheduled on specific days and times that may vary between providers. We schedule twenty minutes for these visits although they sometimes run longer. We can only accommodate a limited number of "med checks" each day. **It is required that follow up appointments be scheduled at the time of check out to ensure availability. Also know that refills will not be approved if timely appointments are not made, or go unscheduled.** Without appropriate follow-up, problems with your child's medication dose may go unnoticed and have severe consequences. Some of these medications should not be stopped without speaking with your physician first so please call the office prior to stopping medications.

#### Medication Refills

\_\_\_\_\_ You will need to contact the office for medication refills, which can take up to 3 business days to process. This allows for time to review the chart, and make sure we are following the plan that has been agreed upon. Due to ongoing nationwide shortages please call your pharmacy prior to requesting refills through our office to avoid being charged to send additional refills. **If you fail to fill your prescription within 21 days or we must send it to a new pharmacy, there is a \$10 charge to send another prescription. We can only send controlled medications electronically, eliminating the need to come by the office.**

#### Missed/Cancelled Appointments

\_\_\_\_\_ **You will incur a \$79.00 fee for any "med check" appointment that is missed or cancelled within 48 hours of your scheduled appointment time.** Prescription refills will not be approved until account balance is paid in full. While I know this seems severe, we have had significant problems in the past with missed appointments which denies another family the opportunity to schedule an appointment.

We strive to provide excellent care for your children. Not all treatments work the same for all; therefore, much effort must be taken to find the correct medication fit for your child. These rules are designed to ensure that we can provide the best care for your child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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