

**PATIENT HISTORY**

Date: \_\_\_\_\_

Name \_\_\_\_\_ SSN# \_\_\_\_\_  
(Last) (First) (MI)

Birth Date \_\_\_\_\_ Gender (circle) F M Race (circle) White Black Hispanic Other

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home ph # \_\_\_\_\_ Cell ph # \_\_\_\_\_ Other ph # \_\_\_\_\_

Marital Status (circle) Single Married Separated Divorced Widowed

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Employment Status (circle) Working Not Working Retired Disabled Worker's Compensation

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Are you currently applying for disability? YES NO Last school grade completed: \_\_\_\_\_

Number of people in household \_\_\_\_\_ Number of children under age 19 \_\_\_\_\_

**Do you have any of the following:**

Medicaid: YES NO Medicare: YES NO Veteran's Assistance: YES NO

Do you have insurance that covers a doctor visit? YES NO

Do you have a private doctor? YES NO If yes, who? \_\_\_\_\_

When was your most recent doctor's visit? \_\_\_\_\_ Where? \_\_\_\_\_

**People who live in the same home with the patient (whether or not they are related):**

Name: Age: Source of Income: Amount per month:

Patient \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Income:** \_\_\_\_\_

("Income" means: wages, unemployment, Social Security, Disability, child support, alimony, retirement, etc.)

If total income is \$0, does the patient receive food stamps? YES NO If yes, how much? \_\_\_\_\_

Does the patient receive help from family or friends? YES NO If yes, how much? \_\_\_\_\_

Name of person helping patient: \_\_\_\_\_ Relationship: \_\_\_\_\_

All proof of eligibility has been brought in. YES NO If no, please check items to be brought in:

\_\_\_\_ Proof of Income (circle type) Pay checks Food Stamps  
Social Security Pension Other

Screener \_\_\_\_\_ Patient Signature \_\_\_\_\_ 6/30/22

**GOOD SHEPHERD FREE MEDICAL CLINIC of Laurens County  
CONSENT FORM**

Name of Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Please write your initials next to each statement below to give your consent.**

\_\_\_\_\_ I consent to being treated by the providers at Good Shepherd Free Medical Clinic.

\_\_\_\_\_ I understand I have the right to refuse treatment if I choose.

\_\_\_\_\_ I acknowledge that Good Shepherd Free Medical Clinic of Laurens County is a free clinic and that I am not paying for services. I understand that the liability of Good Shepherd Free Medical Clinic of Laurens County, if any, is limited under South Carolina Law, including the provisions of Section 33-55-210 (known commonly as the "Good Samaritan Law").

\_\_\_\_\_ I understand that for the following reasons I may owe for medical services:

- Tests completed at hospitals other than the Prisma Health Laurens County Hospital
- Emergency room visits
- Specialty visits not covered by Good Shepherd referral

\_\_\_\_\_ I consent to the clinic having access to my medical records at Laurens County Hospital- Prisma System.

\_\_\_\_\_ I consent to the clinic having access to my records at any other doctor's office or hospital.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This shall remain in force until it is revoked in writing by the patient.*

# **Good Shepherd Free Medical Clinic**

## **INFORMATION PATIENTS ARE RESPONSIBLE FOR**

Phone Number: 833-0017

Fax number: 833-0709

Our office hours: **Tuesday** 8:30 am – 3 pm Closed for lunch 12 - 1  
**Wednesday** 8:30 am – 3 pm Closed for lunch 12 – 1  
**Thursday** 8:30 am – 3 pm Closed for lunch 12 – 1  
**Evening Clinic:** Evening and Saturday clinics are available based on provider schedules.  
Call for appointment. CLOSURE: Monday & Friday

The most important person involved in your healthcare is **YOU**. The Good Shepherd is here to help you, but we cannot do what you must do to help yourself. You are responsible for **ALL** the information on this sheet, so read carefully. Then put this where you can find it and review it **BEFORE** you pick up the phone to call us.

**To be a patient at Good Shepherd**, we **must** have proof of income for every person in the home where you live and proof of your address (a driver's license or piece of mail with your name and address). **We will need to collect new proof of income once a year to requalify.** If you receive medication from a Patient Assistance Program, there may be different requirements.

### **SEEING A DOCTOR OR NURSE PRACTITIONER**

You are responsible for keeping all appointments. Lack of transportation is not an excuse. If you do not show or do not cancel at least 24 hours in advance, rescheduling may require a lengthy wait. When you come for your appointment, be prepared. **Bring all your medicine bottles.** Write down any questions you have and bring them with you. We have several different providers that volunteer for us. We cannot ensure that you will see the same Provider with each visit.

- \* **When calling the clinic during office hours, please leave a message if the voice mail answers.** We get many phone calls and the phone goes to voice mail automatically when we are talking with someone else. We will call you back.
- \* **You are responsible** for making sure the clinic has your **current phone number and address.** If we cannot reach you, you will have to do without an appointment, medication, or information we need to share with you until you contact us.
- \* **This clinic does NOT fill out disability forms.** We will send medical records if appropriate release forms are received.

### **LABS & X-RAYS**

\*When you go to get labs or x-rays, enter Prisma Health Laurens County Hospital through the Outpatient entrance. Unless it is a scheduled test, please go on a **Tuesday, Wednesday or Thursday** morning. We will fax the orders to the hospital.

\*You may call us for test results, or wait to see the results at your next visit.

\*If labs or x-rays are ordered for an upcoming appointment and they are not done, the appointment will need to be rescheduled. Providers rely upon these test results to make decisions about your care.

### **OTHER INFORMATION**

- Diabetic patients should have Diabetes Education once every 12 months. Check with the office staff to be scheduled.
- The hospital does not charge you or the clinic for services the clinic orders for you. **However, you will be responsible for charges at Prisma Health Laurens County Hospital if Good Shepherd did not send you with the order or if you go to the Emergency Room on your own.**

## **Welcome to GOOD SHEPHERD**

- WE ARE A CHRISTIAN, CHARITABLE ORGANIZATION. We are not connected to the government in any way. We are not owned or operated by the hospital. We are supported by donations from the hospital, churches, and other caring individuals in our community. All of our donations go to purchase medical supplies and inexpensive drugs for you and to pay the expenses to run our clinics.
- Many of our team members donate their time to provide you free medical care. The hospital donates x-rays and lab work for us so you do not have to pay for it if ordered by one of our medical providers.
- We are able to send you to some specialty doctors in Laurens County that provide their services. The hospital also has a program we can refer you to for specialty care called Access Health. We will provide you all the help we can.
- Our pharmacy at Presbyterian College (PC) may not have all the drugs you may need. We do not carry narcotics or controlled substances – we do not have a license for that and do not prescribe for them. If we do not have a medicine the doctor wants you to have, we will try to find another way for you to get it. Otherwise, you will need to take your written prescription to another drugstore and buy it yourself.
- You are now a patient at Good Shepherd Clinic, which means that we are considered your primary provider. Please do not visit another provider or the Hospital Emergency Department without attempting to contact us first. If you continue to see other providers, you will no longer be able to receive services from the Good Shepherd.
- We are glad you are here today/tonight. We hope you will thank the volunteers who help you before you leave.
- HIPAA policy requires that we keep all patient information confidential.

### **PLEASE REMEMBER!!**

You may not come to Good Shepherd OR use our pharmacy at PC if you are eligible for

- Medicare
- Medicaid
- Health Insurance of any kind

### **Please understand that for the following reasons you may owe for medical services:**

- Tests completed at hospitals other than Prisma Health Laurens County Hospital
- Emergency Room Visits
- Specialists visits not covered by Good Shepherd referral

**Pharmacy Information for  
PC Community Pharmacy  
307 North Broad St.  
Clinton, SC 29325  
864-938-3932**

**Please read carefully:**

**You are responsible for keeping up with the number of refills you have for each medication you take.** When each bottle says 1 or NO refills, you must call the Good Shepherd Clinic at 833-0017 to request new prescriptions. In most cases, you will need an appointment to get them. The earlier you call, the less likely you will have to go without your medicine. We cannot make emergency appointments because you have run out of your medicine.

**PHARMACY HOURS:**      Wednesday 10:00-1:00    2:00-4:00  
                                         Thursday    10:00-1:00

***New prescriptions*** are faxed by office staff from Good Shepherd after an appointment with the doctor.

***Refill requests*** should be phoned in to the PC pharmacy staff at 864-938-3932. You may leave your refill request (name and strength of medication) on the voice mail, if there is no answer or you are calling outside of pharmacy hours. Please call at least one day ahead of scheduled pick-up.

**Directions to Presbyterian College School of Pharmacy:**

- **From Laurens, Gray Court, Fountain Inn, Waterloo,** take Highway 76 to Clinton; turn left at McDonald's onto Broad St.
- **From Joanna,** follow Highway 76 into Clinton; turn right at McDonald's on Broad St.
- **From Cross Hill,** follow Highway 72 into downtown Clinton, crossing over Railroad tracks.

Go through three stoplights. The school is on the left across the street from Broad St. United Methodist Church. Go past the school and turn left between the school and the G-8 Gas Station. Turn left into the back parking lot. PC will ask for a \$2.00 donation for each prescription to cover the cost of supplying the medicine.

*For prescriptions filled by Welvista, please call 803-933-9183. For prescriptions from other Patient Assistance Programs, call the staff at Good Shepherd at 864-833-0017*