

“Your Home Medical Care”

James P. Johnston, D.O., PLCC

NC medical license: 2017-02638 ♦ Family Practice Board Certified ♦ NRCME
PO Box 5430, Concord, NC 28027 ♦ www.YourHomeMedicalCare.com

PLEASE WRITE LEGIBLY

NAME & DOB: _____

SPOUSE’S NAME & DOB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EMPLOYMENT _____

CHILDREN’S NAMES & AGES: _____

PASTOR & CHURCH’S NAME: _____

PHARMACY PHONE #: _____

What is unique about Dr. Johnston’s family practice “Your Home Medical Care”?

1. Dr. Johnston will see you and your family in your home yearly at least.
2. In order to maintain physician-patient relationship, payment is monthly by credit card or paypal through the website www.YourHomeMedicalCare.com. No insurances accepted.
3. If tests are ordered or a consultation is necessary, you will be billed from the lab or radiology department or consultant directly.
4. Appointments will be made online at www.YourHomeMedicalCare.com.
5. At no extra charge, he will care for your urgent care needs as needed, by phone, by facetime or skype, and if needed and if Dr. Johnston is available, in person at your home.
6. If Dr. Johnston is unavailable to meet your urgent care needs in person, and you require more than he can do over the phone, you may need to go to the E.R. or Urgent Care.
7. Signing confirms you’ve received the HIPAA form on the website under “New Patients”.

To the adult patients in the home: Sign if you consent.

Signature: _____ Signature: _____

Date: _____ Date: _____