



Patient Agreement for Completion of Well Visits

Practice Name: The Eisenstein Clinic

Address: 415 W. Golf Road Suite 2 Arlington Heights, IL 60005

Phone: 847-329-2020

At The Eisenstein Clinic, we are committed to providing comprehensive and preventive healthcare for all our patients. Regular well-child visits are an essential part of maintaining good health, and monitoring growth and development.

To ensure the best care for your child and maintain a productive relationship with our practice, we require all patients to adhere to the recommended schedule for well visits as outlined by the American Academy of Pediatrics (AAP) and our office policies.

Well-Visit Schedule:

We follow the recommended well-visit schedule below:

- **Newborn visits:** 1 week and 2 weeks
- **Infant visits:** 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, and 18 months
- **Toddler visits:** 2 years, 2 ½ years, and 3 years
- **Annual visits:** Starting at 3 years and continuing once a year thereafter

Policy Requirements:

1. Patients must schedule and attend all recommended well visits at the appropriate intervals.
2. Failure to attend well visits or reschedule missed visits within 30 days may result in dismissal from our practice.
3. Families who repeatedly miss well visits without adequate communication may also be subject to dismissal.

Acknowledgment and Agreement:

By signing this agreement, I confirm that I have read and understood the above policy, including the required well-visit schedule. I agree to schedule and attend all required well visits for my child(ren). I understand that failure to comply with this policy may result in the discharge of my family from this practice.

If there are extenuating circumstances that prevent attendance at a scheduled visit, I agree to notify the office as soon as possible to reschedule.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Patient Name and DOB: _____

Office Use Only:

Staff Signature: _____