## Rajveer Sachdev MD, MBA LLC (dba D.O.C. MD)

# Patient Registration Form

**Name**

**Phone Number**

**Email**

**Date of Birth**

**Social Security Number**

**Home Address**

**City, State, Zip Code**

**Mobile Phone Number**

**Home Phone Number**

**Email Address**

**Emergency Contact- Name, Phone number, Relationship**

**Insurance- Policy ID/Group ID**

**Insurance- Subscriber/Relationship to Subscriber (if NOT self)**

**Pharmacy Name/City**

## Active Health Conditions:

**If yes- Please List**

**If active conditions, please list here:**

## Medications:

**If yes- Please List**

## Allergies:

**If yes- Please List**

**Past Surgical History**

**Family Medical History- condition and relationship**

**Do you smoke? If so, how much**

**Do you consume alcohol? If so, how much**

**Do you use recreational drugs? If so, which ones**

I authorize the medical practice and its providers to provide medically necessary care and, when applicable, submit claims to my insurance company.

I authorize my insurance benefits to be paid directly to the medical practice for covered services.

I understand that I am responsible for applicable **copayments, deductibles, coinsurance, non-covered services, and other amounts permitted under applicable law and my insurance plan**

I understand that providing incorrect or incomplete insurance information may result in billing delays or patient responsibility.

**There is a $50 fee if a patient cancels any appointment within 24 hours of scheduled appt**
**Referrals- no referrals unless patient seen in NJ office within last 12 months**
**Copays and deductibles are due BEFORE patients are seen**
**Copays and Deductibles also apply to virtual visits (as per insurance rules)**
**There is a 4% convenience fee for Credit Card transactions**
**No controlled substances unless extreme circumstances (at the discretion of the provider)**
**No antibiotics without appointment (virtually available, if appropriate and/or allowable)**

**Consent**

I certify that the information provided is complete and accurate to the best of my knowledge. I authorize the healthcare providers of this practice to provide medical evaluation and treatment and understand that my information will be maintained according to applicable privacy laws and the practice's policies.

# Medical Practice Privacy Policy

**Effective Date:** 7/16/2026

At **D.O.C. MD (Rajveer Sachdev MD, MBA LLC dba D.O.C. MD)**, we are committed to protecting the privacy and confidentiality of our patients' personal and health information. This Privacy Policy explains how we collect, use, disclose, and safeguard your information in accordance with applicable federal, state, and local laws.

**Information We Collect**

We may collect the following information:

- Personal identification information (name, address, phone number, email, date of birth)
- Health insurance information
- Medical history, diagnoses, medications, and treatment records
- Payment and billing information
- Emergency contact information

**How We Use Your Information**

We use your information to:

- Provide medical care and treatment
- Schedule appointments and communicate with you
- Process insurance claims and billing
- Coordinate care with other healthcare providers
- Meet legal and regulatory requirements
- Improve the quality of our services

**Disclosure of Information**

With healthcare providers involved in your care
With insurance companies and billing services
With laboratories, pharmacies, and imaging centers as needed for treatment
When required by law or court order
To prevent serious threats to health or safety
With your written authorization for other purposes

We do not sell your personal health information.

**Protecting Your Information**

We maintain administrative, technical, and physical safeguards designed to protect your information from unauthorized access, use, or disclosure. Access to patient information is limited to authorized personnel who require it to perform their job duties.

**Your Privacy Rights**

Subject to applicable law, you may have the right to:

Access your medical records
Request corrections to inaccurate information
Request restrictions on certain uses or disclosures
Request confidential communications
Receive a copy of this Privacy Policy
File a complaint if you believe your privacy rights have been violated

**Retention of Records**

We retain medical records for the period required by applicable laws and professional standards. After the required retention period, records are securely destroyed or permanently de-identified.

**Website and Electronic Communications**

If you use our website or patient portal, we may collect limited technical information such as IP address, browser type, and cookies to improve website functionality. Electronic communications may not always be completely secure, and we encourage patients to use our secure patient portal whenever possible.

**Changes to This Policy**

We reserve the right to update this Privacy Policy at any time. The most current version will be available in our office and on our website.

**Contact Us**

If you have questions about this Privacy Policy or wish to exercise your privacy rights, please contact:

**D.O.C. MD (Rajveer Sachdev MD, MBA LLC dba D.O.C. MD)**
Address: 20 Greenwood Lake Turnpike, Suite 201, Ringwood, NJ 07456
Phone: 973 370 5102
Email: DOCMDNJ@gmail.com

**Mobile Information and SMS Consent**
If you provide your mobile number and consent to receive SMS messages, we will use that information only for messaging purposes related to your interaction with us. SMS consent is collected and managed as part of our communication practices.

**No Sharing of SMS Opt-In Data**
Your mobile information and consumer SMS registration or opt-in data will not be transferred to external organizations.

**Message Questions and Support**
For questions about SMS messages or assistance with messaging, please contact us through the contact method provided on this website.

**Opt-Out Instructions**
You may opt out of SMS messages at any time by replying STOP to any message you receive. For help, reply HELP.

**Disclosure: These are recommendations based on the 10DLC registration requirements. They do not constitute legal guidance or serve to create an attorney-client relationship. You should consult your own legal counsel for guidance**

By receiving care from our practice, you acknowledge that you have been provided with information regarding our privacy practices.

**Signature**

**Date**

**Rajveer Sachdev MD, MBA LLC dba D.O.C. MD**

**Name**

**Date of Birth**

**Patient Guidelines for Diabetes, Obesity, Hypertension and Pulmonary Management- MUST BE FOLLOWED**

**(Applies to ALL- Those with above conditions presently and/or in future)**

**Purpose**

The purpose of these guidelines is to help patients with chronic medical conditions manage their health, reduce the risk of complications, and improve their overall well-being through healthy lifestyle choices and regular medical care.

**Office Expectations & Requirements**

Patients are encouraged to:

- Attend all scheduled appointments.
- Arrive with an updated list of medications, including over-the-counter medicines and supplements.
- Bring blood glucose records, blood pressure readings, or weight logs if requested.
- Inform the office of any hospitalizations, emergency department visits, or changes in health status.
- Notify the office if prescriptions need refills before medications run out.

**Diabetes and Hypertension Management**

Patients with diabetes and/or hypertension should:

- Take medications exactly as prescribed.
- Monitor blood glucose as recommended by their healthcare provider- for diabetics
- Follow an individualized meal plan.
- Eat regular meals and avoid skipping meals unless instructed otherwise.

Stay physically active, aiming for at least 150 minutes of moderate intensity exercise each week, unless otherwise advised.
Drink adequate water and limit sugar-sweetened beverages.
Inspect feet daily for cuts, blisters, redness, or sores.
Wear properly fitting footwear.
Attend routine eye, dental, and foot examinations- for diabetics
Know the signs and symptoms of low and high blood sugar and seek medical attention when appropriate- for diabetics
Have recommended laboratory tests completed, including HbA1c, kidney function (including urine evaluation for albuminuria/urinary protein) and cholesterol testing.

**Patients are required to obtain the bloodwork 3-4 times a year if uncontrolled, and 2-3 times a year, if controlled. NO MEDICATIONS WILL BE REFILLED UNLESS PATIENTS FOLLOW THE PROTOCOL**

**Obesity Management**

Patients working toward a healthy weight should:

Follow an individualized nutrition plan developed with their healthcare provider or dietitian.
Choose a balanced diet that includes vegetables, fruits, whole grains, lean proteins, and healthy fats.
Limit foods high in added sugars, saturated fats, and sodium.
Practice portion control.
Engage in regular physical activity appropriate for their health status.
Aim for gradual, sustainable weight loss if recommended by their healthcare provider.
Get adequate sleep and discuss concerns about sleep quality with their provider.
Work with the healthcare team to identify barriers to healthy lifestyle changes.

If pharmacological treatment is involved:
Patients new to treatment Or change in treatment: Follow up visits are required at 1-3 months, 6 months, and 12 months in the first year, and at least every 6 months thereafter
Patients already well established on treatment: Follow up visits are required at 3 months, 6 months, and 12 months in the first year, and at least every 6 months thereafter
Patients will have the opportunity to obtain body composition testing in our office with the Inbody 580 scan (pacemaker is contraindication- and please inform the practice if pacemaker in place)
**NO MEDICATIONS WILL BE REFILLED UNLESS PATIENTS FOLLOW THE PROTOCOL**
**WEIGHT MANAGEMENT VISITS INVOLVING PHARMACOLOGICAL THERAPY ARE SEPARATE FROM PREVENTATIVE VISITS**

**Pulmonary (Asthma/COPD) Management**

Follow a plan developed with our provider or pulmonologist
If we are refilling the medications, Spirometry is REQUIRED annually or at every visit if appropriate/due to symptoms- at the discretion of the provider
Rescue inhalers are for RESCUE only- they are not to be refilled routinely
If rescue inhalers are routinely required- patients are required to take maintenance medications and see a pulmonologist
**Patients are required to see their provider AT LEAST 2-3 times a year if uncontrolled, and 1-2 times a year, if controlled. NO MEDICATIONS WILL BE REFILLED UNLESS PATIENTS FOLLOW THE PROTOCOL**

**Healthy Lifestyle Recommendations**

Patients are encouraged to:

**Avoid tobacco and nicotine products.**
Limit or avoid alcohol based on their provider's recommendations.
Manage stress using healthy coping strategies.
Stay current with recommended vaccinations.
Keep all preventive health screenings up to date.

**When to Contact the Medical Office**

Contact the office if you experience:

Blood glucose readings consistently above or below your target range, if applicable.
Frequent episodes of low blood sugar, if applicable.
Unexplained weight gain or weight loss.
New foot sores, ulcers, or signs of infection.
Persistent nausea, vomiting, or diarrhea.
Side effects from medications.
Difficulty obtaining or taking prescribed medications.
Questions about your treatment plan.

**Seek Immediate Medical Care or Call Emergency Services If You Have:**

Chest pain or severe shortness of breath.
Loss of consciousness.
Severe confusion or inability to stay awake.
Symptoms of stroke, such as sudden weakness, numbness, difficulty speaking, or vision changes.
Severe allergic reactions, including swelling of the face or throat or difficulty breathing.

Very high or very low blood glucose accompanied by severe symptoms, such as confusion, seizures, or loss of consciousness.

**Follow-Up Care**

Regular follow-up appointments are important to:

Monitor blood sugar control.
Evaluate weight management progress.
Review medications.
Monitor blood pressure and cholesterol.
Screen for diabetes-related complications.
Update individualized treatment goals.

**Patient Acknowledgment**

I understand these guidelines and agree to work with my healthcare team to manage my hypertension, asthma, diabetes and weight. I understand that following these recommendations can help reduce my risk of complications and improve my overall health.

**Signature**

**Date**

**Rajveer Sachdev MD, MBA LLC**

**Name**

**Date of Birth**

**I have received, read and reviewed in detail Rajveer Sachdev MD, MBA LLC:**

- **Patient Registration Form**
- **Practice Privacy Policy**
- **Chronic Medical Conditions Consent Form**

**I agree with all the terms in their entirety**

**Signature**

**Date**