

WELLNESS AND AESTHETICS, LLC

Social Security: ____ - ____ - ____

First Name: _____ Last Name: _____

M.I.: ____ Sex: ____ Date of Birth: _____ Marital Status: _____ Race: _____

Ethnicity: _____ Preferred Language: ENG __ SPA __ Cell Phone: _____

Physical Address: _____ City: _____

State: ____ Zip Code: _____ Employer/School: _____ Email: _____

IF YOU ARE COVERED BY HEALTH INSURANCE/MEDICAID PLEASE LIST COMPANY AND ID

PRIMARY:

Company Name: _____

Member ID: _____ Group #: _____

Insured DOB: _____ Insured SS#: ____ - ____ - ____ Insured Employer: _____

Address if different from Patient: _____

Patient Relationship to Insured: _____

SECONDARY

Company Name: _____

Member ID: _____ Group #: _____

Insured DOB: _____ Insured SS#: ____ - ____ - ____ Insured Employer: _____

Address if different from Patient: _____

Patient Relationship to Insured: _____

IN CASE OF EMERGENCY

First Name: _____ Last Name: _____

Phone Number: _____ Relationship: _____

PLEASE LET US KNOW HOW YOU PREFER TO BE CONTACTED:

Home: ____ Cell Phone: ____ Email: ____ Okay to leave message with information: ____

Okay to leave information with spouse or family member: ____

Leave message with call-back number only: ____

Preferred Pharmacy: _____ **Address:** _____

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Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Sibling's Name(s): _____

Parent's Marital Status: ___ Married ___ Divorced ___ Single ___ Widowed

ALLERGIES:

___ No Known Allergies

Drugs: _____ Foods: _____

Seasonal: _____ Latex: _____

MEDICATIONS:

___ No Medications

Please list if any: _____

MEDICAL HISTORY:

___ None ___ Anemia ___ Tuberculosis ___ Fainting/Dizziness

___ Seizures ___ Anxiety ___ AIDS/HIV/STD's ___ Diabetes ___ Asthma

___ Headaches ___ High Blood Pressure ___ GI Problems ___ Epilepsy

___ Blood Disorders ___ Congenital Anomaly ___ Cancer ___ Mental Illness

___ Heart Disease ___ Urinary Reflux ___ ADHD _____ Other

PATIENT SOCIAL HISTORY (Yes or No) :

___ Drug/Alcohol Usage (Teens only) ___ Is Child Adopted ___ Smoking (Teens only)

___ Has The Child Ever Come In Contact With Mold/Mildew

___ Does Child Go To Daycare ___ Do Any Family Members Smoke

___ Does Child Have Any Pets ___ Sexually Active (Teens Only)

___ Number Living In Household _____

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FAMILY HISTORY:

- Alcoholism -Blood Disorder -Epilepsy -Mental Illness -Tuberculosis
- Asthma -Convulsions -Anemia -Cancer -Heart Disease
- Migraines -Sudden Death -High Blood Pressure -Allergies
- Other (Please list below)

Please list any of these examples shown above that apply to following members (No Names)

Father: _____

Mother: _____

Siblings: _____

Paternal Grandfather: _____

Paternal Grandmother: _____

Maternal Grandfather: _____

Maternal Grandmother: _____

Any Additional You Would Like Us to Know:

Wellness and Aesthetics, LLC Notice of Privacy Practices (HIPAA)

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA) IS A FEDERAL PROGRAM THAT REQUIRES THAT ALL MEDICAL RECORDS AND OTHER INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION USED OR DISCLOSED BY US IN ANY FORM, WHETHER ELECTRONICALLY, ON PAPER OR ORALLY, ARE KEPT CONFIDENTIAL. THIS ACT GIVES YOU, THE PATIENT, RIGHTS TO UNDERSTAND AND CONTROL HOW YOUR HEALTH INFORMATION IS USED. AS REQUIRED BY HIPAA, WE HAVE PREPARED THIS EXPLANATION OF HOW WE ARE REQUIRED TO MAINTAIN THE PRIVACY OF YOUR HEALTH INFORMATION AND HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.

We may use and disclose your medical records only for each of the following purposes:

- Treatment: providing, coordinating, or managing health care and related services by one or more health care providers.
- Payment: obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review.
- Health care operations: this includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses of disclosures will be made only with your written authorization.

- You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the practice manager:
 - The right to request restriction of certain uses and disclosures of protected health information including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a request restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
 - The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
 - The right to inspect and copy your protected health information.
 - The right to request an amendment your protected health information but we may deny the request or amendment.
 - The right to receive an accounting of disclosures of protected health information.

- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all protected health information that we maintain. We will post and you may request a written copy of any revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions in this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Signature _____ Print Name _____
Date _____

Wellness and Aesthetics, LLC

Informed Consent

Nature of Services

Wellness and Aesthetic services include medical care provided by nurse practitioners trained in traditional medical care as well as integrative and functional medicine. Our services may include the prescription of an integrative program which includes conventional health care, nutritional therapies, functional medicine, as well as other elements of integrative medicine. I hereby grant my authorization and consent to treatment and certify that no guarantee of the assurance has been made as to the results which may be obtained.

Financial Responsibility

I, the undersigned, recognize that the provider cannot accept responsibility for collecting any insurance claims or negotiating any settlement on a disputed claim. In the event of default in payment or any amount due, if this account is placed in the hands of an agency or attorney for collection, or legal action, I agree to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by law governing these transactions. We will bill your insurance company for their expected share of benefits for services received in our office. No third party billing will be done by us. We are not a work comp provider and will not bill for work comp injuries. We do not file claims for auto related injuries. Payment of your expected share is expected at the time of each visit, unless prior arrangement have been made. All co-payments are due and expected at the time of service.

Risks, Benefits, and Alternatives of Treatment

In general, integrative, functional and traditional medicine provide benefits that include relief of presenting symptoms and improved function that may lead to prevention, improvement or elimination of the presenting symptoms, though no particular outcome can be warranted or guaranteed. Like with any health treatment, such treatment is not without risk. Potential risks of treatment include allergic reactions, sensitivities, adverse effects from, or in response to, natural supplements or dietary measures, failure to improve or worsening of the patient's condition and difficult adjustments to making lifestyle modifications. Other side effects and risks may occur. The patient agrees to inform Wellness and Aesthetics clinical staff of all known factors which might affect treatment, including all medications, drugs, drug sensitivities and allergies, history of seizures, fits or fainting, presence of a pacemaker, bleeding disorder, use of anti-coagulants, damaged heart valves or occluded vessels, immune deficiencies or other special risk of infection, as well as any other significant factors. The patient further agrees to inform Wellness and Aesthetics clinical staff of any disorder, or state of mind, that might affect the patient's capacity to make informed health decisions, and should any such impairment exist, patient will provide information regarding a surrogate decision maker.

An explanation of the risks, benefits and alternatives of any specific procedures or treatments, recommended or undertaken, will be provided to the patient at the time of such recommendation.

The patient agrees to bring to the attention of Wellness and Aesthetics clinical staff any lack of understanding of such risks, benefits and alternatives, and inquire of staff or further explanation until patient has a full understanding before giving consent to any procedure or treatment.

The patient agrees to immediately inform Wellness and Aesthetics clinical staff of any adverse effect of treatment noted, including any unanticipated pain or other negative sensation, unpleasant cognitive conditions, anxiety, depression or other negative emotions or any unpleasant taste or smell associated with the consumption of supplements or herbs. The patient will immediately notify the Wellness and Aesthetics clinical staff in the event of pregnancy, as some treatments may be contraindicated in the event of pregnancy.

The undersigned patient agrees that he/she has read and understood the information contained in this Informed Consent, has inquired as to all aspects that were not understood, and consents to the care and treatment as outlined herein. In consideration of the services to be performed and products obtained, the undersigned patient agrees to be bound by the terms of this Informed Consent.

Selling Nutritional and Herbal Supplements

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201(g)(1), the term *drug* is defined as an “article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.” Technically, vitamins, minerals, trace elements, amino acids and herbs are not classified as drugs. However, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient’s diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all of your healthcare providers fully informed about all medications and nutritional supplements, herbs, or hormones you may be taking.

Sale of Nutritional Supplements at Wellness and Aesthetics

You are under no obligation to purchase nutritional supplements at our clinic or online dispensary.

At this time nutraceutical supplements are not sold in our office. We are affiliated with online dispensaries. We work with companies and manufacturers who have gained our confidence through considerable research and experience. We determine quality by considering: (1) the quality of science behind the product; (2) the quality of the ingredients themselves; (3) the quality of the manufacturing process; and (4) the synergism among product components. The brands of supplements that are recommended are those that meet our high standards and tend to produce predictable results.

While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability (ability to be properly absorbed and utilized by the body), and effectiveness. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

If you have questions or concerns about this issue, please discuss them with our staff.

Functional Medicine Laboratory Testing

The purpose of functional medicine laboratory testing ordered through our office is to evaluate nutritional, biochemical, or physiological imbalance and to determine any need for medical referral. These lab tests in our office are not intended to diagnose disease. This office utilizes conventional lab tests as well as functional medicine assessment.

Functional medicine assessment is designed to assist our healthcare providers in finding the underlying causes of your condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine, and a wide array of scientific disciplines. Functional medicine evaluates the body as a whole, with special attention to the relationship of one body system to another and the nutrient imbalances and toxic overload that may adversely affect these relationships.

I have read and understand the above:

Printed Name of Patient

Signature of Patient

Date

