

PATIENT INFORMATION

Last Name _____ First Name _____ Date _____

Address _____ Zip Code _____

Telephone Home _____ Work _____ Cellular _____

Email Address: _____

Age _____ DOB _____ Occupation _____

Who to reach in case of an emergency _____ Contact # _____

How did you hear about our clinic? _____

Are you currently receiving health care? Please circle: Y N

If yes, name of physician: _____

Condition being treated: _____

What are your most important health concerns?

1 _____

2 _____

3 _____

Please list tested or suspected allergies and related symptoms:

Foods _____

Seasonal _____

Drug / other _____

Current Medications: Please list any prescription medications or over-the-counter medications you are taking.

Daily Dosage _____

Do you have a current medical condition(s) (e.g. Epilepsy, Pregnant)? _____

Do you smoke? Please circle: Y N

Please read the New Patient Information form. Sign below when you have finished.

Yes, I have read and understand the items listed on the New Patient Information form.

Signature _____ **Date** _____
(If under the age of 16, must be signed by Parent or Legal Guardian.)

NEW PATIENT INFORMATION

In order to receive the best possible results, it is important to read and understand the following information:

- Some cases may require treating preliminary items that are contained within a substance such as vitamins, minerals, phenolics and/or sugars. For example, sugar may need to be addressed before proceeding with alcohol, grains or fruit.
- After addressing preliminary items, patients may choose what order remaining substances are treated.
- It is possible to treat numerous items in one treatment if they are in the same family. For example, dairy products (milk, cheese and yogurt) and calcium may be treated at one time. However, dairy and wheat, or tomatoes and pollens may not be cleared at the same time. It is also possible that an item must be treated in more than one session, which can only be determined during the treatment.
- We cannot guarantee how many sessions each substance will require to reduce the symptoms associated with that item.
- When addressing a condition, instead of a single substance or family of substances, multiple items may be contributing to the symptoms. Therefore, such conditions may require multiple sessions to relieve the symptoms associated with that condition.

Please adhere to the following guidelines:

- Do not smoke or wear strong perfume 2 hours prior to coming to the clinic.
- Do not eat candy or chew gum during the treatment.

Office Policies

- Our office has a 24-hour cancellation policy. Late cancellations or no-shows will incur a charge of \$75.
- Please arrive 10 minutes prior to your appointment time. Late arrivals may be rescheduled and will incur a charge of \$75.
- Payment is due at the time services are rendered.

Initial Assessment for:

Patient's Name _____

Food Phenolics	Yeast Mix	Glutamates	Pollens
Eggs	Caffeine	Amines	Trees
Chicken	Coffee Mix	Salicylates	Grasses/Weeds
Protein	Chocolate	Artificial Preservatives	Flowers
Calcium	Soy	Artificial Colors	Plants
Milk/Dairy		Artificial Flavors	Plant Phenolics
Vitamin C		Tomato	Molds
B-Complex		Potato	Fungus
Vitamin A		Acids	Dust
Mineral Mix		Enzymes	Dust Mites
Sugar Mix			Dogs
Salt Mix			Cats
Grains/Wheat Mix			
Corn			

Medical Information Release Form

(HIPAA Release Form)

Name: _____ Date of Birth: ____/____/____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

This ***Release of Information*** will remain in effect until terminated by me in writing.

Messages

Please call my home my work my cell Number: _____

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

The best time to reach me is (day) _____ between (time) _____

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____