

Today's date: / /

EAST VALLEY NATUROPATHIC DOCTORS

Patient DOB: / /

5416 E. Southern Ave. #110

Mesa, AZ 85206

480.985.0000

First name: Middle: Last Name:

Address: City: State: Zip:

Cell phone: Home phone:

Email: Social Security: Gender:

Emergency contact: Relation: Phone:

Occupation: Work Phone:

How were you referred:

Preferred Pharmacy: Phone: Cross Streets:

Insurance Company: Customer Service Phone:

Primary Insured's full name: Primary's DOB: Primary's relation to patient:

PRESENT MEDICAL COMPLAINTS

PAST MEDICAL HISTORY

MEDICATIONS (include dosing)

SUPPLEMENTS (include dosing)

ALLERGIES

FAMILY HISTORY- Circle G(Grandparent) P(Parent) or S(Sibling)

SOCIAL HISTORY- Circle Y(yes) N(no) or P(past)

EMOTIONAL- Circle Y(yes) N(no) or P(past)

EXERCISE

SLEEP- Circle Y(yes) N(no)

STRESS MANAGEMENT

DIET

The following health questionnaires will help your doctor determine whether specific testing may be helpful for your case. Please leave the gray areas blank for the doctor's use.

EXPOSURES & HEALTH HISTORY QUESTIONNAIRE (check all that apply)						NOTES						
Have you worked in manufacturing or processing of: <input type="checkbox"/> metals <input type="checkbox"/> plastics <input type="checkbox"/> petroleum <input type="checkbox"/> glass <input type="checkbox"/> ceramics <input type="checkbox"/> paper <input type="checkbox"/> electronics <input type="checkbox"/> batteries <input type="checkbox"/> fiberglass <input type="checkbox"/> textiles How many months/years did you work with these products? _____						met/solv.						
Have you had recurrent exposure to: <input type="checkbox"/> chemical fertilizers <input type="checkbox"/> pesticides <input type="checkbox"/> herbicides <input type="checkbox"/> mold <input type="checkbox"/> paints <input type="checkbox"/> wood preservatives <input type="checkbox"/> chemical dyes <input type="checkbox"/> cigarette smoke <input type="checkbox"/> gasoline <input type="checkbox"/> nail salons												
Have you lived or worked near: <input type="checkbox"/> coal-burning plant <input type="checkbox"/> metal mine <input type="checkbox"/> nickel refinery <input type="checkbox"/> golf course <input type="checkbox"/> major freeway <input type="checkbox"/> nuclear plant <input type="checkbox"/> orchard or farm												
What is your source of drinking water at home? Circle Y(yes) N(no) P(past)												
Direct from tap	Y	N	P	Filtered from tap	Y	N	P	Well water	Y	N	P	candida
Reverse osmosis	Y	N	P	Bottled water	Y	N	P	Other:				
Are you overly sensitive to perfumes, cigarette smoke, gasoline, etc.?									Y	N	P	Pb.
Approximately how many rounds of antibiotics have you taken TOTAL in the past? __0 __1-5 __6-10 __11-15 __16-20 __20 or more # in past 3 years _____												
(Women): Do you take hormones or oral contraceptive pills?									Y	N	P	Hg./solv.
Do you or did you have water pipes in your home from before 1978?									Y	N	P	
Do you have metal fillings in your teeth? Y N P			Do you work in a dental office? Y N P						mold/tox			
Do you eat seafood more than 3 times per month? Y N P Wild Alaskan / Atlantic / Farmed												
Do your symptoms diminish or disappear if you are away from your home or work? Y N P												
Which symptoms? _____												
REVIEW OF SYSTEMS - Circle all that apply												
Digestive		Female		Musculoskeletal		Mouth & Throat		Ears				
Diarrhea	Belching	Irregular cycle	Hot flashes	Joint pain	Swelling	Gingivitis	Sore throat	Itchy ears	Ear drainage			
Constipation	Passing gas	Painful period	PMS	Arthritis	Muscle pain	Gagging	Oral herpes	Ear aches	ringing			
Bloating	Cramping	Heavy period	Low libido	Numbness	Nerve pain	Post-nasal drip		Rashes in or behind ears				
Bleeding	Heartburn	Infections	Infertility	Stiffness	Weakness	Tongue pain	Canker sores	Infections	Hearing loss			
Head/Congition		Male		Kidney/Urinary		Nose		Eyes				
Headaches	Hair loss	Prostatitis	Urethritis	Frequent urination/urging		Congestion	Sneezing	Itchy eyes	Redness			
Vertigo	Poor focus	Low libido	Infertility	Kidney infections or stones		Sinusitis	Runny nose	Eye pain	Dry eyes			
Weak memory	Dyslexia	Rashes	BPH	Frequent infections		Nose bleeds	Dryness	Far-sighted	Near-sighted			
Confusion/Racing thoughts		Erectile dysfunction		Difficulty starting/stopping		Allergies	Polyps	Watering	Blurred vision			
Energy/Mood		Skin/Nails		Weight		Lungs		Heart				
Fatigue	Insomnia	Acne	Moles/Spots	Weight gain	Weight loss	Shortness of breath		Palpitations	Chest pain			
Depression	Restlessness	Hives	Sweating	Compulsive eating		Asthma	Bronchitis	Murmur	Heavy feeling			
Irritability	Agression	Eczema	Psoriasis	Bulimia	Anorexia	Wet cough	Dry cough	High blood pressure				
Anxiety	Mood swings	Bruise easily	Brittle nails	Water weight	Cravings	Chest congestion		Low blood pressure				
Last blood work/testing (year):			Abnormal labs in past? Y N			Details:						
Last physical exam (year):			Abnormal exams in past? Y N			Details:						
Please list any specialty labs (food allergy/heavy metals, etc.) you have had tested:												

INFORMED CONSENT and Request for Naturopathic Medicine

I understand and agree that:

- The Naturopathic Physicians at the offices of East Valley Naturopathic Doctors are independent medical practices
- East Valley Naturopathic Doctors assumes no liability arising from treatments administered by such independent Naturopathic Physicians
- Any claims for injuries from treatments administered by such independent Naturopathic Physicians must be brought solely against the independent Naturopathic Physician(s) providing the treatment that caused the injury and not against East Valley Naturopathic Doctors

I understand that naturopathic evaluation and treatment may include, but is not limited to:

- Physical exam (general and female)
- Common diagnostic procedures (pap smears, endometrial biopsies, diagnostic imaging, laboratory evaluation of blood, urine, and stool and saliva)
- Dietary advice and therapeutic nutrition (use of foods, diet plans, nutritional supplements, and intramuscular vitamin injections)
- Acupuncture (insertion of specialized disposable stainless steel sterilized needles through the skin into underlying tissues at specific points on the body surface)
- Herbs/natural medicines (prescribing of various therapeutic substances including plant, mineral and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures, suppositories, which may contain alcohol, topical creams or other forms.
- Homeopathic remedies (often highly diluted quantities of natural occurring substances)
- Over the counter and prescription medications

I understand and I am informed that in the practice of Naturopathic Medicine and Traditional Chinese Medicine there are some risks and benefits with evaluation and treatment including, but not limited to the following:

- **Potential risks:** pain, discomfort, minor bruising from Acupuncture; allergic reaction to prescribed herbs, supplements, prescription medications; and aggravation of pre-existing symptoms.
- **Potential benefits:** restoration of the body's maximal functioning capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery and prevention of disease or its progression.
- **Notice to pregnant women:** all female patients must alert the provider if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy.

By signing below, I, _____ acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I also understand that it is my responsibility to request that the provider explains therapies and procedures to my satisfaction. I further acknowledge that no guarantees or services have been made to me concerning the results intended from the treatment. I intend that this consent form is to cover the entire course of treatments for my present condition and any future conditions for which I am seeking treatment.

PATIENT'S NAME (signature)

DATE

PATIENT'S NAME (print or type name)

*** May we add you to our Newsletter e-mailing list

YES

NO

Financial Policy of East Valley Naturopathic Doctors

Payment Policy

Payment for services are due at the time services are rendered, including for products and labs not specifically covered by insurance.

Insurance Reimbursement Policy

Naturopathic Physicians services may have some costs reimbursed by some PPO plans as out-of-network physicians. For your information Medicare does not cover Naturopathic Medicine. As a service to our patients, East Valley Naturopathic Doctors will submit billing claims for reimbursement from the following companies (including but not limited to):

Blue Cross/Blue Shield	Humana
Aetna	United Health Care
Great Western	Life Wise
Cigna	HealthNet
And Many Others	

Submission of a claim for reimbursement on your own, a superbill providing a summary of the services rendered, diagnoses and charges applied, will be provided for you to send to your insurance company.

Returned Checks

For checks returned as unpaid by your bank, you will be charged a \$25 returned check fee.

Missed Appointments

Please provide at least **24 hours notice** of cancellation as a courtesy. A charge of \$45 will be applied for failure to notify East Valley Naturopathic Doctors of a cancellation prior to the scheduled appointment time.

By signing below I am stating that I have read and understand the Financial Policy of East Valley Naturopathic Doctors.

PATIENT'S NAME (signature)

DATE

PATIENT'S NAME (print or type name)