

BOULDER NATUROPATHIC CLINIC

Hello and Welcome!

I wanted to give you some introductory information before you come in for your appointment. The first office visit is extensive in order to try and fully understand your health concerns in depth. The intake forms are involved to provide important information to help assess your particular healthcare needs. Spend some time filling these out before you come, but please also be brief. You will need to print these out before filling them out. We will go into more detail at the time of your visit if need be. Please bring these with you to your first visit.

Naturopathic and Oriental Medicine are offered in this office. The practice of Naturopathic Medicine is based on principles of 'do no harm' to the body, find and treat the cause of disease, and allow the body to heal itself. In Oriental Medicine, techniques are used to remove blockages of energy, or 'chi' in the body to effect healing. Treatments are therefore those that will support the body's innate ability to heal, both acutely and chronically. These include nutrition, botanical medicine, classical homeopathy, hydrotherapy, lifestyle counseling, acupuncture, and other techniques. Physical exam and laboratory analysis are suggested as needed. If you have any labs from the past 5 years you feel might be relevant, feel free to bring them with you, but it is not necessary.

When you choose Boulder Naturopathic Clinic for your healthcare, you are choosing commitment to yourself. I look forward to meeting and working with you where you are on your journey to health. Call if you have any questions before your appointment, or bring them with you. If you should need to cancel or reschedule please call at least 48 hours in advance so that we may have time to reschedule. See you soon!

Sincerely yours in Health,

Nancy A. Rao, ND, LAc

PATIENT PROFILE

Date: _____

Name: _____ Age: ____ Birth Date: _____ Sex: F M prefer not to say

Address:

_____ City: _____ State: ____ Zip: _____ Home

phone #: _____ Business #: _____ Cell #: _____

Occupation: _____ full-time/part-time/retired

Single ____ Married ____ Partnered ____ Separated ____ Divorced ____ Widowed ____

Education (years completed) Elementary: _____ High School: _____ College: _____

Person to notify in case of emergency: _____ Relationship: _____

Address: _____ Phone: _____

Referred by: _____ Previous Physician: _____

Primary health concerns:

When did it/they begin? _____

Your health history: Please check areas related to past and present

- Allergies
- Anemia
- Asthma
- Bleeding problems
- Blood pressure problems
- Cancer
- Colitis
- Diabetes
- Digestive disturbances
- Ear problems
- Eating disorders (bulimia, anorexia, etc.)
- Edema
- Epilepsy
- Eye problems
- Fevers
- Frequent colds/flu/sore throat
- Gall bladder problems
- Hay fever
- Headaches
- Head injury
- Heart disorders
- Hepatitis
- Hypoglycemia
- Injury (serious)
- Jaundice
- Joint problems
- Kidney problems
- Liver disorders
- Menstrual problems
- Occupational exposure to toxic substances
- Parasites
- Psychological problems
- Respiratory problems
- Sexually transmitted disease
- Skin problems
- Stroke
- Substance abuse (alcohol, prescription, non-prescription, and recreational drugs)

Other: _____

Known Allergies: (to medications, pollens, foods, etc.) _____

When did you last receive health/medical care, and for what reason?

Medications and supplements: (include prescription/non-prescription items, vitamins, herbs, etc.)

Hospitalizations: (reason why, dates, surgeries, after effects)

Family History:

<u>Family member</u>	<u>Age, if alive</u>	<u>Age at death</u>	<u>Ailment</u>
Father:	_____	_____	_____
Mother:	_____	_____	_____
Brothers:	_____	_____	_____
Sisters:	_____	_____	_____
Maternal Grandmother:	_____	_____	_____
Grandfather:	_____	_____	_____
Aunts/Uncles:	_____	_____	_____
Paternal Grandmother:	_____	_____	_____
Grandfather:	_____	_____	_____
Aunts/Uncles:	_____	_____	_____
Children:	_____	_____	_____

Health Habits: Do you exercise? (include type and frequency)

What do you do in your spare time?

How much do/did you smoke? When and for how long?

How much alcohol do/did you drink? When and for how long?

LIFE HISTORY (Timeline)

Please write a brief outline of your life history. Beginning with birth or early childhood, include major illness, injuries or hospitalizations, significant turning points or major events in your life, any periods of heavy alcohol, cigarettes, coffee and pharmaceutical or recreational drugs. For women, please include events related to your reproductive system (first period, menopause, pregnancies, abortions, birth control, etc.) If you are filling this out for your child, please include any notable information about the pregnancy and nursing. Keep it brief, we will go into detail as needed.

DIET DIARY

Please include everything you eat and drink for 3 days (breakfast, lunch, dinner, snacks) and supplements that you take.

FINANCIAL POLICY & STATEMENT OF ACKNOWLEDGEMENT AND CONSENT

Please read the following disclosure and sign after you have had any questions answered and understand this statement to your satisfaction.

Dr. Nancy A. Rao offers services of Naturopathic Medicine and Oriental Medicine. She has completed intensive studies in the area of health sciences. After receiving a BS from Washington State University, she received her ND degree from National College of Natural Medicine in 1985. This college offers a 4-year doctoral program providing training in medical sciences, naturopathic therapeutics and clinical practice. She received her diploma in Chinese Medicine and Acupuncture in 1986, after spending the third year of the program as an acupuncture Intern at the Pain and Stress Relief Clinic at Shattuck Hospital in Jamaica Plain, Massachusetts. She also completed postgraduate advanced training in Homeopathy through the International Foundation for Homeopathy from 1989-1990. Dr. Rao has been in private practice and teaching since 1986. She presently holds an ND license in Oregon and an ND registration in Colorado, acupuncture licenses in both Oregon and Colorado, and is nationally certified as an acupuncturist by the NCCAOM.

Anyone receiving acupuncture in this office is treated with new, sterile needles, which are disposed of after each treatment. Other sterile and clean techniques are employed in compliance with the Department of Health and the NCCAOM.

Boulder Naturopathic Clinic: Any services offered by Dr. Rao are not intended to substitute those offered by a licensed medical doctor. Referrals are made for further evaluation and treatment when appropriate.

- I am not a medical doctor or a physician licensed under Title 12, Article 36, of the Colorado Revised Statutes.
- I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged two to seven, with a licensed pediatric health care provider.
- If the patient is a child aged two to seven, I recommend that the child's parent or guardian follow the immunizations schedule that accompanies this form.
- If the patient has a relationship with a licensed physician or pediatric health care provider, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient's parent/guardian, if patient is a minor) will need to sign a separate release allowing me to exchange information with the licensed physician or pediatric health care provider.

Naturopathic Doctors are registered by the state of Colorado to practice naturopathic medicine under the "Naturopathic Doctor Act", implemented on June 1, 2014. This law excludes the following:

- Prescribe, dispense, administer or inject any prescription medications or devices other than epinephrine for anaphylaxis and barrier contraceptives (not including IUDs).
- Perform surgical procedures, including surgical procedures using a laser device.
- Use general or spinal anesthetics, other than topical anesthetics.
- Administer ionizing radioactive substances for therapeutic purposes.
- Treat a child who is less than two years old.
- Treat a child who is two years of age or older, but less than eight years of age, unless: (1) this form is fully completed and signed; (2) the most recent immunizations schedule recommended by the advisory committee

on immunization practices to the centers for disease control and prevention in the federal department of health and human services is provided to the parent or guardian with this form; and (3) a release of information is provided to the parent or guardian requesting permission to exchange information with the child's licensed pediatric health care provider, if the child has one.

- Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine.
- Practice obstetrics.
- Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Physical medicine, as described in s 12-37.3-102(12)(b), C.R.S., is permitted.
- Recommend the discontinuation or counsel against a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.
- Complaints regarding this ND, LAc, must be submitted in writing to the Department of Regulatory Agencies (DORA) at 303-894-7414, or get more information online at http://www.dora.state.co.us/reg_investigations/file_complaint.htm

Financial Policy: Payment is required at the time of your visit. Cash, check, and credit cards are accepted. Returned checks incur a \$25.00 additional charge.

Please Note: *If you need to reschedule or cancel your appointment, please give at least 48 hours notice so that we may try and reschedule the time. Otherwise, there may be a charge for the missed appointment.*

Our current fee schedule is as follows:

First Office Visit: Adult, 90 minutes.....	\$325
First Office Visit: Child, 60 minutes.....	\$225
Return Office Visit: 20 minutes.....	\$75
30 minutes.....	\$125
45 minutes.....	\$170
60 minutes.....	\$185
Phone Consult: 15 - 30 minutes.....	\$65-125
Office Visit & Acupuncture: 60 minutes.....	\$185

I have read and understand the above statements to my satisfaction. I certify that I have had an opportunity to have any and all questions answered about this information. I understand that Dr. Rao is not a licensed medical doctor and freely seek the services she offers as a Naturopathic Physician and Acupuncturist. I also understand that payment is expected at the time of services.

I acknowledge receipt of the above disclosure statement and give my informed consent for treatment by Dr. Nancy Rao.

Printed Name _____

Signature _____ Date _____