



Natural Healthcare Center

Integrated Health & Wellness Programs

10 West End Court
Long Branch, NJ 07740
O 732.222.2219
F 732.229.8863

www.Naturalhealthcarecenter.com

New Patient Questionnaire

General Information

Please print clearly

Today's Date: _____

Name (First) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ Gender Male Female

Marital Status Single Married Widowed Divorced Separated Spouse Name _____

Language preference: English Spanish Other: _____

Race Caucasian African American Hispanic Asian Middle-Eastern Pacific Islander Native American

Ethnicity (Italian, Polish, etc.): _____ Date of Birth: _____

Home Phone# _____ Work/Cell Phone# (please circle one) _____

Email Address: _____ Contact Preference (email, cell etc.) _____

How were you referred to our office? _____

Your Occupation _____ Employer _____

Address _____

City _____ State _____ Zip _____

Primary Care Provider: Do you have a primary care physician? Yes No

Doctor's name: _____ Office Address: _____

Phone #: _____ Fax #: _____

Please List all medications you are currently taking, if you are not taking any please write NONE.

<u>Medication</u>	<u>Prescribed For:</u>	<u>How Long</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Allergies to Medication</u>	<u>Reaction</u>
_____	_____
_____	_____
_____	_____



10 West End Court
Long Branch, NJ 07740
O 732.222.2219
F 732.229.8863

www.Naturalhealthcarecenter.com

General Informed Consent

Name _____ Date _____

I have sought the clinical and health care services of Natural Healthcare Center, Long Branch, NJ – for my personal healthcare or for my child or children who are minors. I understand that this health practice uses some approaches and methods that are known as complementary, alternative, holistic or functional in nature. This may not be covered by my insurance plan or might not be generally accepted by mainstream medicine. The terms complementary, holistic, alternative or functional refer to therapies that may include, but are not limited to, dietary and nutritional supplement advice, yoga, certain dietary/exercise protocols to follow, and certain metabolic tests that are used for informational purposes. Furthermore, the information gained from laboratory and evaluation tests may be interpreted differently from mainstream medical doctors. Approaches for improving general health and nutrition may be based upon the tests/evaluations and philosophies of complementary/functional/holistic/alternative medicine and may or may not be consistent with mainstream medical tests/evaluations and philosophies.

Although prescriptions and over-the-counter medications are used when your physician deems it necessary, foods, vitamins, minerals, enzymes, herbs, and other nutritional approaches may also be chosen as therapy or as adjunctive to medical therapies. It is your responsibility to ensure you inform your medical doctor of all supplements/diets you will be partaking in so that he/she can make sure there are no contraindications to your medicine.

In addition to recommending oral nutritional supplements it is not uncommon that our office might use products/approaches that are not FDA (Food and Drug Administration) approved or evaluated for any condition though are in compliance and permitted to be used pursuant to the federal Dietary Supplement Health and Education *Act of 1994*.

Our nutrition and weight loss programs are exclusively an office based operation. We are not affiliated with a local hospital. As a result, WE STRONGLY RECOMMEND THAT IN ADDITION TO OUR SERVICE YOU MAINTAIN A RELATIONSHIP WITH ONE OR MORE PHYSICIANS QUALIFIED TO CARE FOR YOUR INDIVIDUAL HEALTH CONDITIONS. For example, in case of children we advise you seek the advice of a pediatrician; if you have cardiovascular disease consult a cardiologist; and if you have cancer consult with an oncologist; if you have any other degenerative conditions like, Diabetes, Lupus, Lou Gehrig's disease (ALS), Multiple Sclerosis, or any other auto-immune disease seek the advice from the appropriate medical professional. We often refer clients to these and other healthcare professionals when it is deemed necessary. These physicians can provide you and your family with emergency care if hospitalization is needed and ongoing follow-up care. We are happy to communicate and cooperate with your doctor(s) regarding your medical condition(s), options or any other health related issues.

As with many health related services, there are certain potential complications which may arise during the receipt of these services. Those complications range from discomfort through serious health concerns requiring emergency medical care. The probability of these complications are rare but you are being made aware of the full range of possibilities that may occur and assume the risk of proceeding with care by signing this agreement.

.....**(Initials)**

Our office and its employees make no representations, claims, or guarantees regarding the efficacy of our recommendations. The protocols we recommend are based upon a combination of our clinical experience and knowledge of scientific and medical literature. With this information individualized protocols may be offered and applied as either adjunctive or primary protocols for certain conditions.

By signing this informed consent you agree to hold harmless Natural Healthcare Center, its owners, employees and contractors from all professional and personal liability, negligence, or other legal liability. You agree to be responsible for all legal costs and fees that may result from action(s) on your part or on the part of your representative(s) against us. If a legal case is brought against us, you agree that we shall be judged by the standard principles of complementary/holistic/alternative/functional medicine and not the standards and principles of consensus of conventional/allopathic medicine. You have the right to have this consent reviewed by your lawyer before accepting any clinical/nutritional services from our office and we suggest that you exercise this right.

Our office makes available nutritional supplements and other health related products. You are in no way obligated to purchase these products from our office or any other specific location or company. You may freely choose to purchase such

Name _____ Date _____

products from any source(s) you wish. Natural Healthcare Center and its employees may profit from the sale of supplements and other products we make available to our clients.

Most insurance plans cover services that they consider medically necessary and/or reasonable and customary. Many of our services such as nutritional consults, exercise programs, dietary protocols and testing (blood/urine/saliva) are often not considered by insurance companies to be necessary or a “covered service” and, therefore, reimbursable, based upon their own criteria. Our office does not accept insurance assignment. By signing this form you accept full financial responsibility for all non-covered services; including consultations, blood/saliva/urine and other laboratory tests and procedures.

Our office does not participate in the Medicare system. As we are considered outside of the Medicare system, we do not submit claims to Medicare on the client’s behalf. We offer no guarantees that Medicare will pay for any kind of testing.

SIGNATURE ON FILE: I request that the provider make either to me or on my behalf payment of authorized benefits to Natural Healthcare Center for services furnished to me. I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services.....(Initials)

Your signature verifies and affirms that you have not been told to discontinue treatments with any other medical specialists or other health care providers.

Your signature is being given prior to rendering any services, advice, and/or recommendations whatsoever from Natural Healthcare Center.

It is the responsibility of the client to follow-up with our office for results of all testing and laboratory procedures. It should not be assumed on the part of the client that if they are not contacted by Natural Healthcare Center, or its employees, or if the client does not schedule or keep consultation, that test results are normal (or without abnormalities), and may not require further follow ups or advice. Health/medical recommendations and/or possible referral and additional follow-up may be warranted based upon laboratory testing and evaluations.

The client is further notified that some tests, or all, may not be covered by their insurance company. The client assumes full responsibility for the costs of non-covered tests. Natural Healthcare Center does not assume responsibility for costs of non-covered tests. Natural Healthcare Center does not assume full responsibility for costs incurred regarding non covered and/or potentially-covered services, including procedures, lab tests (blood, urine, saliva, etc.) and our consultations.

Natural Healthcare Center also recommends that you get medical clearance from your MD before you partake in any of the exercise modalities we might suggest. Natural Healthcare Center does not allow their sessions with any client to be recorded on any kind of device, if a client wants to record a session Natural Healthcare Center has to give its consent.

By entering your signature below you are acknowledging that you have read this entire agreement, understand all terms, verbiage (language) and concepts herein, and agree to proceed with care. You also affirm that you have discussed the services to be provided, the risks and benefits of said services, and the alternatives to these services, with an authorized representative of Natural Healthcare Center and have had all of your questions answered to your satisfaction. By signing below you agree that you have weighed the risks and benefits of proceeding with the services and have decided that it is in your best interest to obtain the services proposed. Having been informed of the potential risks, I hereby give my consent or the consent of the minor to which I am legal guardian for said services.

I understand this consent agreement and have executed it freely and willingly.

NATURAL HEALTHCARE CENTER REQUIRES 24 HOURS NOTICE UPON CANCELLING AN APPOINTMENT. IF PRIOR NOTICE IS NOT GIVEN, YOU WILL BE CHARGED THE FEE ASSOCIATED WITH THE SCHEDULED APPOINTMENT. SIGNING THIS AGREEMENT CONFIRMS YOUR CONSENT TO THESE TERMS.

.....
(Client’s Name and Signature)

.....
(Date)

.....
(Witness)

.....
(Date)

Natural/Integrative/Holistic/Functional/Alternative Approaches refers to services, theories, concepts, and recommendations including, but not limited to, dietary suggestions, nutritional supplements, lifestyle suggestions, herbs, stress reduction, exercise, and non-standard tests and or evaluations.