

Personal Patient Information
Dr. Jeff Hanson, ND
Doctor of Naturopathic Medicine
Embody Wellness Naturopathic, PC

Name _____ Today's Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone (Cell) _____

Phone (other) _____

Is it ok to communicate to you via: Texting? Yes No E-mail? Yes No

E-Mail Address _____

Date of Birth _____ Age _____ Gender: Male Female

Marital Status Married Single Height _____ Weight _____

Occupation _____ Employer _____

How did you hear about Dr. Jeff Hanson, ND? Website Brochure Advertisement Referral

Other _____ Who Referred You? _____

Emergency Contact Person _____
Phone Number _____ Relationship To You _____

Notice of Privacy Practices

Dr. Jeff Hanson, ND is required by law to protect the privacy of your medical and personal information. We will provide you a detailed Notice of Privacy Practices handout for you to read upon request. Sign below that you have been offered to receive a copy of the privacy notice.

Signature _____

Initial Patient Health History
Dr. Jeff Hanson, ND
Embody Wellness Naturopathic, PC

Reason for Visit (Primary Health Concerns) _____

Current Medications and Supplements None See List

Drug Allergies No Known Drug Allergies

Medication _____ Reaction _____

Medication _____ Reaction _____

Medication _____ Reaction _____

Surgeries None

Year _____ Surgery _____

Year _____ Surgery _____

Year _____ Surgery _____

Year _____ Surgery _____

Weight

Lowest Adult weight _____ Highest Adult weight _____

Exercise

Sedentary Active Lifestyle Regular Exercise Program

How often do you exercise? _____

What type of exercise? _____

Sleep No problems with sleep

Do you have trouble falling asleep? Yes No

Do you have trouble staying asleep? Yes No

How many hours of sleep do you get? _____ Do you wake refreshed? _____

Sleep apnea Do you use a C-PAP machine? Yes No

Energy

Rate current energy level 1-10 (highest) _____

Stress

Rate current stress level 1-10 (highest) _____

Past Screening Tests (Include year of most recent test/exam)

- Colonoscopy
- Mammogram
- PAP Smear
- Cardiac
- Prostate Exam
- Skin Exam
- X-Ray
- Scopes
- Blood Testing
- CT Scan
- MRI Scan
- Annual Physical

Habits (What is your smoking and alcohol use history?)

Tobacco Smoking Never How much do you smoke per day _____

How long have you been smoking? _____ When did you stop smoking? _____

How many packs per day and for how long did you smoke? _____

Alcohol None How often do you have an alcohol drink? _____

What type of alcohol do you drink? _____

Any history of alcohol abuse? _____ How many years sober? _____

Diet (check which one below best describes your diet)

Healthy, diet with lots of veggies, mostly organic meats, fresh whole fruit, whole grains, beans, plant based oils and fats; with minimal junk food.

Not Healthy, generally a meat and potatoes diet with too much refined carbohydrates, sweets, dairy and minimal veggies or healthy foods.

Sometimes healthy, generally in the middle between the above two choices

Do you follow a special diet? (i.e. gluten free) _____

Any known allergies to foods? _____

Review of Systems

Symptoms/Conditions (Check all that apply)

General

- Weight Gain
- Insomnia
- Fatigue
- Hair Loss
- Sleep Disorder

Digestion

- Bloating
- Gas
- Constipation
- Diarrhea
- Nausea
- Indigestion
- Stomach Pain
- Liver Disease
- Hemorrhoids
- Vomiting
- Acid Reflux
- GERD
- Crohn's/Colitis
- Diverticulosis
- IBS
- Rectal Bleeding
- Gallbladder Disorder
- Ulcer, Stomach
- Pancreatitis
- Colon Cancer
- Liver Cancer

Cardiovascular

- Chest Pains
- Palpitations
- Heart Murmur
- Hypertension
- Atrial Fibrillation
- Rapid Heart Rate

- Swelling in Legs
- Pain in legs
- Varicose Veins
- Cholesterol, Elev
- Stroke

EENT

- Sinus Problems
- Ringing in Ear
- Nose Bleeds
- Allergies
- Post Nasal Drip
- Head Injury
- Cataracts
- Glaucoma
- Loss of Hearing
- Blind Spots
- Ear Pain
- Throat Pain
- Dry Eyes
- Vision Problems

Skin

- Hives
- Rash
- Skin Cancer
- Moles
- Psoriasis
- Eczema
- Acne

Urination

- Painful Bladder
- Blood in Urine
- Frequent Urination
- Incontinence
- Kidney Stones
- Bladder infection

- Kidney Disorder
- Interstitial Cystitis
- Bladder Cancer

Men Issues

- Erectile Dysfunction
- Poor Libido
- Urination Problems
- Pelvic Pain
- Testicular Pain
- Ejaculation Pain
- Prostate Disorder
- Prostate Cancer

Women Issues

- Breast Lump
- Hot Flashes
- Night Sweats
- Mood Changes
- Painful Intercourse
- Spotting
- Breast Cancer
- Ovarian Cancer
- Pelvic Pain
- Vaginal Discharge
- Vaginal Dryness
- Abnormal Bleeding
- Menstrual Pain

Muscle/Joints/Bones

- Painful Joints
- Arthritis
- Muscle Cramps
- Muscle Pain
- Muscle Weakness
- Osteopenia
- Osteoporosis
- Tendonitis

- Gout
- Fibromyalgia
- Bone Cancer

Respiratory

- Cough
- Wheezing
- Shortness of Breath
- COPD
- Asthma
- Bronchitis
- Emphysema
- Lung Cancer

Neuro/Mood/Mind

- Numbness/Tingling
- Seizures
- Memory Loss
- Depression
- Anxiety
- Dizziness/Vertigo
- Sciatica
- Neuropathy
- Alzheimer's
- Parkinson's
- Headaches
- Dementia

Endocrine

- Diabetes
- Thyroid Disorder
- Thyroid Cancer

Other:

Informed Consent for Treatment

Dr. Jeff Hanson, ND

Doctor of Naturopathic Medicine

Embody Wellness Naturopathic, PC

This document is a binding agreement (the “Agreement”) between Dr. Jeff Hanson, ND and Embody Wellness Naturopathic, PC (“Dr. Jeff Hanson, ND” or EWN)(ND defined as Naturopathic Doctor) and the individual patient whose name and signature appears below (“You” “Your”). In consideration of the health care services which may be provided to you by Dr. Jeff Hanson, ND at the present and at all times in the future. You agree as follows (your agreement indicated by placing your initials on the lines following each section and by signing in the space provided):

- 1. Consent For Treatment.** You understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury or death. You hereby consent to and authorize Dr. Jeff Hanson, ND to provide You with health care treatment which, depending on Your health conditions, may include one or more of the following procedures: Naturopathic Medicine, Intravenous Infusions, Intramuscular Injections, Hormonal Replacement Therapy, Herbal Medicine, Intra-Articular and Extra-Articular Injection Therapy, Hcg Weight loss Diet Program, Dietary and Nutritional Consultation, Prolozone, Platelet Rich Plasma Injections, Exosomes, Low Dose Antigen Therapy, and Chelation Therapy; together the “Treatments” administered by Dr. Jeff Hanson, ND. You acknowledge that Dr. Jeff Hanson, ND has not made any guarantees or promises as to the outcome or the safety and efficacy of the above listed Treatments. (Initials) _____
- 2. Experimental Nature of Treatments.** You acknowledge and agree that the Treatments may consist in whole or part of experimental procedures and methods, in which no governmental (including the U.S. Food and Drug Administration), scientific or medical authority has confirmed the safety or efficacy thereof. You acknowledge that the safety and efficacy record of the Treatments is based only on empirical and anecdotal evidence, which only shows that the Treatments appear to be relatively safe and effective. Dr. Jeff Hanson, ND has informed You that the Treatments may alter, address, or decrease Your pain, symptoms, or complaints, but also may have no effect. (Initials) _____
- 3. Intravenous Therapy, Prolozone, Injection Therapy Risks, Side Effects, Complications.** Dr. Jeff Hanson, ND hereby inform You that there are certain unavoidable risks and potential side effects and complications to the Treatments, including without limitation swelling, severe pain, bleeding, dizziness, numbness, scarring, allergic reactions, itching, headaches, soreness, inflammation, bruising, phlebitis, vomiting, fainting, metabolic disturbances. Treatments may very rarely cause infection, injury to nerves, Frozen Shoulder, Pneumothorax (temporary lung collapse), the need for additional surgery or hospitalization, or other serious or debilitating injuries or death. (Initials) _____
- 4. Description of Treatments.** The exact procedure, as well as the recommended sequence of Treatments, will be explained to You when Dr. Jeff Hanson, ND actually administer the Treatments. You acknowledge that any of the Treatments may involve insertion of needles into Your skin and veins and the injection of standardized formulas which may include various nutritional substances, hormones, homeopathic medicine, chelation agents, and FDA approved prescriptive medicines, local anesthetic (i.e. Procaine), concentrated sugar water (Dextrose), concentrates of your own blood (platelet rich plasma), Exosomes, and other substances which will be explained to You before injections. (Initial) _____

- 5. **You Provide EWN.** You have provided EWN with a complete list of all prescription and non-prescription medications and dietary supplements You are currently taking, and a complete list of all known allergies You may have, and all allergic or adverse reactions You have had in the past to any medicines, dietary supplements, or medical treatments of any kind. You agree to update EWN periodically should this list change. **(Initials)** _____
- 6. **Assumption of Risk.** You hereby, acknowledge that after having read carefully and understood fully the terms of this Agreement, and after having adequate time to ask any questions about this Agreement of the Treatment that You have, You are willing to assume any and all risks associate with the Treatments, including without limitation those described in the Agreement. You acknowledge that no explanation or description of the Treatments can ever fully explain every possible risk, side effect or complication that may/or could arise from the Treatments, but that by initialing and signing this Agreement, You nevertheless acknowledge Your willingness to assume such risks and that Your consent to the Treatments is willing, voluntary and informed. **(Initials)** _____
- 7. **Alternatives.** You have been informed that there are alternatives to the Treatments including surgery, other types of injections, prescription medications and taking no action. **(Initials)** _____
- 8. **Miscellaneous.** You agree that this Agreement constitutes the entire agreement between You and EWN regarding the subject matter hereof. No promise, representation, guarantee or warranty not included in this Agreement has been or is being relied upon by You. This Agreement shall be binding on You and Your successors, heirs, legal representative and assigns. In case anyone of the provisions of this Agreement is held invalid or illegal, such provisions shall be curtailed, limited, or severed only to the extent necessary to remove such illegality or invalidity. This Agreement shall be governed by the laws of the State of California without regard to any choice of law principal. **(Initials)** _____

By signing this Agreement, You indicate that You have read, understood and agree to its terms, You have received a copy of this Agreement, and that You are the patient, Guarantor, the patient’s legal representative or legally authorized to sign this Agreement and accept its terms.

Patient Name (Print) _____ Legal Guardian Name _____

Signature _____ Signature _____

Date _____ Date _____

Naturopathic Doctor Certification: I Dr. Jeff Hanson, ND, nearby certify that I have explained to the patient or authorized person the nature of the proposed treatments, the medically significant alternatives, and in lay terms the purpose, likelihood of success, benefits, and reasonably foreseeable risks, complications, and consequences of treatment. The patient or person authorized has had the opportunity to ask questions and has stated that no further explanation was desired.

Naturopathic Doctor Signature (Jeff Hanson, ND) _____ Date _____

Embodiment Wellness Naturopathic, PC

Office Policies

(Please, initial that you have read and understand the following office policies)

Notice to Medicare Patients

Embodiment Wellness Naturopathic has opted entirely out of the Medicare program, which means that Medicare will not cover any services or procedures performed by Dr. Jeff Hanson, ND at Embodiment Wellness Naturopathic (EWN). Please, understand that you will not be able to submit any claims to Medicare from Dr. Jeff Hanson, ND at EWN.

(Initial) _____

Insurance Claims

Insurance companies do not recognize Naturopathic Medicine in California and therefore claims submitted for Naturopathic services and procedures are not typically covered. Therefore, Embodiment Wellness Naturopathic (EWN) does not do any insurance billing. It is the discretion of each individual insurance company to decide if they want to cover services by a Naturopathic Doctor. (Initial) _____

Payment Agreement

Payment is expected in full at time of service, we do not bill patients or insurance companies. We accept Cash, Checks, Credit and Debit cards.

(Initial) _____

Hormone Replacement Therapy for Men and Women

Prescribing hormones for men and women requires annual office visits for women and biannual for men with labs after the initial year. The initial year for men requires 3-4 visits with labs to establish safety with Testosterone replacement therapy. The initial year for women requires 2-3 visits with labs. (Initial) _____

Primary Care Physician

The prescribing rights of Naturopathic Doctors in the state of California is limited to just hormones which means no other Rx medications can be ordered by Dr. Jeff Hanson, ND at EWN. If you need non-hormone medications it will be necessary to see your primary care physician or specialist to prescribe them for you.

(Initial) _____

Injection Technique

Injection technique by Dr. Jeff Hanson, ND is facilitated via the visualization and palpation of anatomical landmarks to guide appropriate placement of healing agents. When expert doctors deliver injections they normally don't need guidance from imaging like ultrasound or fluoroscopy to place the needle successfully in the target area. (Initial) _____