

Patient Name _____ **Date** _____
Address _____ **Home Phone** _____
City _____ **State** _____ **Zip** _____
E-mail _____ **Cell Phone** _____
Referred By _____ **Work Ph.** _____
Occupation _____ **Social Sec. #** _____
Location(s) _____ **Date of Birth** _____
lived till age 18 _____ **Age** _____

What are your Health Concerns? _____

Current Medications (Pharmaceutical AND Homeopathic & Herbal Medicine AND Dietary Supplements)

Medicine Name	Why Taking?	Amount taken?	Who prescribed/suggested?

Hospitalizations/Surgeries

<u>When</u>	<u>Reason/Cause</u>	<u>Where</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do You ...

Exercise? How many times per week? _____ Length of Time per workout? _____
 take Aspirin? How many pills per week? _____ Milligrams per pill? _____ Stomach Upset? Y N
 use Caffeine? Soda _____ Tea _____ Coffee _____ Chocolate _____ Other _____
 use Tobacco? Never ___ Packs per day _____ Previous, but quit. When? _____
 use Alcohol? Never ___ Rarely ___ Moderate ___ Daily ___ When did you quit? _____
 Recreational Drugs? Never ___ Past ___ Recently ___ Type _____

Family Medical History

	<u>Name</u>	<u>Age/Age Died</u>	<u>Health Concerns/Illnesses</u>
Mother	_____	_____	_____
Father	_____	_____	_____
Grandparents	Mom's mom	_____	_____
	Mom's father	_____	_____
	Father's mom	_____	_____
	Father's father	_____	_____
Siblings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please Indicate as Appropriate – either Yes, No or in the Past (Hx or history of)

<p>Eyes</p> <p>Wear glasses/contacts Y N Hx</p> <p>Eye disease or injury Y N Hx</p> <p>Blurred or double vision Y N Hx</p> <p>Halos or Sparks Y N Hx</p> <p>Glaucoma Y N Hx</p> <p>Ear/Nose/Throat/Mouth</p> <p>Hearing loss or ringing Y N Hx</p> <p>Earaches or drainage Y N Hx</p> <p>Sinus pain or Runny nose Y N Hx</p> <p>Nose bleeds Y N Hx</p> <p>Mouth sores Y N Hx</p> <p>Bleeding gums Y N Hx</p> <p>Bad Breath Y N Hx</p> <p>Dental Problems Y N Hx</p> <p>Sore throat/voice change Y N Hx</p> <p>Swollen glands Y N Hx</p> <p>Cardiovascular & Lungs</p> <p>Stroke Y N Hx</p> <p>Heart trouble Y N Hx</p> <p>Blood pressure (BP) _____/_____</p> <p>Chest pain/angina Y N Hx</p> <p>Palpitations (flutters) Y N Hx</p> <p>Wheezing Y N Hx</p> <p>Shortness of breath Y N Hx</p> <p>Walking or Laying Down?</p> <p>Swelling of extremities Y N Hx</p> <p>Feet &/or Ankles &/or Hands?</p> <p>Frequent cough Y N Hx</p> <p>Cough with blood Y N Hx</p> <p>Last chest x-ray Y N Hx</p> <p>Bronchitis/Pneumonia Y N Hx</p> <p>Asthma Y N Hx</p> <p>Mitral Valve Prolapse Y N Hx</p> <p>Rheumatic Fever Y N Hx</p> <p>Blood & Lymphatic</p> <p>Cuts are slow to heal Y N Hx</p> <p>Tendency Bleeding/bruise Y N Hx</p> <p>Anemia Y N Hx</p> <p>Phlebitis or Blood clots Y N Hx</p> <p>Inflammation vein Y N Hx</p> <p>Past transfusion Y N Hx</p> <p>Enlarged glands Y N Hx</p> <p>Skin</p> <p>Rash or itching Y N Hx</p> <p>Change in skin color Y N Hx</p> <p>Dry skin Y N Hx</p> <p>Change in hair/nails Y N Hx</p> <p>Concern/change in mole Y N Hx</p>	<p>Genitourinary</p> <p>Frequent urination Y N Hx</p> <p>Burn/painful urination Y N Hx</p> <p>Blood in urine Y N Hx</p> <p>Change in force/stream Y N Hx</p> <p>Incontinence/Dribbling Y N Hx</p> <p>Kidney Stones Y N Hx</p> <p>Urinary Tract Infections Y N Hx</p> <p>Sexually Active Y N Hx</p> <p>Birth Control Method? _____</p> <p>Sexually Transmitted Diseases? _____</p> <p>Sexual Difficulty Y N Hx</p> <p>Male - Testicle pain Y N Hx</p> <p>Female - Length of cycle _____</p> <p>Female - Irregular periods Y N Hx</p> <p>Female - Pain w/periods Y N Hx</p> <p>Female - Hx abnormal pap Y N Hx</p> <p>Female - Vaginal Discharge Y N Hx</p> <p>Female - Date of Last PAP _____</p> <p>Female - # or live births _____</p> <p>Female - # of pregnancies _____</p> <p>Female - Pregnancy related problems? _____</p> <p>Breast</p> <p>Breast changes/lumps Y N Hx</p> <p>Breast discharge Y N Hx</p> <p>Breast pain Y N Hx</p> <p>Musculoskeletal</p> <p>Joint pain Y N Hx</p> <p>Joint stiffness/swell Y N Hx</p> <p>Weakness of muscle/joint Y N Hx</p> <p>Muscle pain or cramps Y N Hx</p> <p>Back pain Y N Hx</p> <p>Cold extremities Y N Hx</p> <p>Difficulty in walking Y N Hx</p> <p>Varicose veins Y N Hx</p> <p>Hernia Y N Hx</p> <p>Immune</p> <p>Catch every cold/flu? Y N Hx</p> <p>Difficulty clearing cold? Y N Hx</p> <p>Cancer Y N Hx</p> <p>Type: _____</p> <p>Herpes Simplex Virus Y N Hx</p> <p>Chicken Pox Virus Y N Hx</p> <p>Hepatitis A, B or C No</p> <p>Other Infectious Diseases: _____</p>	<p>Neurological</p> <p>Lightheaded/dizzy Y N Hx</p> <p>Freq. /recurring headaches Y N Hx</p> <p>Tremors(shaking) Y N Hx</p> <p>Numbness or tingling Y N Hx</p> <p>Head injury Y N Hx</p> <p>Convulsion/Seizure Y N Hx</p> <p>Paralysis Y N Hx</p> <p>Memory loss Y N Hx</p> <p>Nervousness/anxiety Y N Hx</p> <p>Depression Y N Hx</p> <p>Insomnia Y N Hx</p> <p>Endocrine</p> <p>Glandular/hormone issue Y N Hx</p> <p>Excessive Thirst/urination Y N Hx</p> <p>Heat/Cold Intolerance Y N Hx</p> <p>Change in hat/glove size Y N Hx</p> <p>Recent weight change Y N Hx</p> <p>Skin becoming dryer Y N Hx</p> <p>Hair loss Y N Hx</p> <p>Diabetes Y N Hx</p> <p>Thyroid Disease Y N Hx</p> <p>Gastrointestinal</p> <p>Loss of appetite Y N Hx</p> <p>Change in bowel movement Y N Hx</p> <p>Nausea or vomiting Y N Hx</p> <p>Frequent diarrhea Y N Hx</p> <p>Painful bowel movements Y N Hx</p> <p>Constipation Y N Hx</p> <p>Abdominal pain Y N Hx</p> <p>Rectal bleeding Y N Hx</p> <p>Blood in stool Y N Hx</p> <p>Liver/Gallbladder disease Y N Hx</p> <p>Ulcers Y N Hx</p> <p>Hemorrhoids Y N Hx</p> <p>Allergies</p> <p>Penicillin or antibiotics Y N Hx</p> <p>Stinging insects Y N Hx</p> <p>Aspirin Y N Hx</p> <p>Morphine or Demerol Y N Hx</p> <p>Novocain or anesthetics Y N Hx</p> <p>Antitoxins (i.e. - Tetanus) Y N Hx</p> <p align="center"><i>LIST KNOWN ALLERGIES</i></p>
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Acknowledgement of Consent

I affirm that all information within this document is complete, accurate and true to the best of my knowledge. I further give my consent for Dr. Stephen Helms, NMD:

- To collect information about my (or my dependent's) medical history.
- To perform and order physical as well as diagnostic exams.
- To diagnose and treat within the scope of practice defined by Arizona State Law and the Arizona Naturopathic Board of Medical Examiners.

Signed: _____ Printed: _____ Date: _____

Policies and Procedures **(PLEASE KEEP FOR YOUR RECORDS)**

Privacy Policy

All health information in the office is treated as confidential, and we are careful in how we use it. This policy describes how your health information may be used and how you can get access to this information. We will only report a patient's health information in three kinds of situations:

- 1) the patient makes a written request to us for his or her health care records to be shared with himself or herself, or another health care provider
- 2) the patient arrives to our office in a state requiring emergency care, in which case we would contact 911
- 3) in cases of victims of abuse or threatened homicide or threatened suicide, or threatened harm to others, and in such cases, only to law enforcement agencies, 911 services and/or other emergency services.

Other than these special situations, we always honor your right to privacy and your control over who sees your information, as well as federal and state privacy laws and regulations in order to assure you complete confidentiality regarding your health care information.

After Hours and Emergencies

Use Dr. Helms' cell phone only for emergencies: 208-610-0960. If you don't reach him, please leave a message, with your name and phone number. You can also email Dr. Helms from his website listed above, though response will probably be slower.

In an emergency situation please use common sense. If the condition is life threatening or becomes severe, please take one of the following precautions:

1. Go to your local emergency clinic or hospital
2. Call 911 for emergency service

Please follow the medical advice you are given by these people.

Basic Fee Schedule

- New Patient – Comprehensive Evaluation (over 2 visits) \$280.00
(2 hour consult with 1 hour "review of findings" the following week)
- New Patient – Brief Evaluation (generally 15 minutes) \$ 45.00
- Established Patient – Follow-up Assessment (½ hour) \$ 90.00
- Phone Consultation (15 minutes) \$ 45.00

Payment

Dr. Helms asks that all patients pay at the time of their visit. Cash, check or credit cards are accepted. A receipt will be provided at the end of the visit with appropriate coding for insurance filing purposes.

Canceling Appointments

Appointments may be canceled with no penalty up to 24 hours before a scheduled visit. When less than 24 hours notice is given or if an appointment is missed, a \$45 fee may be charged.

Note that this fee must be paid before your next appointment.

Late Arrivals

I will make every effort to remain on schedule so that you are not inconvenienced. Please be on time. If you are late, the visit will be shortened or may have to be rescheduled.

Phone Consultations

When calling to make a phone appointment, please leave a good time and phone number where you can be reached. Fees are charged for phone consultations with Dr. Helms under the following conditions:

1. When specific medical prescriptions or recommendations are made **AND**
2. The call exceeds 10 minutes.

Fees are not charged for phone calls made to clarify issues discussed during an office visit, questions concerning treatment or brief progress reports on the effectiveness of treatment.

Email Communication

When person-to-person or phone contact is unavailable, please communicate with Dr. Helms by email. Fees will be charged similarly to phone consultations.

Contact Information & Directions

**6005 South 36th Street
Phoenix, AZ 85042
(602) 426-1111**

The clinic is located at the SE corner of Southern & 36th Street in South Phoenix. There are many ways to approach this location, but the easiest, unless there is traffic, is Interstate 10. Get off at either the 32nd or 40th Street exit and then head south (toward the mountains – the South Mountain Preserve) until you reach Southern Road. Then head towards 36th Street.

- SE corner of Southern & 36th Street.
- Two-story structure is more like a home than an office building.

