

True Health Medical Center

New Patient Screening Form

All fields must be completed to be considered for an appointment.

1. *Patient's Name:* _____ *DOB:* _____ *Sex:* *M F*
Mother: _____ *Father:* _____
Phone: _____ *Email:* _____
State: _____ *Country:* _____

2. *Chief complaint/symptom or reason for seeking an appointment (please be specific):*

3. *What has the patient been diagnosed with? Any medical diagnosis.*

4. *Does the patient have any other medical issues, major surgeries, or hospitalizations? If so, please describe:*

5. *THMC does not provide primary care physician services. Do you have a primary care physician? Y N*

6. *What medications and supplements does the patient currently take?*

7. *If the patient is a minor, who does the patient live with?*

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8. *If parents of the minor are not married, who has legal custody?*

9. *Do both parents have legal medical decision-making authority?*

10. *Are both parents supportive of alternative/integrative medical treatments?*

11. *Are both parents willing to attend an initial visit to sign consent forms as required?*

12. *Is the patient willing to come to the office for all follow-up visits (no less than once a year)?*

13. *If patient is a disabled adult, can you provide documentation of guardianship for medical decisions?* _____

14. *THMC does not accept insurance, therefore do you understand that payment is due at the time of service?* Y N

15. *Do you speak English?* Y N *If not, will you have an interpreter available for all consultations and phone calls?* _____

16. *Do you understand you are seeking alternative/ integrative medical advice from practitioners at True Health Medical Center?* Y N

17. *Do you understand that services provided may not be considered standard medical care, but rather integrative care?* Y N

Name: _____ *Signature:* _____ *Date:* _____

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BIOMEDICAL HISTORY

Patient Name: _____

Birth Date: _____

Have you:

Heard of Biomedical Treatments?

Seen an integrative practitioner in the past or present? If so, who?

Tried an alternative diet (gluten/casein free, specific carbohydrate diet, ketogenic diet?)

Taken any nutraceuticals (multi-vitamins, minerals, cod liver oil) to your child to improve symptoms?

Given methyl B12 injections?

Done chelation?

Done hyperbaric oxygen therapy?

Worked on mold?

Addressed persistent infections (Lyme, strep, candida, etc.)