PATIENT INFORMATION SHEET

Patient:

Last Name: _____ First Name:_____ Middle initial: _____
Date of Birth: _____ / _____ / _____ Age: _____ SS#: _____
Birth Gender (please circle one): Male Female
Current Gender: Male Female Transsexual Other explain: _____

Home Address: _____ Apt # _____

City _____ State _____ Zip _____

Telephone: (h) _____(w) _____(cell)_____

Email _____ What is the best way to contact you? _____

Employer Name: _____Occupation: _____

Employer Address: _____

Relationship status: Single _____Married ____ Partner ____ Separated ____ Divorced ____Widowed ____
Live with: Spouse____ Partner _____ Parents _____ Children _____ Friends _____ Alone _____ Other _____

Spouse or Guardian (Please circle one):

Last Name: _____ First Name: _____Middle initial: _____

Telephone: (h) _____ (w) _____(cell) _____

Emergency contact: Name and address of nearest relative or trusted friend:

Last Name: _____ First Name: _____ Middle initial: _____

Telephone: (h) _____ (w) _____ (cell) _____

Relationship to Patient: _____

Passion for Healing Naturopathic Policies

I give permission to Dr. Curry to contact me via telephone or email. I understand if I am not available, a message with information about my appointment or my medical condition may be left. If this is unacceptable please communicate in advance how you would like to be contacted. NOTE: Email is not a secure communication.

Please refrain from using your phone during your House Call unless it is an emergency or necessary to obtain health information. Loosely, you are paying by the hour. Thank you.

Payment by check, money order, MasterCard or Visa is due at the end of your Naturopathic House Call. If you want to discuss full or partial fair trade for services or goods, please arrange this prior to your visit. At Dr. Curry's discretion, phone consultations may be charged either by time, or per consult depending on case complexity. There is a $25.00 fee for returned checks to cover bank fees. Dr Curry understands that on occasion, financial problems

may affect timely payment of your account. If such a situation arises, please contact Dr. Curry promptly so payment arrangements can be made.

Insurance Policy: In order to keep overhead low in this economic recession and thus enable Dr. Curry to offer affordable rates for appointments, *Passion for Healing Naturopathic* does Not currently accept insurance. Full payment by cash, check or Mastercard/Visa is due at the end of each appointment. Upon request Dr. Curry can create for you a "superbill" that you can submit yourself to your insurance. This invoice will include medical billing codes and descriptions of rendered services your insurance may be willing to reimburse you for. In my experience patients are far more likely to receive full reimbursement from insurance companies for Naturopathic care, even if I hire a relatively costly medical billing specialist. As these inequities in insurance reimbursement for fields still considered "CAM" (complimentary alternative medicine) are overcome, Dr. Curry will periodically reconsider accepting insurance directly. Please look again for updates on this policy.

Supplement Policy: Payment in full is expected at time of purchase. There is no requirement to purchase recommended supplements from Dr. Curry; local stores and websites may carry similar products. Be aware that quality varies between manufacturers.

Return Policy on Supplements: Unopened, undamaged and unused pre-packaged supplements may be returned for their full value within one month of purchase. Clearance items and individualized supplements that are formulated by Dr. Curry cannot be returned. We are prohibited from accepting returns once a safety seal has been broken.

Late Cancellation/Missed Appointments: Please call 24 hours in advance to cancel or change an appointment. A missed appointment fee of $50 will be assessed for appointments cancelled with less than 24 hours notice. Please note, we place appointment reminder calls as a courtesy. If you do not receive a reminder call prior to your appointment, the missed appointment fee still applies.

I have read and understand the above policies. Initial Here: _____
If you have questions about any of the above please contact Dr Curry. We appreciate that you have chosen us for your health care and are glad to be of service to you.

Responsible Party: Fill out if you are not the patient but are responsible for the bill.

Responsible Party: _____ Relationship to the patient: _____

Home Address: _____ Apt # _____

City _____ State _____ Zip _____

Telephone: (h) _____ (w) _____ (cell) _____

Email _____ What is the best way to contact you? _____

SIGNATURE: (Adult Patient, Parent, Legal Guardian or Responsible Party)

I request services X_____

Patient Authorization: I agree to pay for all medical services rendered by *Passion For Healing Naturopathic*.

Patient's or Authorized Person's Signature: _____

Name (please print): _____ Date:_____