a mind-body practice

Dr. Jenn Krebs Rapkin, N.D.
Licensed Naturopathic Physician
amindbodypractice.com
133 State Street • Guilford, CT 06437
203-776-1212 • drkrebs@amindbodypractice.com

Patient Information

Name ____ Date __________________

Address____

City___________________________ State ___________ Zip_________

Phone (home)_________________________ (work) _________________________

Email____

Sex ________ Age _______ Birthdate _________________

Occupation ____

Whom may we contact in case of an emergency? __________________ Phone ______________

How did you hear of A Mind-Body Practice or whom may we thank for the referral?

____

Date of last physical examination or routine check-up __________________________________

What are your health concerns? ____

____

What are your health goals? ____

____

____

Confidential Medical History

Has any blood relative (including yourself) ever had any of the following conditions?

	Yes	Who
Cancer	_____	____
Diabetes	_____	____
Heart Disease	_____	____
Arthritis	_____	____
Trouble Breathing	_____	____
High Blood Pressure	_____	____
Stroke	_____	____
Thyroid Problems	_____	____
Mental Health Issues	_____	____
Alcoholism	_____	____
Obesity	_____	____

When applicable, please mark the conditions you currently have or have had in the past
Please mark with a "C" for current; "P" for Past; and "CP" for current and past experience with symptom

Frequent or severe headaches	__________	Back Pain	__________
Fainting/unconscious spells	__________	Joint Pain	__________
Blurred/Double vision	__________	Chest pain	__________
Fatigue	__________	High Blood Pressure	__________
Wear corrective eyewear	__________	Trouble breathing	__________
Eye/ear problems	__________	Poor Digestion (gas, bloating)	__________
Sinus trouble	__________	Diarrhea or constipation	__________
Allergies	__________	Waking at night to urinate	__________
Recurrent Colds or Flu	__________	Problems with urination	__________
Recurrent sore throats	__________	Anxiety/Depression	__________
Frequent cough	__________	Sexual Dysfunction	__________
Neck Pain	__________	Obesity/Eating Disorders	__________
Elevated Cholesterol	__________	Drug/Alcohol Addiction	__________

When applicable, please list all known allergies

Food Allergies ______________________________ Allergies to Medications ____________________

Airborne/Chemical/Environmental Allergies ____

Please list all medications and/or supplements that you are currently taking

Current Medications ____

____

Current Vitamins/Herbs/Homeopathic Remedies ____

____

a mind-body practice

Dr. Jenn Krebs Rapkin, N.D.
Licensed Naturopathic Physician

amindbodypractice.com
133 State Street • Guilford, CT 06437
203-776-1212 • drkrebs@amindbodypractice.com

Informed Consent and Request for Naturopathic Treatment

I, ____, as a patient, have the right to be informed about my condition and recommended care. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether or not to undergo care having had the opportunity to discuss the potential benefits, risks, and hazards involved.

A naturopathic physician (N.D.) is trained as a physician specializing in natural and preventative medicine and is recognized as such by medical licensing laws in the state of Connecticut. In order for Connecticut to issue a naturopathic medical license, the physician must have graduated from a four year, graduate level naturopathic medical college and successfully completed both the National and the Connecticut Naturopathic Physicians Licensing Exams. **Dr. Rapkin is a licensed naturopathic physician in the state of Connecticut.**

I understand that I have the right to ask questions and discuss to my satisfaction with Dr. Rapkin the following: (1) my suspected diagnosis or condition, (2) the nature, purpose and potential benefits of the proposed care, (3) the inherent risks, complications, potential hazards, or side effects of treatment or procedure, (4) the probability or likelihood of success, (5) the reasonable available alternatives to the proposed treatment or procedure, and (6) the possible consequence if treatment or advice is not followed and/or nothing is done.

I understand that a naturopathic evaluation with and treatment by Jenn Krebs Rapkin, N.D. may include, but is not limited to the following: (1) **intake of present illness and medical history**; (2) **physical exam**; (3) **common diagnostic procedures** (laboratory evaluation of blood, urine, stool, and saliva); (4) **dietary advice and therapeutic nutrition** (use of foods, diet plans, and nutritional supplements); (5) **herbal medicine** (therapeutic substances including plant, mineral and animal materials given in the form of teas, pills, powders, tinctures which may contain alcohol, topical creams, pastes, plasters, washes or other forms); (6) **homeopathic remedies** (often highly diluted quantities of naturally occurring substances); (7) **hydrotherapy** (the therapeutic use of hot and cold water); (8) **counseling and stress management** (including but not limited to imagery, visualization and breathing exercises for improved lifestyle strategies and wellness); and (9) **soft tissue manipulation** (including but not limited to massage, myofascial release, and cranio-sacral therapy).

I understand and am informed that in the practice of Naturopathic Medicine there are benefits and risks with evaluation and treatment including, but not limited to the following. **<u>Potential benefits</u>**: restoration of the body's maximal functioning capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression. **<u>Potential risks</u>**: sensitivities and/or allergic reactions to prescribed herbs and/or nutritional supplements; sensitivities, incompatibilities, and/or reactions to prescribed herbs and/or nutritional supplements when used in conjunction with other undisclosed prescriptions and/or over the counter medications; pain, discomfort, minor bruising, discoloration, and/or emotional upset from soft tissue manipulation; and an aggravation of preexisting symptoms. **<u>Notice to pregnant women</u>**: all female patients must alert Dr. Rapkin if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy. **<u>Notice to individuals with bleeding disorders, pace makers, and cancer</u>**: for your safety it is important to alert Dr. Rapkin of these conditions.

I have been informed and understand the following: (1) the treatment or therapies rendered or recommended by Dr. Jenn Krebs Rapkin may be different than those usually offered by a medical doctor or other licensed healthcare practitioner; (2) Dr. Rapkin is not a medical or osteopathic physician (M.D. or D.O.); since she is not licensed to practice those forms of medicine, I understand that Dr. Rapkin may refer me to a medical doctor for diagnostic procedures as well as for conditions requiring conventional medication; (3) Dr. Rapkin's care does not replace the care of my primary care physician, and her recommendations will be complementary to my conventional care; (4) Dr. Rapkin will not suggest or recommend that I refrain from seeking or following the advice of another licensed healthcare professional; and (5) Dr. Rapkin is not a psychologist or psychiatrist; her counseling services are intended for improving lifestyle strategies and promoting wellness.

I hereby request and consent to examination and treatment with Naturopathic Medicine by Dr. Jenn Krebs Rapkin. I understand that unanticipated risks and complications can occur in treatment, and I wish to rely on Dr. Rapkin to exercise all judgment during the course of treatment, based on the known facts. I understand that it is my responsibility to request that Dr. Rapkin explain therapies and procedures to my satisfaction. I further acknowledge that no guarantees have been made to me concerning the results intended from the treatment. By signing below I acknowledge that I have been given ample opportunity to read this form or that it has been read to me. I understand the above and give my oral and written consent to the evaluation and treatment. I intend this as a consent form to cover the entire course of treatments for my present condition and any future condition for which I seek treatment.

Print patient name ________________________________ Signature of patient ___________________________________ Date ________________

Print parent/guardian name_________________________ Signature parent/guardian ______________________________ Date ________________

a mind-body practice

Dr. Jenn Krebs Rapkin, N.D.
Licensed Naturopathic Physician

amindbodypractice.com
133 State Street • Guilford, CT 06437
203-776-1212 • drkrebs@amindbodypractice.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION; PLEASE READ THIS CAREFULLY

USES AND DISCLOSURES:

Treatment Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment.

Payment Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for service. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition treated.

Health care operations Your health information may be used as necessary to support the day-to-day activities and management of A Mind-Body Practice. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

Public health reporting Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable disease to the state's public health department.

Other uses and disclosures require your authorization Disclosure of your health information or its use for any purposes other that those listed above requires your specific written authorization. If you change your mind after authorizing a use of a disclosure of information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual rights You have certain rights under federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical conditions and treatments
- The right to inspect and copy your protected health information
- The right to amend and submit corrections to your health information
- The right to receive an account of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

A Mind-Body Practice's duties We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to revise privacy practices As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to inspect protected health information You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting A Mind-Body Practice. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: Privacy Officer, A Mind-Body Practice, 133 State Street, Guilford, CT 06437. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

Effective Date: This notice is effective on or after April 16, 2003

I have received a copy of the Notice of Privacy Practices for the naturopathic medical offices of Jenn Krebs Rapkin, N.D.

____
Name of Patient

____ ______________________________
Signature of Patient Date

==

Signature of Patient Representative (Required if patient is a minor or an adult unable to sign the form)	Relationship of Patient Representative to Patient	Date