Boulder Natural Medicine Clinic

New Patient Information Packet

Welcome to Our Practice!

Thank you for taking the time to fill these forms out carefully and completely so our visit together can be most productive

2885 Aurora Avenue, Suite 29 — Boulder, CO 80303
Phone 303-447-1339 — Fax 303-447-1316
Email: info@bouldernatural.com Website: www.bouldernatural.com

Boulder Natural Medicine Clinic
Erik Flatland, ND LAc
2885 Aurora Avenue, Suite 29 — Boulder, CO 80303
Phone 303-447-1339 — Fax 303-447-1316

Welcome to our practice! We are happy you chose us to assist you with your natural health care needs.

Dr Erik Flatland, ND, LAc., is a Naturopathic Physician and Licensed Acupuncturist. He graduated as a Doctor of Naturopathic Medicine in 1996, and received his Master's Certificate in Acupuncture in 1997 from the Southwest College of Naturopathic Medicine and Health Sciences, in Tempe, AZ, a four-year medical college. He received his Diplomat of Acupuncture from the National Commission for the Certification of Acupuncture and Oriental Medicine in 1998. Dr Flatland received training in the application of herbs, nutrition, homeopathy, manipulation, bodywork, and acupuncture according to Western and Oriental concepts. He is a member of the American Association of Naturopathic Doctors, The Colorado Association of Naturopathic Doctors, and The Acupuncture Association of Colorado.

Please bring these completed forms with you to your initial appointment and copies of any recent laboratory or imaging reports that might help us better understand your current health concerns.

We value your time and strive to run on time during the day. To achieve this we do not overbook appointments, hence late cancellations or missed appointments will be billed at full price. If for any reason you need to cancel or reschedule your appointment, please do so by calling at least two-business days prior. If you arrive late for any appointment, please be prepared to reschedule.

Financial Agreement:
We are a fee-for-service based office and do not accept insurance. Cash, checks and major credit cards are accepted. The fee for a new patient appointment is $275. Subsequent follow up visits range from $75 to $225 depending on the time spent in consultation and or time and expertise involved with a treatment or procedure. Laboratory testing and treatments are additional. At the end of your visit you will be provided with an itemized receipt that you may submit to your insurance company to request reimbursement. In an effort to keep costs to a minimum for our patients, we are not able to bill your insurance claims for you. It is up to your individual insurance plan as to whether any or all of the work done at Boulder Natural Medicine Clinic, LLC will be reimbursed to you. We require our patients to pay all charges at the time of service. You are 100% responsible for all fees.

We often use laboratory testing to help diagnose and treat. It is important for you to understand that being able to submit to your insurance company does not guarantee coverage. If you have questions about what is covered, please call your insurance company directly. All lab expenses will be discussed with you and must be paid in full prior to having your lab work done. Attention: Medicare, Medicare Advantage, Medicaid, AHCCS, Mercy Care, Tri-Care and other government insured patients; regrettably these plans do NOT cover naturopathic care nor diagnostic work ordered by naturopathic doctors.

The Doctors and Staff at Boulder Natural Medicine Clinic, LLC appreciate your confidence in consulting with us regarding your health care goals. We look forward to meeting and working with you on your path to obtain and maintain optimal health!

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Signature of Patient or Legal Guardian of Patient **Date**

About Our Fees:

Your fee is based on the time the doctor spends with you during your visit, the complexity of your medical condition, and any treatment we provide. Proper attention to your care also requires that the physicians – or members of my staff – spend additional time beyond that in which we spend with you in the office. Such time may be used to:

- Create or maintain your permanent medical record.
- Review, interpret, and correlate previous medical history with previous medical records, environmental reports or MSDS sheets.
- Review current X-ray or scan reports, compare them with reports of previous scans and when the studies are abnormal consult with the radiologist.
- Prepare and mail consultation reports and letters suggesting patients come in for a follow up visit.
- Consult via phone about your case with referring or consulting physicians and other health care providers.
- Prepare referral letter to additional specialists, as needed.
- Prepare patient educational materials.
- Conduct medical research relevant to your medical conditions and problems.
- Communicate with pharmacies about your prescription.
- Review and manage hospital records.
- Arrange for hospital admissions and follow up consultations with nurses, attending physicians and house staff.
- Draft reports and forms, including home health care orders and nursing facility orders.
- Review current medical and scientific literature as it relates to your medical history.

All these activities add to the cost of providing the level of care you expect. Still, we are committed to providing you the best possible care at the lowest cost. We hope this explanation of our fees has been helpful. With you, our patient, we look forward to a lasting and healthy relationship.

Thank you!

Patient Information **Date:**_________________

(In order to provide you with the most appropriate treatment, please complete the following questionnaire. All information is strictly confidential.)

Name ____ Date of Birth______________

Address ____

City _________________________State____ Zip____Occupation______________________

Daytime Phone (   )_____________Cell (   )_____________Evening Phone (   )______________

E-mail Address__________________________ Do you wish to receive our newsletter? Y N

Social Security _______/______/_________ Height: _______ Weight:_______

Age:_________ Gender: F / M Marital Status: S / M / D / W

Name of Spouse/Significant Other: ___________________

If you have children, how many? ____ # living at home? ____

Children's Names ____

If you are the parent or guardian of patient, what is your name_________________________

Relationship to patient __________________ Your phone number ___________________

How did you hear about us (if referred, by whom)?_________________________________

What health-related concerns prompted today's visit? (List in order of importance, use additional page if needed)

1. ________________________________ 2. ________________________________

3. ________________________________ 4. ________________________________

Who is your Primary Care Physician? ______________________Phone:___________________

Please list your other health professionals (not to be contacted without your consent)			
Name	Specialty	Office Location	Telephone

For women: Last pap: _______________ Mammogram: ______________ Menses: ______________

Describe Menses: Regular ___ Irregular ___ PMS ___ Perimenopausal ___ Menopausal ____

Drug allergies and reaction you have: ____

Food allergies and reaction you have: ____

List any food cravings: ____

Mo/Yr of last medical exam: _________________ Last blood tests: ______________ Blood Type: ________

Describe any abnormal labs, x-rays or other test:____

List any medical problems other physicians have diagnosed: _____________________________________

Personal and Family Health History

Disease	Self	Mother/ Father	Brother/ Sister	Child	Aunt/Uncle	Grandparent Maternal/Paternal
Alcohol/Drug Abuse						
Allergies/Sinus						
Anemia/Bld Disorder						
Arthritis						
Birth Defect						
Cancer/Type						
Diabetes						
Depression/Anxiety						
Emotional Disorder						
High cholesterol/Fat						
Heart Disease						
High Blood Pressure						
Obesity						
Thyroid Disorder						
Stroke						
Other:						

Please indicate any problems with the following:

Headaches_____ Neck Pain_____ Back _____ Hip/Leg _____ Knee/Feet_____ Elbow/Hands_____

Rate the quality of your sleep (1 poor-10 good):_______ How many hours per night do you sleep?_______

Rate your energy level (1 low –10 high)______ Any weight issues?______ Highest lifetime weight _______

Digestive Function: Normal____ Diarrhea____ Constipation____ Gas____ Bloating___ IBS_____

How many 8oz glasses of water do you drink daily?______ Other Beverages:_________________________

Alcohol use? Y / N Frequency:________ Drug use? Y / N Types: ___________________________

Caffeine use? Y / N Frequency:________ Soda/candy/sugar use? Y / N Frequency:____________

Tobacco use? Y / N Types: _________________ Daily dosage:___________ Number of years_________

Do you exercise? Y / N Types:_______________________________________Frequency:______________

How many times a week do you eat in restaurants? _____________ Have Fast Foods? _____________

How many hours do you work each week? __________ Do you engage in meditation or prayer?__________

Rate your stress level 1(low)–10 (high) ____________Current Stressors? ___________________________

To what extent are you open to changes in lifestyle and diet? Eager / Receptive / Resistant

Please list all current prescription medications, herbs and dietary supplements you take

Medication/ Supplements	Dosage	For what Purpose?	How long have You taken it?	Prescribed by: Dr's name or self	Side Effects

What do you eat on a typical day?

Breakfast	
Mid-morning snack	
Lunch	
Mid-afternoon snack	
Supper	
Evening snack	
Other:	

Your Wellness Biography

The top is your birth, the bottom is the present. On the left, please mark major health events such as surgeries, hospitalizations, accidents/injuries, illnesses, etc. On the right, please mark major social events such as marriages, childbirth, relocations, occupational changes, educational milestones, etc. Include the age you experienced each event.

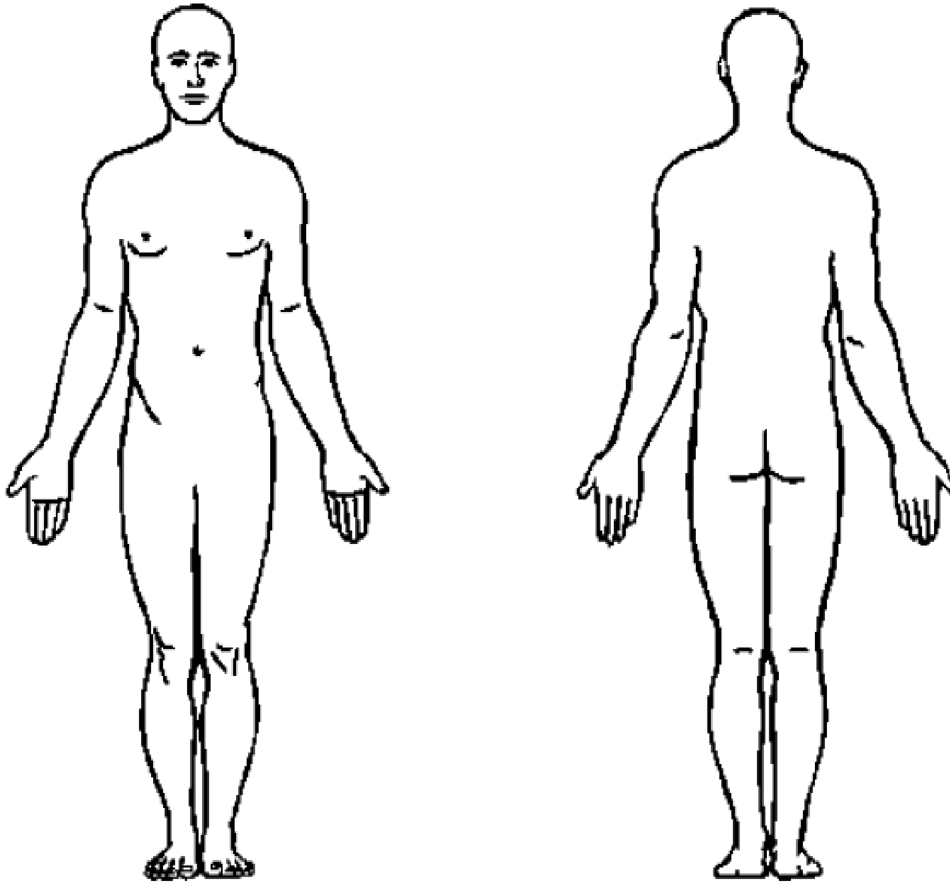
Health Biography
Injury, illness, surgery,
auto accidents,
times of poor health, times of best health, etc.

Social Biography
Stressful times, best times,
graduations, marriage, divorce,
births, deaths, moves, job changes, etc.

BIRTH

PRESENT

Please circle areas you have pain or other symptoms and describe in detail.
Please mark with an "X" where you have scars.



- ✓ I understand that any expenses incurred with **Boulder Natural Medicine Clinic, LLC (BNMC)** for me or any of my minor dependents are my responsibility and not that of any other person or insurance group.
- ✓ I understand that payment is due in full at the time of service.
- ✓ I understand that I will be billed for any appointment missed or changed with less than two-business day's notice.
- ✓ I understand that no claims or guarantees have been made by BNMC personnel for future insurance reimbursement or particular medical outcomes.
- ✓ I understand that not all treatments or products used by BNMC are FDA approved.
- ✓ I understand there are times a phone consultation with the doctor may be necessary and that such a consultation are billed on the doctor's schedule and billed as a regular appointment.
- ✓ I understand that all information given to BNMC now or at any point in the future is entirely confidential. It is Boulder Natural Medicine Clinic's policy to follow HIPAA guidelines and BNMC requires a signed medical release form before releasing medical records to anyone other myself unless legally required to do so. I may choose to keep a release form on file to expedite the handling of my records.
- ✓ My signature below gives BNMC my permission to fax medical records to myself at a fax number given to BNMC by myself without a signed consent.
- ✓ At times, e-mail or fax may be the best option to communicate confidential medical information between myself and my doctor. I understand these are not secure forms of communication and my records will not be protected when using these forms of communication.
- ✓ Unless I have a Government or Mercy Care policy, many labs run at BNMC can be submitted to my insurance. It is entirely up to my insurance policy whether reimbursement for expenses is made to me.
- ✓ I am responsible for paying for labs run at BNMC at the time of service.

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Signature of Patient or Legal Guardian of Patient **Date**

This form is designed to present benefits and risks of the therapies offered at Boulder Natural Medicine Clinic, LLC (BNMC) and ***must be signed*** before treatment is rendered. ***Ask your doctor if you have any questions or concerns regarding your consent to treat prior to signing this Informed Consent form.*** **Treatments, procedures and/or products used in your treatment at Boulder Natural Medicine Clinic, LLC (BNMC) may or may not be FDA approved.** Treatments may include one or a combination of the following:

- Dietary and nutritional counseling
- Nutritional and other supplementations, either orally, topically or as injection/IV therapy such as: vitamins, minerals, enzymes, amino acids, essential fatty acids, homeopathic remedies, homotoxicological preparations and others
- Physical medicine (manipulation), acupuncture, trigger point injection, nutritional or other IV therapy, chelation (detox) therapy, hormone replacement therapy, therapeutic massage, colon hydrotherapy, and more.

I am seeking medical health care services, including alternative medical therapies at BNMC.
I hereby request and consent to the performance of physical medicine (including but not limited to various modes of physical therapy and diagnostic testing/examination) or to the performance of acupuncture (including but not limited to needle puncture, point injection, and infrared therapy) or to the performance of naturopathic procedures (including but not limited to examination, diagnostic testing and the use of natural substances such as vitamins, minerals, botanical medicines and prescription drugs) on me (or on the patient named, for whom I am legally responsible) by the doctors and staff of naturopathic medicine at Boulder Natural Medicine Clinic, LLC.

I understand and am informed that results from treatments may vary and are not guaranteed.
In addition, I understand that my compliance with diet recommendations, supplements, prescribed medications, prescribed exercises and lifestyle modification will increase the effectiveness of my care and enhance or maintain the results.

I understand a referral to another physician or specialist may be necessary due to the nature of my condition and limitations in the scope of practice of Naturopathic Medicine.

I acknowledge that the scope of practice of a Naturopathic Physician has limitations including lack of hospital privileges. Consequently a referral to a specialist or emergency room may be deemed necessary under certain circumstances and is in my best interest.

I understand that this medical practice uses diagnostic and treatment methods that are known as investigational, complementary, alternative, holistic, nutritional, and herbal oriented. Some of these methods have not been accepted by consensus mainstream medicine or the FDA.

I understand that I am in no way obligated to purchase the products or run lab recommended by staff or physicians at BNMC. I am free to purchase these products from any source that I may choose.

I do not expect the doctor to be able to anticipate and explain all the risks and complications that could possible happen during or because of treatment and I wish to rely on the doctor to be able to exercise judgment during the course of the procedure based upon the facts known at that time.

I understand and am informed that, as in the practice of medicine, in the practice of naturopathic medicine, in the practice of spinal manipulative care, in the practice of intravenous therapy, in the practice of acupuncture, in the practice of prolotherapy, in the practice of nutritional and other supplementation, in the practice of hormone therapy, in the practice of any treatment we administer or order there are some risks.

Some of the potential side effects to treatments and therapies are but are not limited to:

- Bruising/Local Tenderness (with venipuncture, acupuncture, mesotherapy, cupping, manipulation and other)
- Allergy (with drugs, supplements, anesthesia, nutritional IVs, chelation, and other)
- Drug Side-effects (with drug, supplements, herb-drug interactions)
- Fainting (with supplements, acupuncture, nutritional IVs, chelation and other)
- Infection (with acupuncture, minor surgeries, venipuncture and other)
- Burns (with hydrotherapy, infared therapy and other)
- Scars (with acupuncture, moxabustion, venipuncture and other)
- Vaginal Bleeding in females (with hormone replacement therapy)
- Fractures, Dislocation, Sprains, Disk Injuries (with manipulation and other)
- Organ Puncture (with acupuncture, prolotherapy)

Below is a more in-depth explanation some of the various therapeutic modalities used at BNMC.

Naturopathic Medicine: A Naturopathic doctor is trained as a general family practitioner. Naturopathic physicians combine modern laboratory and physical diagnostic tools with natural, nontoxic therapies that encourage the body's inherent healing abilities. Some of the treatments may include nutrition, herbal medicine, homeopathy, counseling, chiropractic manipulation, physiotherapy, hormone replacement therapy, hormone reduction therapy, electrotherapy, natural supplementation and other natural remedies.

Nutritional and herbal supplements: At times, your organ systems and tissues may need nutritional and/or herbal support. Make sure to tell your doctor about any medication you are currently taking so that drug/herb/supplement interactions are minimized. Potential side effects of any herb/supplement recommended to you will be discussed by your doctor.

Acupuncture and Traditional Chinese Medicine: Acupuncture is a two thousand year old medical tradition based on clinical observation and treatment. Diagnosis in Traditional Chinese Medicine and Acupuncture is based on observation, interview, pulse and tongue diagnosis, and other tools. Following an assessment, treatment may involve acupuncture, TDP heat lamp, or other traditional treatments. Acupuncture involves the placement of sterile one-time use disposable needles into specific points on the body. As with any technique that pierces the skin, infection, although extremely rare with sterile acupuncture needles, is possible. Also extremely rare, permanent nerve damage from acupuncture is possible.

Homeopathy: A system of medicine based on the Law of Similars that was founded over 200 years ago by Samuel Hahnemann, MD (1755-1843). A homeopathic remedy is an FDA approved medicine that consists of a very dilute substance. When given to someone who is healthy, a homeopathic remedy can bring about the same symptoms it can cure. When given to someone suffering from those symptoms, the body is stimulated to heal on its own and the symptoms resolve. Hence, the name, the Law of Similars, or like cures like. There are no known side effects when using homeopathic remedies and no known interactions with any other medication or herb/supplement. These remedies are safe to use on the youngest and most elderly of patients.

Prolotherapy and PRP: Injection of nutrients, precursors and/or a patient's own growth factors into a tendon, ligament or joint needing to be repaired.

We have a wonderful referral network. Your doctor will inform you of alternatives to the above-mentioned therapies. Your health/well-being is our first concern. Please inform your doctor of any medication change or if there is a possibility of pregnancy at any time during your treatment.

- INFORMED CONSENT- Page 3 of 3

I, _________________________ have consulted with Erik Flatland, ND, LAc, regarding my health. I understand that although Erik Flatland, ND, LAc. Is a licensed Naturopathic Doctor in the state of Montana, the state of Colorado does not recognize Naturopathic Doctors as primary care physicians; therefore, Dr Flatland cannot diagnose or treat my health condition.

The following three paragraphs are required by the Department of Regulatory Agencies of the state of Colorado: Erik Flatland, ND, LAc, is also a licensed acupuncturist in the state of Colorado.

His training includes: clinical nutrition, oriental medicine and acupuncture, botanical medicine, counseling, homeopathy, prolotherapy, spinal manipulation. He is a NCCAOM certified acupuncturist. He received his B.A. in Environmental Studies from UC Santa Cruz, his ND from Southwest College of Acupuncture Medicine in 1996 and his Master's Certificate in Acupuncture from SCNM in 1997.

The cost for the initial evaluation is $275.00. The costs of treatments vary and will be discussed prior to a treatment.

Erik Flatland and the Boulder Natural Medicine Clinic, is in full compliance with all regulations and rules promulgated by the Department of Health. As a client you are entitled to receive information about the methods of therapy, the treatment modalities used, and the duration of therapy, if known. As a client you may seek a second opinion from another health care professional or may terminate therapy at any time. In a professional relationship sexual intimacy is never appropriate and should be reported to the director of the division of registration in the Department of Regulatory Agencies. The address and phone for the complaints and investigation sections: 1560 Broadway, Room 1300, Denver, CO 80202. Phone: (303) 894-7690.

I understand that the herbs, nutritional supplements, acupuncture, bodywork, injection therapy, intravenous therapy and homeopathic remedies are not a treatment for my condition-rather substances and therapies to support my body systems and health. The usefulness of some of these preparations has not been approved or disapproved in the USA. I agree to inform Dr. Flatland immediately if any adverse reactions develop while I am taking these substances and treatments. I understand that in all circumstances I should continue to consult with my regular physician to all medical concerns that I may have.

I, the undersigned, have read and understand the above statements to my satisfaction. I acknowledge full responsibility for my self and I realize that my health state is a manifestation of my attitudes, habits, past and present experiences, genetics, actions and environments. I seek the opportunity to consider Erik Flatland's advice, recognizing that I am free to act upon or disregard his suggestions as I choose, and as such, release him of all responsibility for my actions and any consequences thereof, both now and in the future. I fully accept the fact that no guarantee is made concerning the use and effect of naturopathic health recommendations or therapies. I am fully aware that no medical or psychiatric treatment is given by Erik Flatland and I agree to see my own medical doctor should the nee arise. I certify that I understand the foregoing and have had the opportunity to have any/all of my questions answered about the services rendered by Erik Flatland and the Boulder Natural Medicine Clinic, LLC.

Accordingly, I sign this Informed Consent to express that it is my own decision without undue persuasion to be treated by Erik Flatland, ND, LAc, with naturopathic medical care. I hold no other party responsible for my own actions. I hereby release Erik Flatland, ND, LAc, Boulder Natural Medicine Clinic, LLC and its employees, from liability for any results that my occur to me thereafter. I am freely making my own choices regarding working with a medical doctor.

Signature of Patient or Legal Guardian of Patient **Date**

Patient Rights

- You have the right to be treated with courtesy, respect and dignity.
- You have the right to know the process through which services are offered, including the general course of treatment, and with whom you will be working.
- You have the right to full confidentiality. All transactions and records within this office are kept strictly confidential. Your records may be released to other parties only when requested in writing by you, or when required by law.
- You have access and may request copies of your information at any time.
- You have the right to know and understand the practitioner's assessments and recommendations. These will be given to you at each visit including therapeutic goals, success of treatment, and proposed duration of treatment. If this is unclear please ask.
- If a medication is prescribed, or any other specific treatment is recommended, you have the right to know what the medication or treatment is, why it is being prescribed, what is the expected outcome, and general side effects which might be reasonably expected. Please ask your physician to explain prior to treatment.
- You have the right to access other community services and also the right to select and change practitioners. If you are interested in other practitioners or therapeutic modalities, please ask.
- You have the right to refuse service.
- You have the right to assert your rights as described within this document at any time without retaliation or fear of negative consequence.
- You as a patient have the right to full knowledge of fees.
- You have the right to know of any changes to services or charges and you will be notified.

I consent to the proposed treatments and understand the risks and benefits involved.

Signature of Patient or Legal Guardian of Patient **Date**

Map to our Office:

Refer to location A on map below, between 28th street and 30th street.

Boulder Natural Medicine Clinic, LLC
2885 Aurora Avenue, Suite 29
Boulder, CO 80303
Phone (303) 447-1339
Fax (303)447-1316
Email: info@bouldernatural.com

Link to Google Map: http://maps.google.com/maps?hl=en&tab=wl