

Dear New Patient:

To ensure a thorough visit, please take some time to prepare the following paperwork prior to our appointment. The last page is a diet diary; **please fill it out for any three days in a row between now and your scheduled visit (ideally two week days and one weekend day).**

In addition, please write out a brief timeline of your own history, beginning with birth and early childhood. This history should include major illnesses, injuries, and/or hospitalizations, significant turning points or events in your life, and any periods of heavy usage of alcohol, cigarettes, coffee, or pharmaceutical/recreational drugs. For women, please include events related to your reproductive system (first period, birth control, pregnancies, abortions, menopause etc.) If you are filling this out for your child, please include any notable information about the pregnancy and nursing. If you are currently breast-feeding your baby, please fill out the diet diary with **your** diet. In addition to the paperwork, please bring in any medications, vitamins and supplements you are taking. If you have copies of recent labs you had done please bring them in as well.

Thank you for putting time into this paperwork and please remember to bring it with you to the appointment.

If you need to cancel this appointment, please call 72 hours in advance. **Barring any emergencies, there will be a \$100 charge for missed first appointments that are not cancelled 48 hours in advance.**

I look forward to meeting you.

Sincerely,

Eric Dorninger, ND, LAc

Eric Dorninger ND, LAc is a Naturopathic Doctor and Licensed Acupuncturist. He received his B.A. in Kinesiology from the University of Colorado, Boulder in 1997. During this time, he also completed his EMT (Emergency Medical Technician) training and subsequently volunteered with the Cranford First Aid Squad in 1998. Thereafter, he received his Doctor of Naturopathic Medicine and Master of Science in Acupuncture in June 2003 from Bastyr University (bastyr.edu). Dr. Dorninger began practicing in Boulder, Colorado in Fall of 2003. Dr. Dorninger enjoys teaching Anatomy and Nutrition at Naropa University. Dr. Dorninger holds his Naturopathic Physician license in Washington State and his Acupuncture license in Colorado.

Cost of Treatment: \$295 per hour

Visit Types:

New Patient Visit:

2 hour Comprehensive visit

Return/ Follow-up Visit:

2 hour report of findings/follow-up to initial lab work up

1 hour follow-up (45-60 minutes)

1/2 hour follow-up

Overlap Acupuncture:

Routine Acupuncture, no evaluation

Research time:

Billed by the hour

For difficult cases, Dr. Dorninger may require research time to review test results and consult specialists and mentors. He monitors this time with intense purity and bills at \$295/hour. He has aided many difficult cases by putting in this "quiet time".

Phone calls/emails:

All phone calls and emails requiring more than 3 minutes for Dr. Dorninger to address will be billed at \$75/ 15 minute intervals or if more time is needed we will contact you to schedule an appointment.

All clients are asked to pay in full at the time of visit. We do not offer a sliding scale option or payment plans. We accept cash, personal checks and Mastercard, Visa, American Express and Discover cards. 24 hour notice is required for all cancelations or you will be billed \$100 (for new Patient visit) or \$50 (for follow-up visit) late cancellation fee. Treatment costs are for Dr. Dorninger's time. All expenses for supplements and labs are in addition to cost of treatment.

Dr. Dorninger is in full compliance with all regulations and rules promulgated by the department of health. In order to ensure the safety of his clients, he uses one-time-use sterile, disposable needles. As a patient you are entitled to receive information about the methods of therapy, the treatment modalities used, and the duration of therapy if known. As a patient you may seek a second opinion from another health care professional, or you may terminate therapy at any time. The practice of acupuncture is regulated by the Department of Regulatory Agencies. 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 number for the complaints and investigation section is: 1560 Broadway, suite 1300, Denver, CO 80202; (303) 894-2464.

I have read the above information and my signature endorses my understanding of the conditions.

Signature _____ Date _____

Please keep a copy for your records

Roots And Branches Integrative Health Care, LLC

Confidential Patient Health Record

Date: _____

Name: _____ Address: _____

Unit: _____ City: _____ State: _____ Zip Code: _____

DOB: _____ Age: _____ Sex: M F Email: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Occupation: _____ Referred By: _____

Circle One: Single /Married /Divorced Partner's Name/Occupation: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Specialist's Name: _____ Specialist's Phone Number: _____

Overall Health (circle one): Excellent /Good /Fair / Poor Other: _____

What is your chief complaint(s)?

When did the symptoms begin?

What precipitated or started the condition?

Does anything make it better or worse? Time of day, heat or cold, season of the year, emotions, motion or position? Is it worse on one side of the body?

Can you think of any other complaints or problems, even if you think they may be insignificant or unrelated to your main complaint?

Do you have any allergies?

**Please check the appropriate box that correlates with the statement
Y = Yes (currently), N = No, P = Past**

	Y N P
• Pain or abnormal sensation on chest (palpitations, tightness, etc.)?	□□□
• Shortness of breath	□□□
• High or Low Blood Pressure?	□□□
• Aches or pain in the neck, middle back, or low back?	□□□
• Pain, numbness, or tingling in the arms or legs	□□□
• History of injury or car accidents	□□□
• History of concussion, or of hitting your head?	□□□
• Eating disorder (bulimia, anorexia, or compulsive eating)?	□□□
• Heartburn or nausea?	□□□
• Distress in upper abdomen or stomach?	□□□
• Diarrhea? Loose stools?	□□□
• Constipation? How often?	□□□
• Any problems with gas or belching?	□□□
• Burning, pain, or urging with urination, or if a male with ejaculation?	□□□
• Sexually transmitted disease, HPV, gonorrhea, herpes?	□□□
• Females: Do you have irregular periods? Painful cramps, heavy flow, clots?	□□□
• Females: How long is your cycle? _____ Days of flow _____	
• Females: Do you have PMS (breast tenderness, cravings, bloating, irritability, night sweats) before your period?	□□□
• Females: Have you ever been pregnant? <input type="checkbox"/> Miscarriage, <input type="checkbox"/> Abortion? <input type="checkbox"/>	
• Do you ever get headaches? How often, where on your head? _____	□□□
• Have you ever been exposed to chemicals, pesticides, etc.?	□□□
• Have you ever served in the armed forces?	□□□
• Do you have any tattoos?	□□□
• Have you ever had a blood transfusion?	□□□
• Do you remember your dreams every morning upon waking?	□□□
• Do you cry? Do you prefer to be alone or do you like comfort?	□□□
• Have you ever been abused physically, emotionally, or sexually?	□□□
• Do you sleep well?	□□□
• How many hours a night do you sleep? _____ Do you take naps?	□□□
• What position do you sleep in at night? Back <input type="checkbox"/> , Side <input type="checkbox"/> , Stomach <input type="checkbox"/>	
• Do you drool on your pillow at night?	□□□
• Do you bite your nails?	□□□
• What is your predominate emotion? Joy <input type="checkbox"/> , Anger <input type="checkbox"/> , Fear <input type="checkbox"/> , Sorrow <input type="checkbox"/> , Other _____	
• Do you exercise regularly?	□□□
• Please describe your program: (Days per week, type of exercise, intensity)	

- Please list any prescriptions you are currently taking, including dosages and frequency:

- Please list any supplements you are taking, including dosage and frequency:

Eating Habits

Y N

- Do you eat dairy products? (milk, yogurt, cheese, etc.)
- Do you eat red meat? (beef, venison, lamb, pork) Please circle.
- Fish or fowl such as tuna, chicken, turkey. Please circle.
- Eggs (free range or caged?) _____
- Commercially canned food
- Fruit or vegetable juice
- Refined cereals or products made with flour (pasta, bread)
- Vegetables and/or Legumes
- Fruit? How many pieces per day
- Whole grains (brown rice, millet, oats)
- Soy products (tofu, soy milk, tempeh?)
- Alternative milk products (coconut, almond, hemp)

Please note how often you consume the following items:

Spoons of sugar _____ Cookies/Cake _____

Pop/Soft drinks _____ Ice Cream _____

Pastries _____ Coffee _____

Alcohol (list type, quantity, and frequency)

Marijuana or other recreational drugs (list type, quantity, and frequency)

Patient History – Timeline

In the space below, please provide a brief timeline in outline form of your own history. Begin with birth and childhood; please include any major illnesses, injuries, or hospitalizations up to the present time. Be sure to list any significant turning points or major events in your line; include any periods of heavy usage of alcohol, cigarettes, coffee, and pharmaceutical or recreational drugs. **WOMEN ONLY:** please include events related to your reproductive system such as first period, pregnancies, abortions, birth control, menopause, etc. If you are filling this out for your child, please include notable information about the pregnancy and nursing.

Lifestyle Questions

Y N P

- Do you sleep on a waterbed? □□□
- Do you use an electric blanket? □□□
- Do you drink filtered, bottled or tap water? _____
- Do you use antiperspirant? □□□
- Do you smoke/chew tobacco? If yes, how much per day _____ □□□

Family History

Were you adopted? Yes No

Please list any health issues, which have affected your relatives; include their age or age at death

Mother: _____
Father: _____
Brothers: _____
Sisters: _____
Maternal Grandmother: _____
Maternal Grandfather: _____
Mothers siblings: _____
Paternal Grandmother: _____
Paternal Grandfather: _____
Fathers siblings: _____

List your children's names:

	Ages	Health
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any pets? Yes No If yes, what are their names: _____

Please describe your long and short term goals here:

Please list EVERYTHING you Eat and Drink for Three Full Days

	Day One	Day Two	Day Three
Breakfast			
Lunch			
Snacks			
Dinner			

DIRECTIONS TO OFFICE

**Roots and Branches Integrative Health Care
5485 Conestoga Court
Unit 104
Boulder CO 80302**

The office is moving East of the Foothills Parkway and Arapahoe. From the intersection of Foothills Parkway and Arapahoe head Eastbound and proceed past the hospital. Take a left onto Conestoga Street (OZO Coffee is at the corner of Arapahoe and Conestoga on your right). Once on Conestoga St. take a right onto Conestoga Court. Head straight to the end of the cul-de-sac and take a slight left, drive towards the building straight ahead of you. You have arrived at 5485. Once you enter the building we are the first office on your left.

Roots and Branches Integrative Health Care LLC
5485 Conestoga Court Suite 104 Boulder, CO 80301
303-449-9494

DISCLOSURES AND INFORMED CONSENT

WELCOME. We are honored to be a part of your journey to better health.

SERVICES: Naturopathic Medicine is a branch of the healing arts distinct from other branches. Our services include the prevention, evaluation, diagnosis, and treatment of injuries, diseases, and conditions through education, nutrition, naturopathic preparations, natural medicines, physical medicine, physical agents, and other therapies and modalities designed to support the body's natural healing processes. Our Naturopathic Doctors (ND) are registered under the Colorado Naturopathic Doctor Act. They are not Medical Doctors (MD), Doctors of Osteopathy (DO), Doctors of Chiropractic (DC), or Doctors of Nursing (DNP) who are licensed under separate practice acts. As Naturopathic Doctors in Colorado, we do not prescribe, dispense, administer, or inject controlled substances (including general or spinal anesthetics) or practice medicine (including performing surgery, obstetrics, or administering ionizing radiation therapy). The only adjustments, manipulations, and mobilizations we perform are naturopathic manual therapies. We cannot recommend against a course of care recommended or prescribed by a licensed provider in another branch of the healing arts. Our office does not provide naturopathic treatment to children less than two years old. We recommend that our pediatric patients follow the CDC immunization schedule (copy attached) and have a relationship with a licensed pediatric health care provider.

ALTERNATIVES AND COLLABORATION: Alternatives to Naturopathic Medicine include declining such care and consulting with others such as an MD, DO, DC, or DNP. Naturopathic Medicine is not a substitute for other types of health care and we encourage you to seek second opinions, have a relationship with an MD or DO, to communicate with all your providers about the care recommended in our office, and to authorize us to attempt to collaborate with your other providers.

RISKS: Naturopathic Medicine is generally considered safe but may involve some risks including, without limit: all of the risks disclosed with any preparations or medicines; allergic reaction; infection; pain or discomfort; weakness, fainting, or nausea; skin irritation, discoloration, or scarring; aggravation of symptoms; mood changes; and rarely, neurological injury and pneumothorax. Naturopathic Medicine may adversely interact with specific drugs and may be inappropriate during pregnancy. Naturopathic manual therapies involve risks including, without limit, fractures, disc injuries, dislocations, and sprains. Additionally, hidden conditions may exist that are not detectable through examination. This may include spinal tumors, weak or occluded arteries, and aneurysms. Accordingly, some people are at risk for stroke or vascular injuries as a result of manual therapies.

EMERGENCIES: If you are having a medical emergency, do not wait to seek care. Call 911.

NO GUARANTEE: Every individual responds to care differently and no guarantee or assurance is made as to the results of care in any specific case, as care may not improve your condition.

PAYMENT, INSURANCE, AND REFUNDS: Our fee schedule is attached. Payment for services is not conditional on response to care. There is no guarantee of insurance coverage. Any insurance you have is an agreement between you and your insurance carrier and you are responsible for payment of services, whether or not they are covered by insurance. You may terminate care at any time. Prorated fees for unused, prepaid services will be refunded; however, no refunds are available for product purchases.

DO NOT SIGN UNLESS YOU HAVE READ AND FULLY UNDERSTAND!

I have read and fully understand this consent form, and understand that I should not sign this form if any of my questions have not been explained to my satisfaction or if I do not understand any of the terms or words.

Patient or Person with Authority to Consent

Date



Roots and Branches
Integrative Health Care

Blood Draws: What to Expect

At Roots and Branches we are very serious about a diagnosis that explains why illness is occurring because this helps us to create an action plan that accurately addresses your health care issues at the root of the problem.

One cornerstone to getting a sincere, fulminant diagnosis is a comprehensive blood draw. Blood draws need to evaluate the basics (are you anemic, are you hypoglycemic), while also looking at more three-dimensional physiology like immune and endocrine function. Your blood draw requires a dedicated phlebotomist who can not only draw blood well but can also follow meticulous processing guidelines and manage the shipping process that gets your blood to multiple medical companies in a timely manner. It is not uncommon for your blood draw to be shipped and processed by 10 different specialty facilities.

Getting this essential diagnostic step done properly and efficiently has required hundreds of hours behind the scenes on the part of the doctor, administrative staff and phlebotomist. When we first started this level of radically improved laboratory evaluations, patients needed to get draws done at three different facilities over multiple days. Our in-house phlebotomist was the biggest improvement to patients' blood draw experience (including draw, processing and handling).

How should you prepare?

Fasting blood draw: No food, only water for the 12 hours before your draw.

Hydrate: It is important to drink lots of water before your blood draw regardless of fasting or non-fasting. If fasting, drink 30–40 ounces within the first hour of waking up. Make sure that you hydrate well the day before your draw. Many of our patients have hypothalamus dysregulation and lack proper functioning of a hormone called antidiuretic hormone. This is the hormone that helps prevent excessive urination and keeps the body hydrated. At our clinic, our phlebotomist is has some of the toughest blood draws in health care due to this hypothalamic dysregulation that decreases hydration. Your hydration will make their job easier and your blood draw go more smoothly! Thanks for your help!

Exercise/fitness: We recommend that you do not do strenuous exercise on days you're getting a blood draw. Doing moderate workouts after rehydrating and completing the blood draw is fine for most cases.

Patience: Despite all of our refinements and dedication to efficiency, the initial and

follow-up blood draws can still be time intensive. Initial blood draws should expect at the longest 2 hours, and follow-ups 1-2 hours. Often things go quicker but plan generously for yourself and bring a book, smart phone, laptop, work, etc.

If you are wondering why our phlebotomist is without a patient in the draw room please realize that they are meticulously processing another patient's blood.

It is very rare, but once in a while a redraw is necessary if our dedicated efforts still produce a sample that was not viable for accurate reporting. Despite the inconvenience we are grateful to get reports of failed samples and the need for a redraw, as opposed to the less desirable alternative of reporting inaccurate results.

Why so much blood?

A new patient blood draw is approximately 22–30 vials of blood. Follow-up blood draws are usually 12–15 vials. Although this appears to be a lot of blood and vials, the quantity is relatively low. Each specialty draw requires its own vial for send out. It is not a reflection of blood volume, but the need for its individual containers for processing. For comparison, the maximum volume of blood that can safely be pulled on a patient over 110 pounds for a blood donation is 75 full vials, more than double what we draw on our incoming patients.

Why the need for substantial blood draws?

One of the most critical naturopathic principles in medicine is "identify and treat the underlying causes". When properly used, modern laboratory evaluation can answer the question of discernment: "is it this, or is it that". This is known as differential diagnosis, in which the doctor must tease out all the possible causes to determine what is and what is not causing your health concerns. When you find out what the issue is then the next step is delving deeper in order to more fully understand why it is happening.

Modern laboratory evaluation is a tremendous tool for getting answers to these questions in the most efficient fluid manner. The quicker we understand the causes of occurring disease processes, the quicker we can formulate an action plan that addresses the physiological corruptions at the root of the illness.

Follow-up blood draws are to evaluate whether the action plan is working and will help to guide any changes that need to occur to progress your journey toward wellness.

Thank you for your dedication to your health! We appreciate you honoring the time and labor-intensive methods that Roots and Branches has implemented to illuminate the underlying cause of illness. Thank you for being prepared for your blood draw!