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NEW PATIENT INTAKE – *FAR INFARED SAUNA*

Name _____ Today's date: ___/___/___

Address _____ City _____ State _____ Zip _____

Birthdate ___/___/___ Age _____ Sex _____ E-mail _____

Marital Status Single Married Divorced Separated Domestic Partner Other _____

Name (if applicable) _____

PHONE NUMBERS

<u>Home</u>	<u>Cell</u>	<u>Work</u>

Employer _____ Occupation _____

EMERGENCY CONTACT INFORMATION

Contact is: Parent Guardian Spouse Domestic Partner Other _____

Name _____ Phone Number _____

How did you hear about us?

FAR INFARED SAUNA CONTRAINDICATIONS

Far infrared saunas creating a cure for or treating any disease is neither implied nor should be inferred.

DO NOT attempt to self treat any disease with a far infrared sauna without direct supervision of a certified physician. If you have any health concerns, be certain to consult with your physician before using a far infrared sauna. In all situations, hydration is a requirement for sauna use. Drinking advanced electrolyte replacement water is also recommended before and after sauna use.

1. MEDICATIONS

Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for possible changes in the drugs effect when the body is exposed to FAR infrared waves or elevated body temperature. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms. Some over the counter drugs such as antihistamines may also cause the body to be more prone to heat stroke.

2. CHILDREN

The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. Consult with the child's Pediatrician before using the sauna.

3. THE ELDERLY

The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes in order to maintain core body temperature.

4. CARDIOVASCULAR CONDITIONS

Individuals with cardiovascular conditions or problems (hypertension / hypo tension), congestive heart failure, impaired coronary circulation or those who are taking medications, which might affect blood pressure, should exercise extreme caution when exposed to prolonged heat. Heat stress increases cardiac output, blood flow, in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.

5. ALCOHOL / ALCOHOL ABUSE

Contrary to popular belief, it is not advisable to attempt to "Sweat Out" a hangover. Alcohol intoxication decreases a person's judgment; therefore they may not realize it when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.

6. CHRONIC CONDITIONS / DISEASES ASSOCIATED WITH A REDUCED ABILITY TO SWEAT OR PERSPIRE

Parkinson's, Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating.

7. HEMOPHILIACS / INDIVIDUALS PRONE TO BLEEDING

The use of Infrared should be avoided by anyone who is predisposed to bleeding.

8. FEVER

An individual that has a fever should not use the Solo® or any other type of sauna.

9. INSENSITIVITY TO HEAT

An individual that has insensitivity to heat should not use the Solo® or any other type of sauna.

10. PREGNANCY

Pregnant women should consult a physician before using the Solo® or any other type of sauna because fetal damage can occur with a certain elevated body temperature.

11. MENSTRUATION

Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow. Some women endure this process to gain the pain relief commonly associated with their cycle whereas others simply choose to avoid sauna use during that time of the month.

12. JOINT INJURY

If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the hot and swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind. Vigorous heating is strictly contra-indicated in cases of enclosed infections be they dental, in joints or in any other tissues.

13. IMPLANTS

Metal pins, rods, artificial joints or any other surgical implants generally reflect FAR infrared waves and thus are not heated by this system, nevertheless you should consult your surgeon prior to using an Infrared Sauna. Certainly, the usage of an Infrared Sauna must be discontinued if you experience pain near any such implants. Silicone does absorb FAR infrared energy. Implanted silicone or silicone prostheses for nose or ear replacement may be warmed by the FAR infrared waves. Since silicone melts at over 200°C (392°F), it should not be adversely affected by the usage of an Infrared Sauna. It is still advised that you check with your surgeon and possibly a representative from the implant manufacturer to be certain.

14. PACEMAKER / DEFIBRILLATOR

The magnets used to assemble our units can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

In the rare event, you experience pain and/or discomfort, immediately discontinue sauna use.

I have read and understand the contraindications for use of infra-red sauna and acknowledge that none apply to me.

Print Name

Sign Name

Date

Patient Financial Policy

Thank you for choosing Genesis Natural Medicine Center as your naturopathic health care provider. We are committed to walking with you on your road to good health. It is important to us that you understand your financial responsibility to Genesis to ensure there will not be any misunderstanding regarding payment for services rendered. Please ask us if you have any questions about our policies or your responsibilities. Carefully review the following information and return this form to us with your signature and today's date.

Our doctors require that all patients complete the New Patient Intake Form prior to seeing the doctor. This information needs to be updated annually or at the time of an appointment if there are information changes (i.e. address, name, email, insurance information, etc.).

PAYMENT: We require full payment at the time of service. We accept cash, Visa, MasterCard and Discover. Our policy is to take credit card information before a phone consult unless other arrangements were made prior to the appointment.

INSURANCE: It is the patient's responsibility to provide Genesis Natural Medicine Center with current, accurate insurance information. Our doctors use your insurance information when working with one of our labs so they can submit the claim for payment. There are some insurance plans that do not cover labs when ordered by a naturopath (i.e. Medicare, AHCCA, Tricare, etc.). When your insurance changes please give the front office your new insurance card. Genesis understands how expensive health care can be for our patients. We have partnered with Ronnette's Medical Billing and Coding to provide to you an excellent referral service to enable you to file your claim for reimbursement. Ronnette's Medical Billing and Coding charges our patients \$10 to file a claim. She accepts cash and checks only. If you choose to use her service, we will collect the payment during checkout and provide you with her information. Ronnette picks up receipts to begin the reimbursement process once a week. She will contact you to discuss the details of her service with you.

MEDICARE: *Only* our Chiropractor accepts Medicare. If you are a Chiropractic patient and a Medicare recipient, please provide us with your current Medicare card. You will be charged the Medicare allowable rate at the time of service. Our Medical Biller and Coder will file your claim for reimbursement. Your reimbursement will be mailed directly to you. If you have any questions, please speak to our front office.

GYNECOLOGY VISITS: If a Pap test has been ordered, the lab bill will either be submitted to your insurance, or billed directly to you.

DISCOUNTS: Genesis Natural Medicine offers discounts to patients. After the first initial appointment, any follow up visits reflect only the time spent with the doctor. We do not charge a flat rate for follow up visits as is the practice of many medical offices. We charge based on 15 minute increments, this gives our patients a considerable savings. Many patients do not have insurance. We offer lab work at doctor pricing. This is a significant savings for our patients. At Genesis Natural Medicine Center the more expensive a supplement is, the deeper the discount. It is important to us to offer supplements that are Rx quality at the best possible rate.

CANCELLATION POLICY: Genesis Natural Medicine Center has a 24 hour cancellation / rescheduling policy. The doctor has reserved your appointment time specifically for you. For your convenience, we will call you 48 hours in advanced to remind you of your appointment.

If you miss your appointment, cancel or change your appointment with less than 24 hours notice, you will be charged \$50.

Thank you for understanding our Financial Policy. We appreciate the opportunity to provide our services for your medical needs. If you have any questions, we encourage you to speak with the front office.

I have read and understand the Genesis Natural Medicine Center Financial Policy.

Print Name

Sign Name

Date

Naturopathic Informed Consent to Treat

Consent: I hereby request and voluntarily consent to the performance of naturopathic treatments and/or other services related to naturopathy, including various modes of physical therapy and diagnostic procedures, on me (or on the patient named below, for whom I am legally responsible) by doctors and practitioners at Genesis Natural Medicine Center.

I understand that this office utilizes many forms of diagnosis and therapy including but not limited to:

- **Physical exam:** e.g. general, musculoskeletal, cardiovascular, gynecological, abdominal, respiratory, neurological, and urological.
- **Medicinal use of nutrition:** therapeutic nutrition, nutritional supplementation
- **Botanical medicine:** botanical substances may be prescribed as teas, alcoholic tinctures, capsules, tablets, creams, plasters or suppositories.
- **Homeopathic medicine:** the use of highly dilute quantities of naturally occurring plants, animals and minerals to gently stimulate the body's healing responses.
- **Lifestyle counseling and hygiene:** diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.
- **Psychological counseling**
- **Colon Hydrotherapy**
- **Hydrotherapies:** e.g., hydrocolator, contrast treatments, wet sheet wrap, WAON therapy
- **LED light therapy**
- **Far Infra-red Sauna**
- **Acupuncture**
- **Soft tissue manipulation:** massage, neuro-muscular technique, muscle energy stretching, visceral manipulation.
- **Contraception and hormone replacement therapies**
- **Intravenous, Intramuscular and Subcutaneous injections:** nutritional supplementation, therapeutic nutrition, pain management, joint care
- **Chiropractic**
- **Gynecology**

No Guarantee: I understand that results are not guaranteed.

Recital of Risks: I understand and am informed that, in the practice of medicine, there is some degree of risk to treatment. Within the general healthcare setting for services from doctors and practitioners, the possible outcomes of these practices range from minor to fatal.

I understand that some herbs and supplements may be inappropriate during pregnancy, and I will notify the doctor if I am or become pregnant or have another condition of which he is unaware.

I will inform the doctor and or practitioner if I experience any gastrointestinal upset (nausea, gas, stomach ache, vomiting), allergic reactions (hives, rashes, tingling of the tongue, difficulty breathing, headache), or any unanticipated or unpleasant effects associated with the herbs, supplements or other treatment prescribed by the doctor or practitioner. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I do not expect the doctor or practitioner to be able to anticipate and explain all risks and complications, but I wish to rely on the doctor and practitioner to exercise judgment during the course of any treatment or therapy and act in my best interest.

Agreement and Continuous Effect: I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

I, _____, am of sound mind and able to understand the naturopathic services offered to me in relation to my health care at *Genesis Natural Medicine Center*.

Sign Name

Date

HIPAA Compliance Form

How We Collect Information About You: Genesis Natural Medicine Center, PLC (“Genesis”) and its employees collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, sell, lend, or disseminate any information about applicants or clients who are treated by Genesis as it is considered confidential and is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to provide you with health or counseling services (including notification of health lectures, seminars, events, etc.) which may require communication between other health care providers, medical product or service providers, pharmacies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need; or to obtain or purchase any type of medical supplies, devices, or medications.

Print Name

Sign Name

Date