TINA MARCANTEL, NMD			201 W. Gua	dalupe Rd. Suite 202
NATUROPATHIC PHYSICIAN			Tal. 490 902 0211	<i>Gilbert, AZ 85233</i>
			<i>Tel: 480-892-0211</i>	Fax: 480-892-0216
PATIENT RE		and PERSON Print Clearly)	AL INFORMATI	<u>ON</u>
PATIENT'S FULL NAME				SEX
HOME ADDRESS		НС	ME PHONE	
CITY	STATE		ZIP CODE	
AGE				
DATE OF BIRTH/	/	PLACE OF B	IRTH	
NAME OF EMPLOYER		BUS	INESS PHONE	
CELL PHONE		MAY CAL	L WORK PHONE	YES NO
E-MAIL ADDRESS				
SIGNIFICANT RELATIONSHIP S	TATUS : (Please	e circle one tha	t applies)	
MARRIED NON-MARRIED PARTN	ER SINGLE	WIDOWED	SEPARATED	DIVORCED
EMERGENCY CONTACT			RELATIONS	HIP
ADDRESS				
CITY STAT				
HOW DID YOU HEAR OF DR. TI	NA MARCANT	`EL?		
I UNDERSTAND AND AGREE RESPONSIBLE FOR ALL CHAR BEEN MADE IN ADVANCE. I DOCTOR'S TIME IF I FAIL TO C HOURS NOTICE.	GES ON THIS UNDERSTAND	ACCOUNT U	NLESS OTHER AI THAT I WILL I	RRANGEMENTS HAV PAY A FEE FOR TH
SIGNATURE			_ DATE	

\_

Print Name\_\_\_\_\_

### **CONTEXT OF CARE REVIEW**

What do you know about our **approach**?

What *three* expectations do you have from *this* visit to the clinic?

What *long term* expectations do you have from working with our clinic?

What is your present level of **commitment** to address any underlying causes of your signs and symptoms that relate to your lifestyle? Rate from 0 to 10, 10 being 100% committed.

0% 0 1 2 3 4 5 6 7 8 9 10 100	0%	0	1	2	3	4	5	6	7	8	9	10	1009
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What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health?

What behaviors or lifestyle habits do you currently engage in regularly that you believe are **non-beneficial** to your health?

What potential **obstacles** do you foresee in addressing the lifestyle factors which are undermining your health and adhering to the therapeutic protocols which we will be sharing with you?

Who do you know that will sincerely and consistently support you with the beneficial lifestyle changes you will be making?

What do you **love to do**?

### **TINA MARCANTEL, NMD** NATUROPATHIC PHYSICIAN

201W. Guadalupe Rd. Suite 202 Gilbert, AZ 85233 Tel: 480-892-0211 Fax: 480-892-0216

### WHEEL OF BALANCE

Wellness is a balance of many factors. Using this circle, shade your level of satisfaction on each area as it relates to you.	PHYSICAL ENVIRONMENT	CAREER
For example, if you are 60% satisfied in your career, shade the first six levels of the career slice.	FAMILY & FRIENDS	MONEY
Do the same for each area, starting from the center point radiating outward.	PERSONAL GROWTH	HEALTH SIGNIFICANT OTHER/
	RECREATIO	ROMANCE
Are you currently receiving healthcare? Yes / No		
If yes, where and from whom?		
If no, when and where did you last receive medical	or health care?	-
What was the reason?		
What are your most important health problems? List	t as many as you can in order of im	portance.
1		
2		
3		
4		
5		
Do you have any known contagious diseases at this	time? Yes / No	
If yes, what?		

MEDICAL HISTORY: Mark "C" (current) or "P" (past) for any conditions you or your relatives have had.

CONDITION	SELF	MOTHER	FATHER	SIBLING	CHILDREN	GRAND PARENTS
ALCOHOL						
ALLERGIES						
ANEMIA						
ARTHRITIS						
ASTHMA						
BLEEDING PROBLEMS						
CANCER						
DIABETES						
DRUGS						
SKIN CONDITIONS						
EMPHYSEMA						
EPILEPSY						
GOUT						
HEART PROBLEMS						
HEPATITIS						
HIGH BLOOD						
PRESSURE						
MENOPAUSE						
MENTAL DISORDER						
MIGRAINES						
PERIOD						
ABNORMALITY						
PMS						
PROSTATE PROBLEMS						
STROKE						
THYROID PROBLEMS						
ULCERS						
VENEREAL DISEASE						
WEIGHT PROBLEMS						

## LIST OPERATIONS, MAJOR INJURIES, OR OTHER MEDICAL PROBLEMS – INCLUDE DATE

DATE	PROCEDURE OR EVENT	<b>RESIDUAL/LINGERING EFFECT</b>

Print Name\_\_\_\_\_

Dx\_\_\_\_\_

ALLERGIES\_\_\_\_\_

Preferred pharmacy name & phone number \_\_\_\_\_

## CURRENT PRESCRIPTION MEDICATIONS

START DATE	NAME OF PRESCRIPTION MEDICATION AND REASON FOR USE	DOSAGE

## SUPPLEMENTS AND/OR VITAMINS

START DATE	NAME OF SUPPLEMENT AND REASON FOR USE	DOSAGE
	TOR USE	

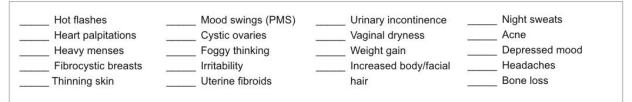
# **FEMALE Symptom Checklist**

LABORATORY TESTING MADE SIMPLE 1-866-600-1636| info@zrtlab.com| www.zrtlab.com

Use each of the following checklists to determine your symptoms of hormone imbalance and to help you choose the appropriate hormone test profile.

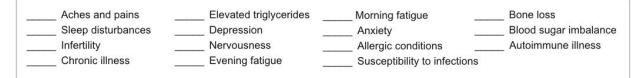
#### Category 1: Basic Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.



#### **Category 2: Adrenal Hormone Imbalance**

Mark which of the following symptoms are troublesome and/or persist over time.



#### **Category 3: Thyroid Hormone Imbalance**

Mark which of the following symptoms are troublesome and/or persist over time.

Aches and pains	Anxiety	Brittle nails	Depression
Dry skin	Cold hands and feet	Headaches	Infertility
Fatigue	Foggy thinking	Weight gain	Feeling cold all the time
Heart palpitations	Low libido	Inability to lose weight	Sleep disturbances
Constipation	Thinning hair	Menstrual irregularities	Elevated cholesterol

#### Category 4: Cardiometabolic Risk

Mark which of the following symptoms are troublesome and/or persist over time.

 Smoker
 Weight gain
 Heart disease or family history of heart disease

 High blood sugar
 Sugar cravings
 Diabetes or family history of diabetes

 High blood pressure
 Fatigue
 Waist size greater than 35 inches

 Overweight or obese
 Low physical activity

## If you checked symptoms in <u>All four categories</u>, the suggested test profiles are:

GOOD: Female Blood Profile I (Blood Spot) or Female/Male Saliva Profile I (Saliva)

**BEST:** Comprehensive Female Profile I or II (Saliva/Blood Spot) and CardioMetabolic Profile I (Blood)

# If you checked symptoms <u>ONLY in Category 1</u>, the suggested test profiles are:

GOOD: Female Blood Profile I (Blood Spot) or Female/Male Saliva Profile I (Saliva)

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

# If you checked symptoms <u>ONLY in Category 2</u>, the suggested test profiles are:

GOOD: Diurnal Cortisol (Saliva)

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

## If you checked symptoms <u>ONLY in Category 3</u>, the suggested test profiles are:

GOOD: Complete Thyroid Profile (Blood Spot) BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

## If you checked symptoms <u>ONLY in Category 4</u>, the suggested test profiles are:

GOOD: CardioMetabolic Profile I (Blood) plus Diurnal Cortisol (Saliva)

**BEST:** CardioMetabolic Profile I (Blood) plus Female/Male Saliva Profile III (Saliva)

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### Naturopathic Care

We are dedicated to empowering our patients to take control of their own health plans; this means that you make the choices concerning your health and wellness and we are here to support you along the way. Your protocol does not guarantee an overnight "quick fix;" please know that your treatment plan will take time to work. INITIAL

Initial intake visit (approx. 1 hour): \$275.00. Extended initial visit (approx. 90 min): \$385.00. Follow-up visits are typically 15 minutes to 1 hour (\$65.00-\$220.00). Please ask for specific prices before receiving treatment.

Note: Prices for products and services are subject to change without notice. For a complete listing of our current prices, please see our website or ask our receiptionist for a price list.

If you have any questions or medical updates pertaining to your treatment protocol, you must call to schedule a phone or office visit to consult with the doctor. You may choose how long of an appointment you would like and whether you prefer a phone or office appointment. Dr. Marcantel's staff can assist you in placing an order for supplements that we carry on our online store or at our medicinary, answering basic questions about our hours or services, and scheduling appointments.

INITIAL E-mails

Our staff may send you copies of your health documents via e-mail, but our e-mail is not used for symptom updates, questions, or concerns about your protocol. If you need to speak to the doctor regarding any aspect of your case, please call to make an appointment.

Note Sheets You will be provided with a note sheet during your visit with the doctor that will enable you to document specific instructions of your protocol given to you by the doctor. These instructions should be followed until a follow-up appointment is made and the doctor deems it necessary to adjust your treatment plan.

INITIAL

INITIAL

INITIAL

#### Insurance

We collect full payment for services, test kits, and supplements in full and up-front at the time of service. Naturopathic medicine may be covered by some insurance plans; check with your insurance company to determine if this is a covered benefit. Dr. Marcantel is not in-network with any insurance providers and does not submit billing claims. At your request, a superbill will be provided for you to send in to your insurance company for possible out-of-network reimbursement. We do not offer prequalification of coverage for patients; please contact your insurance provider directly with questions about covered services. Medicare, Medicaid, AHCCCS, and Tricare do not cover naturopathic services. We do not accept Care Credit. If you would like to file to your insurance on your own, please request an itemized receipt and superbill with all pertinent codes and information.

INITIAL

### Contacting our Office

Cost of Services

### Referral Program Both you and the new patient you refer to our services will receive a \$15.00 referral credit to be used at our office toward

Cancellation Policy

A fee of \$50.00 (\$60.00 for initial visit) is incurred if an appointment is cancelled with less than 48 hours notice.

## appointments and/or supplements. There is no limit to the amount of credits you can accrue.

Annual Appointment Policy

## You must have annual blood work done and must physically be seen in the office once per year.

**Re-establishment Policy** If you have not physically been in the office for two or more years, you must re-establish as a new patient before the doctor can continue to treat you. New patient appointment fees apply.

Your signature below verifies the understanding of the information above and also gives Dr. Tina Marcantel, an Arizona state licensed naturopathic physician, consent for naturopathic treatment for you or the minor for whom you are legally in charge.

Signature _X	DATE
Name of Minor Patient	Relation to Minor

Thank you for joining our health team. We look forward to coaching, supporting, and providing you with alternative and integrated health approaches to health care.

INITIAL

INITIAL

INITIAL

INITIAL

Informed Consent

Dr. Tina Marcantel Gilbert Professional Plaza 201 W. Guadalupe Rd. Ste. 202 Gilbert, AZ 85233 (480) 892-0211

Our office is located near the crossroads of Gilbert and W. Guadalupe Roads in the **Gilbert Professional Plaza.** We are WEST of Gilbert Rd. on Guadalupe just west of the Horne Plaza shopping center. Our suite is located at the west end of the breezeway between buildings 100 and 200.

