Print Name____________________________________

TINA MARCANTEL, NMD
NATUROPATHIC PHYSICIAN

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

PATIENT REGISTRATION and PERSONAL INFORMATION

(Please Print Clearly)

PATIENT'S FULL NAME ____ SEX ________

HOME ADDRESS ___________________________________ HOME PHONE __________________

CITY ______________________________ STATE _________________ ZIP CODE ______________

AGE _________

DATE OF BIRTH ________/________/________ PLACE OF BIRTH _________________________

NAME OF EMPLOYER ____________________________ BUSINESS PHONE_________________

CELL PHONE ________________________________ MAY CALL WORK PHONE YES NO

E-MAIL ADDRESS ____

SIGNIFICANT RELATIONSHIP STATUS : (Please circle one that applies)

MARRIED NON-MARRIED PARTNER SINGLE WIDOWED SEPARATED DIVORCED

EMERGENCY CONTACT ___________________________________RELATIONSHIP________________

ADDRESS ____

CITY ___________________ STATE _______ ZIP CODE _________PHONE ___________________

HOW DID YOU HEAR OF DR. TINA MARCANTEL?______________________________________

I UNDERSTAND AND AGREE THAT REGARDLESS OF MY INSURANCE, I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES ON THIS ACCOUNT UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE IN ADVANCE. I UNDERSTAND AND AGREE THAT I WILL PAY A FEE FOR THE DOCTOR'S TIME IF I FAIL TO CANCEL OR RESCHEDULE AN APPOINTMENT WITH LESS THAN 48 HOURS NOTICE.

SIGNATURE ____ DATE ____________________________

Print Name_______________________________________

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NATUROPATHIC PHYSICIAN

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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%

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**?

Print Name_____________________________________

Tina Marcantel, NMD
Naturopathic Physician

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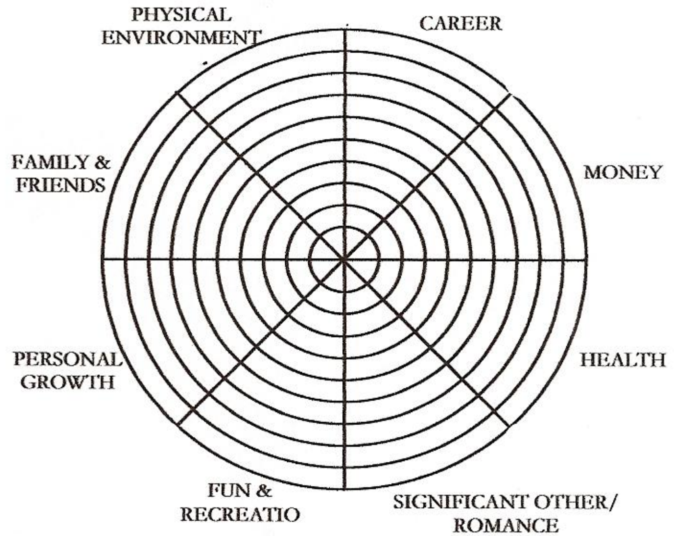
WHEEL OF BALANCE

Wellness is a balance of many factors. Using this circle, shade your level of satisfaction on each area as it relates to you.

For example, if you are 60% satisfied in your career, shade the first six levels of the career slice.

Do the same for each area, **starting from the center point radiating outward.**



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 as many as you can in order of importance.

1. ____
2. ____
3. ____
4. ____
5. ____

Do you have any known contagious diseases at this time? Yes / No

If yes, what? ____

Print Name______________________________________

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	RESIDUAL/LINGERING EFFECT

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

Print Name______________________________________

MALE Symptom Checklist

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

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.

_____ Burned out feeling
_____ Hot flashes
_____ Weight gain waist
_____ Decreased libido
_____ Decreased erections
_____ Night sweats
_____ Irritable
_____ Erectile dysfunction
_____ Prostate problems
_____ Decreased mental sharpness
_____ Insomnia
_____ Increased urinary urge
_____ Infertility problems
_____ Oily skin
_____ Apathy
_____ Decreased urine flow
_____ Decreased stamina
_____ Sleep disturbances
_____ Decreased muscle mass

Category 2: Adrenal Hormone Imbalance

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

_____ Aches and pains
_____ Sleep disturbances
_____ Infertility
_____ Chronic illness
_____ Stress
_____ Elevated triglycerides
_____ Depression
_____ Lack of motivation
_____ Prostate problems
_____ Evening fatigue
_____ Morning fatigue
_____ Anxiety
_____ Allergic conditions
_____ Weight gain waist
_____ Decreased erections
_____ Bone loss
_____ Blood sugar imbalance
_____ Autoimmune illness
_____ Fibromyalgia
_____ Susceptibility to infections

Category 3: Thyroid Hormone Imbalance

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

_____ Low libido
_____ Foggy thinking
_____ Constipation
_____ Elevated cholesterol
_____ Depression
_____ Infertility
_____ Fatigue
_____ Cold body temperature
_____ Headaches
_____ Lack of motivation
_____ Decreased erections
_____ Sleep disturbances
_____ Inability to lose weight

Category 4: Cardiometabolic Risk

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

_____ Smoker
_____ High blood sugar
_____ High blood pressure
_____ Overweight or obese
_____ Weight gain
_____ Sugar cravings
_____ Fatigue
_____ Low physical activity
_____ Heart disease or family history of heart disease
_____ Diabetes or family history of diabetes
_____ Waist size greater than 40 inches

If you checked symptoms in <u>All four categories</u>, the suggested test profiles are:
GOOD: Male Blood Profile I (Blood Spot) or Female/Male Saliva Profile I (Saliva)
BEST: Comprehensive Male 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: Male Blood Profile I (Blood Spot) or Female/Male Saliva Profile I (Saliva)
BEST: Comprehensive Male 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 Male 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 Male 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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Print Name______________________________________

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

Cost of Services

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.

_____ INITIAL

Contacting our Office

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.

_____ INITIAL

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

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

Print Name______________________________________

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.

_____ INITIAL

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

_____ INITIAL

Annual Appointment Policy

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

_____ INITIAL

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.

_____ INITIAL

Informed Consent

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 ____ 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.

Print Name_________________________________

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.