back to balance
HOLISTIC FAMILY HEALTHCARE

HILARY BACK, ND, LAc
Naturopathic Doctor
Licensed Acupuncturist

Dear New Client:

It is extremely helpful if you prepare some information before your first appointment, to ensure that the visit is as thorough and useful as possible. Enclosed is a questionnaire and a diet diary form. **Please complete the questionnaire** and fill out the diet diary for any three days in a row between now and your scheduled visit. The diet diary is both a list of what you eat meal by meal and brief notes on how you felt on those days. If existing symptoms are worse at any particular time, please note when.

If another provider has ordered laboratory work in the previous twelve months, please call their office and ask that a copy of the results be sent either to you or to us, hopefully before the first visit.

Thank you for putting your time into this preparation. Please remember to bring the new patient paperwork with you to your appointment. You can also email the paperwork to support@backtobalancedoc.com. These forms greatly facilitate the visit.

If you need to cancel this appointment, please call 24 hours in advance. **Barring emergencies, there will be a $300 charge for missed first appointments that are not canceled 24 hours in advance.**

I look forward to meeting you.

Sincerely,

Hilary Back, ND, LAc

20 North 4th Street, Carbondale, CO 81623
office 970.963.6500 | fax 970.963.2950
support@backtobalancedoc.com | www.backtobalancedoc.com

Education

Hilary Back, ND, LAc., obtained her degrees from National College of Naturopathic Medicine (2000), currently National University of Natural Medicine. She received a Doctor of Naturopathic Medicine and a Masters of Science in Oriental Medicine. The program is a four-year doctorate and a three-year masters program, completed simultaneously in five years. She received a Diplomat of Acupuncture from the NCCAOM (2000). She is a member of NCCAOM as well as the AANP and the CoAND. She is registered / licensed in the state of Colorado as a naturopathic doctor, registration # 0003 and as an acupuncturist, license # 637. Dr. Back has been trained to treat with acupuncture and Chinese herbs as well as all naturopathic modalities.

Fee Schedule

- Initial Naturopathic/Acupuncture Consult: $600
- Follow up appointments: $300
- Follow up Acupuncture: $150 - $300
- Cosmetic Acupuncture: $300
- Initial Naturopathic Manipulation: $150
- Follow up Naturopathic Manipulation: $75

If any visit exceeds the allocated time, you will be charged at the rate of $300 per hour.

Consultation phone calls will be charged at $75 per fifteen minutes. Excessive time spent reading letters, e-mails, faxes and responding to them will be charged at $75 per fifteen minutes.

All clients are asked to pay in full at the time of visit, even if you have insurance coverage. We will provide you receipts to send into your insurance carrier for your reimbursement.

24 Hour notice is required for all cancellations. The first time you will be billed half of your appointment fee. Future cancellations in less than 24 Hours will be billed in full. All expenses for supplements and herbs are in addition to the cost of the treatment.

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

_____ _____

Signature Date

BACK TO BALANCE
20 N 4th Street, Carbondale, CO 81623
970-963-6500

DISCLOSURES AND INFORMED CONSENT

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

SERVICES: Naturopathic Medicine and Acupuncture are branches 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, acupuncture, 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. We recommend that our pediatric patients follow the CDC immunization schedule (copy attached) and have a relationship with a licensed pediatric health care provider. We offer Acupuncture and Naturopathic Medicine to patients of all ages.

ALTERNATIVES AND COLLABORATION: Alternatives to Naturopathic Medicine and Acupuncture include declining such care and consulting with others such as an MD, DO, DC, or DNP. Naturopathic Medicine and Acupuncture are 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. If applicable, please identify the provider with whom we should attempt to collaborate:

Provider: Phone:

RISKS: Naturopathic Medicine and Acupuncture are 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. There have also been instances reported of spontaneous miscarriage, and pnueomothorax. 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.

RIGHTS: You are entitled to receive information about your provider's credentials (attached), the methods of therapy, the techniques used, and the duration of therapy, if known. In a professional relationship, sexual intimacy is never appropriate and should be reported to the director of DORA. We are regulated by DORA (1560 Broadway, #1350, Denver, CO 80202 303-894-7800) and comply with CDPHE rules and regulations, including needle cleaning and sterilization and office sanitation.

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**

BACK TO BALANCE
20 N 4th Street, Carbondale, CO 81623
www.backtobalancedoc.com
NOTICE OF PRIVACY PRACTICES AND ACKNOWLEDGEMENT
This notice describes how your health information may be used and disclosed. Please Review it carefully.

Your Rights
You have certain rights with respect to your health information, subject to legal limitations, including:
- Obtaining an electronic or paper copy of your record. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Asking us to correct incorrect or incomplete information. We may say "no," but if we do, we'll tell you why in writing within 60 days.
- Requesting confidential communications or asking us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- Asking us to limit what we use or share for treatment, payment, or our operation. We are not required to agree to your request, and we may say "no." If, however, you pay for a service or item out-of-pocket in full, you can request that we not share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- Obtaining a list (accounting) of those with whom we've shared your information for six years prior to the date you ask, who we shared it with, and why. The list will not include disclosures for treatment, payment, and health care operations, and certain other disclosures (e.g. made at your request). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for additional accountings.
- Obtaining a paper copy of this notice at any time, even if you agreed to receive the notice electronically.
- Designating someone to act for you. If you have a medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act on your behalf before we take any action.
- Filing a complaint if you feel we have violated your rights by contacting: Privacy Officer, 20 N 4th Street, Carbondale, CO 81623, 970-963-6500, or help@backtobalancedoc.com; or U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Ave, S.W., Washington, D.C. 20201, 1-877-696-6775, www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against anyone for filing a complaint.

Your Choices
- You have the right and choice to have us share information with family, friends, or others involved in your care; share information in a disaster relief situation; or include your information in a hospital directory.
- We will not sell your information or share it for marketing unless you give us written permission. We may, however, contact you for fundraising efforts, but you can tell us not to contact you again.
- We will not share psychotherapy notes unless you give us written permission.

If you are not able to tell us your choice, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures
We can use your health information and share it with others for treatment, payment, and health care operations. This includes sharing information with others who are treating you, to bill and get paid, and to run our practice and improve care.

We are also allowed or required to share your information in other ways, such as:
- Providing you with information related to your health;
- Contacting you regarding appointments, treatment alternatives, or other health related services;
- Incidental uses or disclosures (e.g., listing your name on a sign-in sheet, etc.);
- Compliance with all laws (including reports of adverse reactions, suspected abuse, neglect or violence);
- Providing information to law enforcement or correctional institutions;
- Providing information to a coroner, medical examiner, funeral director, or for organ procurement;
- Public health activities when requested by a public health authority or the FDA.
- Responding to health oversight agencies;
- Responding to court or administrative orders, subpoenas, discovery requests or lawful process;
- Research activities;
- When necessary to avert a serious threat to health or safety;
- Military affairs, veterans affairs, national security, intelligence, Department of State, or presidential protective service activities;
- Providing information regarding your location, general condition or death to disaster relief agencies;
- Providing information for workers' compensation claims; or
- Informing a family member, other relative, or close personal friend when: Information is relevant to the individual's involvement with your care;

• Notification of your location, general condition or death;
• To assist in your heath care (pick-up prescriptions or documents, follow-up care instructions etc.).

Our practice will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing.

Our Responsibilities
We are required to maintain the privacy and security of your protected health information and to let you know promptly if a breach occurs that may compromise the privacy or security of your information.
We must follow the duties and privacy practices described in this notice and give you a copy of it.
We will not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time, but please let us know in writing if you change your mind.

Changes to the Terms of this Notice
We reserve the right to change the terms of this notice. The newly effective notice will be posted in our office, on our website, and will be available upon request. This Notice is effective September 23, 2013.

For more information see: *www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.*

Patient Acknowledgement

I acknowledge receiving a copy of this notice regarding the use and disclosure of my health information.

Signature of Patient/Legal Guardian **Date**

Print Patient Name (required) **Print Legal Guardian Name (if necessary)**

INTERNAL PRACTICE USE ONLY: _____ refused to sign.

_____ _____

***Signature* of Practice Representative** **Date**

Pediatric Patient Health Intake

Today's Date:

Patient's Name:

Age: Birthdate: Gender: ◯ M ◯ F

Parents' Names:

Name of Guardian:

Living With: Relationship:

Address:

Mailing Address (if different):

E-mail Address:

Phone(s): **Home** **/Cell** **/Work**

School:

Grade in School: School Phone:

Emergency Contact:

Relationship:

How did you learn about my practice?

Child's Primary Care Physician:

Address:

Reason for today's visit:

Please list known ALLERGIES to medication, food, or environment:

MEDICATIONS (Check all that apply)

Antibiotics	☐ Now	☐ Past	Ibuprofen	☐ Now	☐ Past
Decongestants	☐ Now	☐ Past	Aspirin	☐ Now	☐ Past
Anti-histamines	☐ Now	☐ Past	Tylenol	☐ Now	☐ Past
Inhalers	☐ Now	☐ Past	Insulin	☐ Now	☐ Past

Others:

List all current medications, dosage, and reason for taking (or attach list):

List all current vitamins/supplements/herbs/homeopathics, dosage, reason for taking (or attach list):

MEDICAL HISTORY

Childhood illnesses

☐ Measles (14-day Rubeola)	☐ Frequent colds	☐ Pneumonia
☐ Mumps	☐ Strep throat	☐ Tonsillitis
☐ Rubella (3-day German measles)	☐ Scarlet fever	☐ Ear infections
☐ Chickenpox	☐ Rheumatic fever	☐ Diabetes
☐ Chronic diarrhea or constipation	☐ Skin rashes	☐ Herpes

Others (please list):

IMMUNIZATIONS

☐ MMR (measles, mumps, rubella)	☐ Chickenpox	☐ Influenza (flu)
☐ DPT (diphtheria, pertussis, tetanus)	☐ Tetanus	☐ Polio
☐ Hepatitis		

Others (please list):

SURGERIES

☐ Tonsillectomy	☐ Ear tubes	☐ Appendix

Others (please list):

SPECIAL EVALUATIONS

Has your child ever had any of the following exams or tests? Please state when, where, and results.

Hearing
Speech/language
Allergy testing
Psychological evaluation
Dental exam/cleaning
Vision check
Other

FAMILY HISTORY

- ☐ Heart disease
- ☐ Hypertension
- ☐ Diabetes
- ☐ Depression
- ☐ Mental illness (type)
- ☐ Birth defects
- ☐ Allergies
- ☐ Eczema
- ☐ Tuberculosis
- ☐ Thyroid problems
- ☐ Bowel disorders
- ☐ Rheumatoid arthritis
- ☐ Cancer (type)

Others (please list):

PRENATAL/BIRTH/NEONATAL HISTORY

Mother's health during pregnancy

- ☐ Smoking, alcohol, or drug use
- ☐ Hypertension
- ☐ Diabetes
- ☐ Medications
- ☐ Physical or emotional trauma
- ☐ Illnesses
- ☐ Thyroid problems

Mother's age at birth of child

Child's gestational age at birth weeks
Birth weight: lbs oz.
List complications during labor or birth:

Neonatal complications (i.e. jaundice, colic, heart murmur)

DEVELOPMENTAL HISTORY

Child's sleep pattern first year:
Bed wetting:
Breast fed: How long? Formula: ○Cow milk ○Soy milk ○Other
Age solid foods introduced:
Age began: Sitting Crawling Walking Talking

SYMPTOMS (C = Current, P = Past, N = Never)

Frequent headaches	C	P	N	Frequent vomiting	C	P	N
Dizzy spells	C	P	N	Frequent diarrhea	C	P	N
Motion/car sickness	C	P	N	Frequent constipation	C	P	N
High fevers	C	P	N	Stomachaches	C	P	N
Seizures	C	P	N	Excessive gas	C	P	N
Frequent colds	C	P	N	No appetite	C	P	N
Ear pain/ itching	C	P	N	Body/breath odor	C	P	N
Hearing loss	C	P	N	Burning on urination	C	P	N
Frequent sore throat	C	P	N	Frequent urination	C	P	N
Nose bleeds	C	P	N	Bloody urine	C	P	N
Canker sores	C	P	N	Anemia	C	P	N
Bleeding gums	C	P	N	Easy bleeding	C	P	N
Easy bruising	C	P	N	Excessive fatigue	C	P	N
Wheezing	C	P	N	Night sweats	C	P	N
Frequent cough	C	P	N	Sensitive to light	C	P	N
Hives	C	P	N	Cries easily	C	P	N
Eczema	C	P	N	Nervous	C	P	N
Chronic rash	C	P	N	Sleep problems	C	P	N
Acne	C	P	N	Nightmares	C	P	N
Joint pain	C	P	N	Unusual fears	C	P	N
Flat feet	C	P	N				

DIET

Please describe your child's typical daily diet.

Glasses water/day:

Breakfast:

Lunch:

Snacks/beverages:

Dinner:

Does your child have any food intolerances that you know of?

If yes, please explain: