Mountain View Natural Medicine
INTEGRATIVE PRIMARY CARE

Lorilee Schoenbeck, ND | Adriane Morrison-Taylor, ND | Lori Clarke, ND
Michael Gravett, ND | Nina Meledandri, ND, MSOM | Chelsey Koktavy, ND

NEW PATIENT REGISTRATION FORM

Last Name:_____ First Name: _____ Middle Initial:_____

Preferred name: _____ Maiden name:_____ Date of Birth:_____

Family Ethnicity:_____

Mailing Address:_____

City/State/Zip:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Email Address:_____

Parent/Legal Guardian :_____ Phone Number: _____

Parent/Legal Guardian :_____ Phone Number: _____

What is your birth sex? (circle) M / F Other (specify) _____Marital Status: _____

What gender do you identify as? (circle) M / F Other (specify) _____ Referred by:_____

Pronouns (circle one): she,her,hers / he,him,his / they, them, theirs / other: _____

Emergency contact/relationship: _____ Phone: _____

Pharmacy (include city):_____

Consent to Contact Patient
(Circle one)

Would you like automatic appointment reminder messages via phone call: Yes / No

Would you like automatic Text Messages for appointment reminders: Yes / No

May we leave a medically related message AT HOME? AT WORK? ON CELL? (circle applicable)

PAYMENT INFORMATION

We are in network with all VT plans: BCBS of VT, MVP, Cigna, CBA Blue, Green Mountain Care and Dr. Dynasaur. Medicare does *not* cover our services.

- Patients with non-VT plans must pay at time of service.
- All copays and deductibles are due at time of service
- Missed appointment fees apply absent 24 hours' notice.
- Annual preventive visits cover an exam and screenings only. *Medical problems addressed at annuals are subject to copay and deductible expenses as a "problem visit."*
- We use UVM and Quest labs. *Ask for your preferred lab.* Labs fees often go toward deductibles and can cause you large expenses. *Call your plan for more information*. MVNM is not responsible for fees you may incur from labs, imaging or other tests that may be ordered by your doctor.
- All persons Medicare beneficiaries must pay at time of service. We encourage all persons 65 and over to establish care with a conventional (MD) primary care provider and to utilize our (ND) services as supplemental and complementary.

INSURANCE INFORMATION

Primary Ins. Company:_____ Patient ID#:_____ Group#: _____

*Primary Ins. Claim Submission Address: _____

Subscriber: _____ Subscriber ID#:_____

Subscriber Mailing Address: _____Subscriber DOB:_____

Subscriber's Employer: _____

Secondary Ins. Company:_____ Patient ID#:_____ Group#: _____

*Secondary Ins. Claim Submission Address: _____

Subscriber: _____ Subscriber ID#:_____

Subscriber Mailing Address: _____ Subscriber DOB:_____

Subscriber's Employer: _____

*** NOTE: Insurance Claim Submission Address can be found on back of insurance card.**

GUARANTOR
(someone who is financially responsible for your care)

Name:_____ Relationship to patient:_____ DOB:_____

Address (if different):_____

Phone:_____ Email: _____

PATIENT CARE PREFERENCES

Patients often desire communication between their healthcare providers. Do we have your permission to communicate verbally and in writing with other providers regarding your healthcare? yes / no

Which clinic would you prefer to be seen in (circle one) Colchester office / South Burlington Office
OR
Is there a provider you prefer to see? _____

Which type of care would you prefer with MVNM (circle one) Primary Care / Specialty Care

If applicable, list your current PCP and their location:_____

What would you like to address with us? (Also list other practitioners you see for the condition):

_____

_____

_____

Are you calling on behalf of a referral today? Yes/ No If yes, by whom _____

How did you hear about our office? _____

NOTICE

Not all cases and patient care needs are medically appropriate for naturopathic care. It depends on individual concerns. The appropriateness depends on many factors so we ask that you fill out our new patient packet so we can get to know you. Then you will meet with a naturopathic provider that the scheduler feels is the best fit.

During your first visit the naturopath you meet with will ascertain if Naturopathic Primary care is right for you and if not how we can augment conventional care for your best result. At the end of your first visit the naturopath will let you know if they feel you are a good candidate for naturopathic primary care**.**

Financial Policy

PAYMENT IS EXPECTED WHEN YOU COME IN FOR AN APPOINTMENT

- Co-Payments, deductible, co-insurance and private pay fees, where applicable are due upon check out.
- Any deductible is due as soon as the amount can be determined
- You are responsible for understanding what your insurance plan will cover or not cover.
- As a courtesy, we will bill non-participating insurance companies- You will be asked to fill out an ABN form for all out of state insurance companies and private pay fees will be collected at time of service.
- Postage and handling will be added to dispensary items. We will mail and require payment prior to mailing.

NOTIFY US OF ANY CHANGES IN YOUR ADDRESS AND/OR INSURANCE

- If your insurance changes, bring your new insurance card with you.
- Please contact your insurance company with insurance questions.

STATEMENTS ARE GENERATED FOR OUTSTANDING BALANCES

- If you are responsible for more than one patient account, we may offset an overpayment in one account to another account.
- We will assess a $25 service fee for any checks returned unpaid.
- If payment is not received within 21 days of the statement date your account will be considered delinquent

RETURNED SUPPLEMENTS

- Any unopened item may be returned for a full refund within 30 days of purchase.
- Mail order items must be postmarked by 30 days of the original date of purchase. Return postage is nonrefundable.

WE USE COLLECTION AGENCIES FOR DELINQUENT ACCOUNTS

- If your account is delinquent, we may list your default with our credit reporting agency. If we incur any collection costs, these will be added to the balance you owe.
- Your account will be sent to collections after 4 attempts to collect payment.

NOTIFY US TO CANCEL AN APPOINTMENT

- If you need to cancel an appointment, please notify us 24 hours before the appointment.
- If you miss an appointment or are late in cancelling it, we may assess a $50.00 fee.
- If you frequently miss or cancel appointments, you may be discharged from the practice.

WE USE AND AUTOMATED SYSTEM FOR E-MAIL APPOINTMENT REMINDERS

- An automated e-mail will be sent to the listed e-mail address prior to your appointment.
- A courtesy phone call made by office staff will be given 48 hours prior to an appointment.

I've read the above financial policy of Mountain View Natural Medicine and agree to its terms. I am responsible for any balance due on my account or the patient I am responsible for.

_____ _____

Signature Relationship to Patient, if other than patient

_____ _____

Date Patient's name if not signed by patient

NOTE: HAND SIGNATURE REQUIRED ABOVE

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This document is to be signed by a person legally responsible for the patient's medical decisions relative to the treatment situation.

General Policy Issues – Privacy of Patient Information is available on our website (https://www.mountainviewnaturalmedicine.com/forms). Please refer

I, _____, hereby acknowledge that Mountain View Natural Medicine has provided me with access to its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints, I may contact the **Office Manager @ 802-860-3366.**

I also understand that I am entitled to receive updates upon request if Mountain View Natural Medicine amends or changes its Notice of Privacy Practices in a material way.

_____ _____

Signature Relationship to Patient, if other than patient

_____ _____

Date Patient's name if not signed by patient

NOTE: HAND SIGNATURE REQUIRED ABOVE

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PATIENT CLINICAL INTAKE FORM

Name:_____ DOB: _____

PAST MEDICAL HISTORY: PLEASE LIST ANY SURGERIES AND/OR MAJOR ILLNESSES:

Age or date:	Description:

Please list any medications and supplements you are currently taking, along with doses and the reason you are taking them:

Medications:	Reason:	Dose	Date began

Supplements:	Reason:	Dose	Date began

**Please list any drug allergies: _____

**Please list any food allergies_____

**Please list any environmental allergies: _____

Patients often desire communication between their healthcare providers. Do we have your permission to communicate verbally and in writing with other providers regarding your healthcare?
yes / no

FAMILY HEALTH HISTORY: (be sure to include current age or age of death, major illness history, including diabetes, heart disease, osteoporosis, cancer, allergies, etc.)

Member	Living?/Age	Major illness or chronic conditions
Mother		
Father		
Siblings		
Mat. Grandmother		
Mat. Grandfather		
Pat. Grandmother		
Pat. Grandfather		

PREVENTATIVE HEALTH:
Please fill in what you can:

	Recent	Past year	Past 5 years
Weight			
Height			
Cholesterol w/ HDL & LDL			
Blood pressure			

If tested in the past 2 years, please check:
Thyroid (normal? y/n) _____ Blood sugar (normal? y/n) _____ Anemia (normal? y/n) _____
Date of last: Tetanus shot _____ Colonoscopy _____ (normal? y/n)

DIET: Please describe a typical day's diet for you, (be honest).

Breakfast	Lunch	Dinner	Snacks (what hour)

CURRENT HEALTH CONCERNS (Review of Systems)
Please check normal or abnormal and briefly explain.

N ABN

__ __ Constitutional (Energy, weight, body temperature, sleep, general sense of well-being) _____
_____
__ __ Head: headaches, vertigo, injuries etc.)_____
__ __ Vision/eye problems: _____
__ __ Ear/nose/throat/mouth (allergies, infections etc.)_____
__ __ Cardiovascular: (high BP, cholesterol etc.) _____
__ __ Respiratory_____
__ __ Digestive tract issues: (changes in bowel habits, hemorrhoids, bloating, pain, etc.)_____
_____
__ __ Musculoskeletal concerns (arthritis, joint problems, osteoporosis, muscle pain, weakness):_____
_____
__ __ Skin (eczema, infections, rashes, etc.) _____
__ __ Psychological (mood changes, sadness_____
__ __ Neurological (numbness, tingling, balance problems, memory etc.)_____
_____
__ __ Hormonal issues (diabetes, thyroid problems, menopausal, adrenal etc.) _____
_____
__ __ Blood or lymph issues (current anemia, swollen glands etc.) _____
__ __ Allergies _____
Others:_____

Women

Onset of first menses was age_____. Periods generally last _____ days and occur every _____ days.
Date of last period _____ Bleeding is _____Heavy _____Moderate _____Light?
Do you experience PMS symptoms? _____ List:_____
Are you currently sexually active? _____ Partner(s) is/are __Male __Female
Type of birth control: _____ Are you happy with this method? _____
Are you currently experiencing any gynecological symptoms or problems? _____
_____
Any problems related to sexual function? _____
Do you have a history of sexually transmitted disease? _____ Genital warts? _____
Number of pregnancies?_____ Births?_____ Abortions?_____ Miscarriages?_____
Date of last Pap smear: _____ Abnormal Pap History? _____
Do you perform regular breast self exams? _____ Date of last mammogram, if any: _____
If menopausal or perimenopausal, list symptoms and concerns: _____

Men

Are you currently sexually active?_____ Partner(s) is/are __Male __Female
History of sexually transmitted diseases?_____ Genital warts?_____
Date of last prostate exam? _____ PSA test? _____
Trouble with urination? (frequency, hesitancy, pain, dribbling)_____
Trouble with sexual function/libido? _____ If yes, explain:_____

LIFESTYLE

What is your vocation? _____

What are your primary sources of stress? _____

How much do you think they impact your life? _____

How many hours do you work per week? _____ Number of play/relaxation hours? _____

What do you do in order to manage stress/ take care of yourself? _____

What is your exercise routine? _____

Do you wear seatbelts? Y/N A bike helmet? Y/N

What do you do for fun? _____

Caffeine/Amount? _____Alcohol/Amount? _____

Smoking history and amount? _____ Recreational drugs? _____

Take a minute to imagine what good health means to you. What would it look like if all the health concerns you currently have were successfully solved? What would you be able to do? How would you feel?

What specific change(s) are YOU ready to make in order for you vision of health to happen?

What, if any, barriers to this exist? How could you overcome these?

How ready do you feel to make the changes above, on a scale from 1-10?

1 2 3 4 5 6 7 8 9 10

(1=not sure, 5=depends how hard it is, 10=I'll do what it takes!)

MENTAL HEALTH:

Over the **last 2 weeks**, how often have you been bothered by the following problems?:

Little interest or pleasure in doing things?

Not at all	Several days	More than half the days	Nearly daily
0	1	2	3

Feeling down, depressed or hopeless?

Not at all	Several days	More than half the days	Nearly daily
0	1	2	3

Mountain View Natural Medicine

INTEGRATIVE PRIMARY CARE

PATIENT ORIENTATION

WELCOME! We're so glad you've decided to partner with us to optimize your wellness. As you may expect, naturopathic care looks different than conventional care. Our mission is to put YOU at the center of your health. We pledge to guide you in creating optimal conditions for healing, in navigating the best natural and conventional options for care, and in being your medical "home" for the years to come.

To help us help you, we've designed this guide to our services. Please keep it and refer to it often when you need us. This will help both you and our team find the best and most efficient response to your needs and questions.

FULL-SERVICE WEBSITE

We've revised and expanded our website to include just about everything you can think of! Many questions can be answered there. Here's some of what you'll find:

- The latest updates on Covid-19 testing and vaccines
- An online Apothecary for your supplement orders
- Intake, Annual Visit and Request-of-Records forms
- Links for your scheduled telemedicine visit
- A resource library of hand-outs and articles
- Patient Portal instructions and tips

...and more! Check it out!

PATIENT PORTAL

The best way to contact us is through our secure, online ATHENA PORTAL. Established patients can use their portal access to

- Request or makes changes to appointments
- Check balances and pay a bill
- See visit summaries and lab results, and
- Send brief, non-urgent messages to their doctor

New problems or changes to your treatment require a visit.

TELEPHONING US

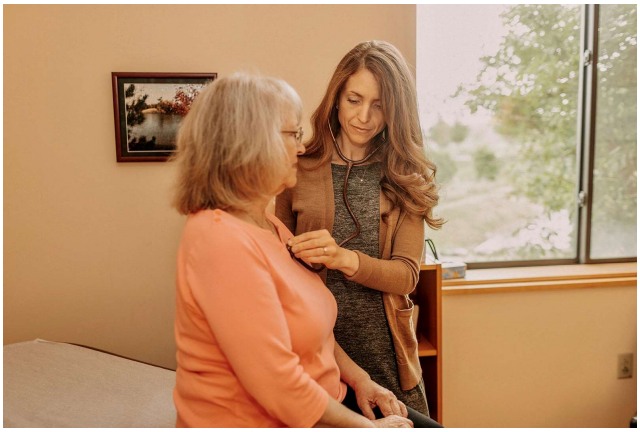
Our receptionists receive over 300 calls and respond to voicemails every day during business hours. It's most efficient to use the ATHENA PORTAL for most communications. However, when you do need to call us, leave your message in the single, most appropriate mailbox. After-hour calls will be returned the next business day.

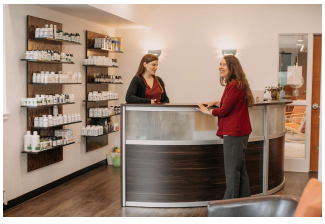
I want some advice. Do I need an appointment?

Yes. We always carefully consider your prior history, risk factors and specific situation, even for seemingly small questions. That's likely one reason you've chosen a naturopathic doctor. "Should I worry about a vaccine?" "Should we change the plan?", "What do you recommend for a stomachache?" Because you are unique, because we look for the cause rather than treat symptoms, and because every answer is important, *please schedule time with your doctor* so s/he can give your health the consideration it deserves.

Urgent Needs

We reserve space for same-day appointments for your urgent health issues. During office hours, call the clinic for urgent concerns, or 911 for emergencies. Urgent medical care after hours is available to established patients via telemedicine video or phone. This includes things like fever, Covid symptoms, infection etc. that cannot wait until the clinic re-opens. The on-call physician may direct you to our Telemedicine page at www.MountainViewNaturalMedicine.com to begin a visit. Note that charges may apply to telemedicine care, consistent with your normal coverage.





Now that you've gotten oriented, let's get to work! We look forward to a long and healthy relationship with you.

-Your team at Mountain View Natural Medicine.