

Natural Health and Wellness Center New Patient Information

2103 Main Street
Stratford, CT 06615

Telephone: (203) 874-4333
Fax: (203) 878-1725

Office Hours:

Mondays: 10AM - 6PM
Tuesdays: 1PM - 7PM
Wednesdays: CLOSED
Thursdays: 1PM - 8PM
Fridays: 10AM - 6PM
Saturdays: 9AM - 2PM

Professional Staff

Lisa M. Singley, ND

Specialties and Services:

Acupuncture

A safe, effective, holistic medical treatment that has been used for thousands of years to treat a wide variety of conditions. Sterile, disposable needles are inserted painlessly to relieve pain, reduce inflammation, improve function and restore hormonal balance.

Chiropractic Care

A health care profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health. Chiropractors use spinal manipulation, physical therapy and sports rehabilitation to improve function and restore balance to the musculoskeletal and nervous system.

Massage Therapy

Therapeutic massage is an age-old remedy and health practice found in all major civilizations past and present. In addition to the commonly known benefits of relaxation, improved circulation, and relief for muscle tension, new applications for therapeutic massage are surfacing in areas related to mental and emotional well-being, infant care, and anti-aging.

Naturopathic Medicine

A comprehensive, holistic healthcare system that integrates the most advanced modern scientific testing and diagnostic procedures with safe, all natural therapies. According to the Princeton Review "In addition to a repertoire of conventional medical practices, stellar people skills, and capacity for out-of-the-box thinking really come in handy for a naturopathic physician, to better grasp the big picture of holistic health and helping patients understand the benefits of an integrated, healthy lifestyle. "

Special Programs:

Detoxification Program:

Each program is individually designed based on your symptoms, medical history, and lifestyle. This program is often used to support Weight Loss, smoking cessation and to improve the outcomes of many other treatment protocols. In general, it is recommended that we all do some type of detoxification program once a year – like spring cleaning for your body!

Facial Rejuvenation Acupuncture:

A painless, non-surgical method of reducing the signs of aging; although this treatment does focus on improving your appearance it also improves your overall health and well being too.

Smoking Cessation Program:

This program uses clinical proven forms of treatment that give you the tools you need to manage your cravings and stop smoking. It will also be an excellent way to start building a health foundation for you to use for the rest of your life.

Weight Loss Resistance:

An individualized approach that identifies and overcomes factors that have prevented successful weight loss/weight management in the past.

General information about office visits:

Naturopathic Office visit

- First Appointment (90 minutes)
- Follow up visits (30-60 minutes depending on the nature of the chief complaint)

Acupuncture Office visit

- First office visit (60 minutes)
- Follow up visits (45-60 minutes)

Chiropractic Office visit

- First office visit (30-45 minutes)
- Follow up visits (15-30 minutes)

Facial Acupuncture

- (90 minutes)

Massage Therapy (length of appointment depends upon treatment and type of therapy)

- Swedish and Deep Tissue
- Hot Stone
- Reiki

Date _____

PATIENT INTAKE FORM

Date of Birth _____

Name _____ Phone: Home _____ Cell _____

Street _____ City _____ Zip _____ Email _____

Occupation _____ Place of Employment _____ Work Phone _____

Physician _____ Last physical exam _____ Last blood tests _____

How did you hear about us? _____ Referred by _____ Ht: ____ Wt: ____

What are your chief health concerns? _____

Past Medical History (include date – year) _____

Significant Trauma: (auto accident, falls, etc) _____

Your Birth History: (prolonged labor, forceps delivery, etc.) _____

Allergies: (drugs, chemicals, foods) _____

Past Surgeries: _____

Medicines (taken within the past 2 months include, over-the-counter drugs, herbs, etc.) _____

Occupation Stresses: (chemical, physical, psychological, etc) _____

Exercise: _____

Type of Diet: _____

SIGNIFIACNT ILLNESS

<input type="checkbox"/> Cancer	High Blood Pressure	Musculoskeletal Disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Lung Disease
<input type="checkbox"/> Ulcers	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Other _____		

HABITS

Cigarettes	Coffee	Tea
Soda	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Recreational Drugs
Sweets	Salts	

FAMILY MEDICAL HISTORY

Diabetes	Cancer	High Blood Pressure
Heart Disease	<input type="checkbox"/> Stroke	<input type="checkbox"/> Asthma
Allergies	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Mental Illness
Arthritis	Other _____	

GENERAL

Now / Past	Now / Past	Now / Past	Now / Past
Poor Appetite	Poor Sleep	Night Sweats	Tremors
Change in Appetite	Cold Hands/Feet	Excessive Sweating	Poor Balance
Food Cravings	Frequent Colds	Sudden Energy Drops	Poor Coordination
Excessive Thirst	Chills	Fatigue	Easy Bleeding
Fevers	Low Blood Sugar	Vertigo /Dizziness	

SKIN & HAIR

Now/ Past	Now / Past	Now / Past	Now / Past
Rashes	Hair Loss	Broken Blood Vessels	Ulcerations
Eczema	Acne	Hives	Itching
Dandruff	Changes in Hair or Skin Texture		Low Blood Sugar

HEAD, EYES, EARS, NOSE & THROAT

Now / Past	Now / Past	Now / Past	Now / Past
Eyes Strain	Poor Hearing	Teeth Problems	Headaches
Cataracts	Glaucoma	Gum Problems	Facial Problem
Eye Pain	Ear Pain	Mouth Sores	Sinus Problems
Blurry Vision	Ringing in Ears	Sore Throat	Post Nasal Drip
Glasses	Jaw Pain/Clicking	Nose Bleeds	Other

CARDIOVASCULAR

Now / Past	Now / Past	Now / Past	Now / Past
High Blood Pressure	Fainting	Chest Pain	Blood Clots
Low Blood Pressure	Irregular Heart Beats	Swelling Hands/Feet	Phlebitis
Other			

RESPIRATORY

Now / Past

Cough
Pneumonia

Now / Past

Asthma
Emphysema

Now / Past

Chest Pain
Tight Chest

Now / Past

Sputum Prod.
Other

GASTROINTESTINAL

Now / Past

Nausea
Vomiting
Unable to hold urine
Other

Now / Past

Belching
Gas
Stomach Pain
Rectal Pain

Now / Past

Hemorrhoids
Bloody Stool
Diarrhea
Change in Bowel Patterns

Now / Past

Constipation
Irritable Bowel

GENITAL – URINARY

Now / Past

Painful Urination
Frequent Urination
Unable to hold urine
Other

Now / Past

Waking to Urinate
Blood in Urine
Impotency

Now / Past

Trichomonas
Herpes
Warts

Now / Past

Gonorrhea
Syphilis
Chlamydia

FEMALE

Now / Past

_____ Number of Pregnancies
_____ Number of Births
_____ Number of Premature Births
_____ Miscarriages
_____ Age of First Menses

Now / Past

Irregular Flow
Heavy Flow
Flow with Clotting
PMS
Menstrual Pain

Menopause
Pelvic Pain
Vaginal Discharge
Vaginal Sores
Irregular Flow

Now / Past

Breast Discharge
Breast Pain
Breast Lumps

Last PAP _____

Last Mammogram _____

Birth Control Type and Duration _____ Other _____

NEUROPSYCHOLOGY

Now / Past

Depression
Poor Memory
Psychological Counseling

Now / Past

Anxiety
Seizures
Loss of Skin Sensation

Now / Past

Unsteady Gait
Hyperactivity

Now / Past

Sleep Disturbance
Other _____

MUSCULOSKELETAL

Now / Past

Joint Pain
Joint Swelling
Adverse Reaction to Spinal Manipulation
Previous X-Rays done

Now / Past

Muscle Pain
Muscle Weakness

Now / Past

Back Pain
Previous Spinal Manipulation

Now / Past

Back or Neck Injury

I authorize Natural Health and Wellness Center to contact me via phone/email _____ to leave a message regarding healthcare issues such as office visits, diagnostic testing and supplements. SIGNATURE _____ DATE _____

Notice of Privacy Practices

This notice describes how medical information about you may be used and discloses how you can get access to this information.

Please review carefully:

USE AND DISCLOSURES:

Treatment :Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

PAYMENT:

Your health information may be used to seek payment from your health plans, from other sources of coverage such as an automobile insurer, or from credit card companies that may use to pay for services.

HEALTH CARE OPERATIONS:

Your health information may be used as necessary to support the day-to-day activities of Natural Health and Wellness Center.

LAW ENFORCEMENT:

Your health information may be disclosed to the public health agencies as required to report certain communicable disease to the state's public health department.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorization a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

ADDITIONAL USES OF INFORMATION:

Appointment Reminders: Your health information may be used by our staff to send you appointment reminders. Information About Treatment: Your health information may be used to send you information that you may find interesting on the treatment or management of your medical condition. We may also send you information describing other health-related products and services we believe may interest you.

INDIVIDUAL RIGHTS:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information;
- The right to receive confidential communication concerning your medical condition and treatment.
- The right to inspect and copy your protected health information;
- The right to amend or submit corrections to your protected health information;
- The right to receive an accounting of how and whom your protected health information has been disclosed; and
- The right to receive a printed copy of this notice.

NATURAL HEALTH AND WELLNESS CENTER DUTIES:

We are required by law to maintain the privacy of your protected health information to provide you with this privacy practices.

REQUEST TO INSPECT PROTECTED HEALTH INFORMATION:

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the OFFICE MANAGER. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

COMPLAINTS:

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. The name and address of the person you may contact for further information concerning our privacy practices is:

OFFICE MANAGER
Natural Health and Wellness Center
88 Noble Avenue, Suite 104
Milford, CT 06460
Telephone: (203) 874-4333
Fax: (203) 878-1725

This notice is effective on or after _____

SIGNATURE _____

PAYMENT POLICY

Natural Health and Wellness Center will bill your insurance company as a courtesy to you. We will inform you (to the best of our knowledge) of all charges that are covered by your insurance and of any charges you will be responsible for out of your own pocket. I agree that I am responsible for all charges that are not covered by my health insurance.

Signature _____ Date _____