



Dear New Patient:

Thank you for choosing Holistic Family Healthcare as your holistic healthcare provider. Our goal is to help you find and understand the **causes** of your health challenges and create a customized treatment plan for you.

Your treatment plan will likely consist of significant changes to your normal diet and supplement regimen. Please be sure that you are **motivated** to make these changes before you meet with me. I prescribe dietary changes and nutritional supplements (such as vitamins, minerals, enzymes, amino acids, essential fatty acids, and herbs). I will occasionally prescribe medication, but only when necessary.

If you have copies of recent medical or laboratory reports, please bring them along as well. It is also helpful to bring bottles of any vitamins or supplement you are currently taking, so we can see the ingredient list.

We look forward to meeting with you!

Sincerely,

Elaine A Hardy, MS, RN, APN, C

Elaine A Hardy, MS, RN, APN, C
Board Certified Family Nurse Practitioner
Owner, Holistic Family Healthcare, PC



Pediatric Health History Questionnaire

Date: _____

Name: _____ Birthdate: _____ Age: _____

Mother's Name _____ Father's Name _____

Address: _____

City, State, Zip: _____

Phone: _____ work: _____ cell: _____

E-mail: _____

Name and Phone # of
Pharmacy _____

Referred by: _____

<u>Reason for today's visit</u>	<u>Date problem(s) began</u>
_____	_____
_____	_____
_____	_____

Height: _____ Weight: _____ Usual Weight: _____

Allergies to
Medication: _____

Food
Allergies _____

Surgeries: _____

Hospitalizations: _____

Current Medications: _____

Nutritional Supplements: _____

Medical History (circle if applicable, and comment if necessary)

Eyes

Crosses or wandering eyes
Vision problems
Eye irritation
Wears glasses

Ears, Nose, Mouth, Throat

Frequent Ear infections
Hearing Problems
Difficulty talking
Stuttering
Thrush
Sores in mouth /gums
Frequent colds or sore throat
Post nasal drip
Throat clearing
Nose Bleeds
Stuffy nose
Tonsil Infections
Breathes thru mouth
Dark circles under eyes
Bad breath
Itchy throat
Seasonal allergies

Cardiovascular

Shortness of breath
Needs to squat when playing

Respiratory

Chronic or frequent cough
Asthma or wheezing
Shortness of breath
Bronchitis
Pneumonia

Genitourinary

Urination problems
Painful, burning urination
Blood in urine
Unusual odor to urine
Persistent diaper rash
Bedwetting problems
Discharge from vagina or penis
Itching of vaginal/penile area
Redness around rectum
Is patient potty trained? Y or N

Musculoskeletal

Painful or swollen joints
Frequent complaints of aches or pains
Posture problems
Muscle coordination problems
Strength problems

Skin

Eczema
Psoriasis
Dry skin or other rash
Yellow or crusty nails
Slow healing bruises
Crust behind the ears
Cradle Cap or scaly scalp

Neurological

Dizzy or fainting
Periods of confusion
Seizures/convulsions
Tics or tremors
Headaches

Gastrointestinal

History of worms
Loss of appetite
Constipation
Use of laxatives
Abdominal bloating
Noisy digestion
Excessive burping or belching
More than 3 BM's per day
Loose bowels or diarrhea
Nausea or vomiting
Painful bowel movements
Rectal bleeding
Blood in stool
Abdominal pain or cramping
Excess gas

Psychosocial

Nightmares
Trouble falling/staying asleep
Irritable
Tantrums
Spinning/flapping
Usually disobedient
Problems at school or with friends
Suicide attempts
Extreme mood swings
Sensitivity to odors
Sensitivity to fabrics
Sensitivity to smells
Sensitivity to noises
Aggression towards self
Aggression towards others
Overly affectionate / not affectionate
Difficulty organizing tasks
Easily distracted

Psychosocial (continued)

Poor focus
Poor listening skills
Doesn't stay on task

Easily forgetful
Overly talkative
Finger/foot tapping or leg restlessness
Engages in physically daring activities
Always on the go
Impulsive
Bothers or is annoying to others
Interrupts others
Impatient
Unpredictable behavior
Hot and explosive temper

Endocrine

Hormone problem
Diabetes
Excessive thirst or urination
Heat or cold intolerance
Hair loss
Recent weight loss/gain

Hematologic

slow to heal after cuts
excessive bleeding
anemia
bruising tendency

Immunological

Is your child immunized? Y or N
Fever
Fatigue

Family History (please indicate what family member)

Birth Defects
Genetic Defects
Mental Retardation
Allergies
Lung Disease
Asthma
Celiac Disease
Other Food Allergies
Rheumatoid Arthritis
Heart Disease
Skin Disease
Eye or Ear Disorders
Cancer
Diabetes
Thyroid Disease
Blood Disorders
Kidney Disease
Epilepsy
Mental Disorder

Maternal Information During This Pregnancy

Vaginal yeast infections
Gestational Diabetes
Vaginal or C-Section, pre or full term
Birth Weight _____
Antibiotic Use during pregnancy

Infant Health History

Breast fed ____ months
Bottle fed: type of formula _____
did baby tolerate formula Y or N
excessive fussiness or colic

Development

was growth and development normal?
if not, please describe any concerns:

Current Eating Habits

please list food cravings:
please list any foods that your child cannot tolerate and the reason:

Please Circle Previous Diagnoses

Learning disability
ADHD
PDD / Autism spectrum
Oppositional Defiant Disorder
Asperger's
Autism
Speech Delay or Disorder
Tourette's Syndrome
Obsessive Compulsive Disorder
Eating Disorder
Anxiety
Depression

Please List any other Pertinent Information





3 Day Diet History

Patient Name _____

Please record breakfast, lunch, dinner and snacks for any 3 days prior to your appointment. Please include drinks. It is not necessary to write amounts of each item. (Simply write peas. Not necessary to write ½ cup of peas)

Day 1

Day 2

Day 3

Breakfast

Lunch

Dinner

Snacks



Office Policies and Procedures

We make no representations, claims or guarantees that you will be helped with your medical problems or conditions. However, we will do our best to help you accomplish your healthcare and wellness goals.

About Elaine Hardy

Elaine Hardy is a Master's prepared Family Nurse Practitioner. Nurse Practitioners are licensed to perform physical examinations, order laboratory tests and to prescribe medications. The Collaborating Physician for Holistic Family Healthcare is Dr. Muralidhar Reddy. He maintains his own separate practice, and is available for consultation and collaboration when needed.

Supplements

Some of your treatment plan may consist of nutritional supplements. We will recommend certain brands or products based on research and past experience with these products. While we will provide you with information on where you can purchase these supplements, you are free to purchase these products from any source that you choose.

Primary Care Providers

We require that all patients have a primary care provider for emergencies and after hours care. Our services are to act as a compliment to your primary healthcare. We do not perform certain routine screenings such as pap smears.

Payment

- Our current hourly rate is \$250 per hour. We bill in 15 minute increments.
- **The INITIAL visit with Elaine is billed at a flat rate of \$250, regardless of time spent.**
- Payment is due at the time of your consultation.
- Methods of payment are: all major credit cards, check and cash (exact change is appreciated).
- There is a \$20 returned check fee for all returned checks.

Insurance

- We do not participate with or accept insurance of any kind.
- A receipt will be provided to you, which will detail diagnostic and procedure codes. You can submit this to your insurance company for reimbursement.
- We are not responsible for unpaid claims by your insurance company for services we provide.
- We are sometimes asked to write 'letters of medical necessity' to help our patients obtain insurance coverage for our services. This is a billable service. You will be charged our normal hourly rate for the time it takes us to review your file and generate a letter.

Phone Consultations

- **There is no price difference for phone consultations.** Each phone consultation is treated like any other consultation – the time spent with your provider is the same whether it is in person, or on the phone. The phone consultation is for the patient's convenience.
- Payment for phone consultations is required via credit card. We will obtain your credit card information after the phone consultation has ended, and e-mail or mail an invoice to you.

Cancellations

- 24 hours notice is required for ALL cancellations.
- There will be a \$50 fee for any cancellation without 24 hours notice.

- **Email:**
- The American Medical Association acknowledges that e-mail communication between a provider and a patient is a **billable service**.
- Emails are welcomed for simple yes/no questions in order to clarify previous instructions, for refill requests, or to request a lab slip.
- Patients **will be billed** and charged for time spent, in 5 minute increments - for any email that is not a yes/no question, a refill request, or a request for a lab slip.
- Patients who are seeking answers to detailed questions are encouraged to schedule an appointment for either an office consultation or a telephone consultation. Thank you for respecting our email policy.

Follow-up Consultations

- We generally recommend that all patients minimally have an office consultation every 3 to 6 months, especially if you are taking prescription medications which we have ordered.
- All patients must be seen **once per year**, (in-office) in order to continue under our care.

Acceptance of Policies and Procedures

By completing the following, you agree to the policies and procedures detailed in the “Office Policies and Procedures”. I have read and fully understand the Office Policies and Procedures of Holistic Family Healthcare, PC.

Patient (please print) _____ Date _____

Signature (patient or responsible party) _____

If signed by party other than patient, please print your name and relationship to patient below:
