Abundant Health Naturopathic Clinic
Laura A. Schissell, N.D., D.C.
3303 NE 44th Street #1, Vancouver, WA 98663 Phone 360/721-0001

Patient Name_________________________________ Sex___ Birth date_________ Age___
Address______________________________City_________________State____Zip_______
Phone #'s □ Home__________________□ Work__________________□ Cell______________
(Please check the boxes beside the numbers where we may call and leave a message)
Email___________________________Employer/Occupation____________________________
Emergency Contact_____________________Relationship______________Phone____________
Whom may we thank for this referral?____

Payment Policy
▪As a patient service, we will bill insurance companies, however, we expect full co-payment at the time of service. A copy of your insurance card is needed for billing.
▪If we are not billing insurance, 100% of doctor visits and Medicinary items are due at the time of service, unless prior arrangements have been made.
Please Note: 24 Hours Notice Required For Appointment Cancellation to Avoid $50 Charge

Patient Authorization For Treatment and Billing Insurance: (check all that apply)
□ I authorize Dr. Laura Schissell to examine and to treat me.
□ I have read the payment policy and accept responsibility for payment.
□ I authorize Abundant Health Clinic to bill my insurance/myself as necessary.
□ I authorize insurance benefit payments to go to Abundant Health Clinic.

____ ___________________
Signature of Patient, or Parent/Guardian if a minor Date

Health Information:

What are your top health concerns in order of importance to you?__________________________

____

____

Allergies to drugs, foods, chemicals:____

____

Past operations/Serious illnesses:____

____

Current Prescription Medications:____

____

(please turn form over and fill out back side of form)

Current Supplements:____

____

Family Medical History – Please note any health conditions each family member has had and if they are deceased, please note their age at death and cause of death.

Father_________________________________ Mother______________________________

Paternal Grandfather_______________________ Maternal Grandfather____________________

Paternal Grandmother______________________ Maternal Grandmother___________________

Siblings____

Patient Social History:

Use of alcohol: Never____ Rarely____ Moderate____Daily____ Type____________________

Use of tobacco: Never____ Previously but quite (date)_______ Current packs/day___________

Use of drugs: Never____ Type/frequency____

Excessive exposure home/work to: Fumes____ Dust____ Solvents____ Pesticides____Other___

Exercise: Never____ Rarely____ Moderate____Heavy____ Types:_______________________

Marital Status: Single___ Married____ Divorced____ Widowed____

Height_________ Weight_________

Health History:

Briefly comment on the sections that apply to your health history, or write N/A if not applicable.

Eyes:	Numbness/Tingling:
Ears:	Epilepsy Seizures:
Nose:	Liver Problems/Hepatitis:
Mouth:	Diabetes:
Throat:	Rash/Itching:
Swollen Glands:	Hair/Nail Changes:
Heart Disease/Symptoms:	Heat/Cold Intolerance:
High/Low Blood Pressure:	Dry Skin:
Asthma:	Thyroid Disease:
Coughs:	Bleed/Bruise Easily:
Short of Breath:	Anemia:
Constipation/Diarrhea:	Fatigue:
Nausea/Vomitting:	Insomnia:
Gallbladder Disease:	Venereal Disease/AIDS:
Change in Stool/Rectal Bleed:	**Female** - Date of last Pap Smear:
Abdominal Pain:	Any Abnormal Paps:
Reflux/Heartburn:	Cycle Length: Regluar?
Painful Urination:	Flow - Heavy/Light/Average
Frequent Urination:	Painful Menses:
Incontinence:	Vaginal Discharge/Itching:
Kidney Stones/Disease:	# Pregnacies:
Sexual Difficulty:	Breast Pain/Lump/Discharge:
Joint Pain/Stiffness/Swelling:	**Male -**
Muscle Pain/Cramps:	Change in Force and Stream of Urination:
Back Pain:	Testicular Pain:
Accidents/Trauma:	**Other -**
Headaches:	

Abundant Health Naturopathic Clinic

Laura A. Schissell, ND, DC
3303 NE 44th Street #1, Vancouver, WA 98663
Phone: 360/721-0001
Fax: 360/823-0889

Things to bring with you to your first visit with Dr. Laura Schissell:

* Please bring any copies of labs or specialized testing that you have done with other doctors within the past year or so. If you do not have access to these we can have you sign a release at the first visit requesting that they be sent to our office.

* Please bring in actual bottles of supplements and prescriptions that you use.

* Please bring your insurance card to copy for our files.

* Bring anything else that you feel is relevant and helpful to helping you regain your health.

Thank you.