

RETURN PATIENT SURVEY

First name/Last name _____ DOB _____ Today's date _____

Parent/Guardian _____ Contact phone _____

Email _____ Address _____

Pharmacy name _____ Phone _____

Allergies _____

Please list all prescription medications:

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-prescription meds, vitamins, herbs, minerals, etc. (For any multi-ingredient products please bring the bottle or label to appointment or list all ingredients)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For additions please provide on a separate sheet.

Special Diet? _____

Any Problems or Comments about recommendations from last visit? _____

Compared to last visit are you? worse slightly better about the same significantly better

What do you attribute any change to? _____

Please list any symptoms that are better: _____

Please list any symptoms that are worse: _____

Please list any new symptoms or concerns: _____

Since last visit please list any new diagnoses, treatments, tests or procedures: _____

Name/Specialty of other providers you have seen since last visit: _____

Any questions or concerns you would like to cover in today's visit: _____

**Texas Integrative Medicine Authorization for
Release of Medical Records**

Patient Information (Please Print):

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please Release My Medical Records From:

Name: _____

Telephone: _____

FAX: _____

To:

Texas Integrative Medicine

Attn: Dr. Wallace Taylor

4107 Medical Parkway Suite 100

Austin, TX 78756-3735

FAX: 512-367-5975 Phone: 512-800-5309 email: info@texasintegrative.com

Please send medical records no later than: _____

Please Include: History & Physical Test Reports Progress Notes
 NeuroSensory Imaging Test Reports
 Lab Test Reports Operative Reports

BY MY SIGNATURE, I AUTHORIZE THE RELEASE OF MEDICAL RECORDS.

Date: _____

Patient (or Legal Guardian)

DISCLOSURE AND CONSENT TO TEXAS INTEGRATIVE MEDICINE \ OFFICE POLICIES AND PROCEDURES

For us to be able to serve you best we would like to familiarize you with what you can expect as a new patient in our clinic. We ask that you provide your acknowledgment of understanding and consent for these policies. For us to best understand your health condition and the factors that are contributing to your health disorder it is important for us to have as complete an awareness as possible of all the many factors that contribute. There are no “one size fits all protocols” that are appropriate for the conditions that we evaluate and treat. To facilitate this, we ask that you complete, as thoroughly as possible, a very detailed general health survey that includes your environmental exposures, your family tendencies, your individual sensitivities, and your current symptoms. It is also important for us to have access to your current medications and supplements, both prescription and nonprescription, in addition to any recent medical evaluations and tests including labs that you have had in the past. Please let us know about any other treatments that are on-going.

Since our fees are based on direct provider contact, the more that our clinicians can prepare in advance the more time that can be spent on educating you on your recovery process and the better value for you. Dr. Taylor’s physician professional fee is calculated based on a quarter hour rate of \$100. Megan Miller FNP-C’s professional fee is calculated based on a quarter hour rate of \$75. It is very important to stress that this integrative model of patient care is “process-care” and not “episode care” as is typical of modern Western medicine. There is no “quick fix”. There is no “magic pill”. Results take time to achieve and achieving the best result requires the dedication and commitment of you, the patient, and your support group or family if applicable. The clinician will review your medical history with you taking additional information as individually required and will then perform a physical examination and review appropriate reports. Based on your unique, individual circumstances we will order any additional studies that are deemed to be necessary to diagnose and appropriately monitor your condition upon obtaining your consent. These studies are not included in the office clinician fee. Some labs are billed through the office and other labs are billed by the laboratory directly. This will be discussed when the labs are ordered or obtained with your consent, of course. Your condition and our recommendations for treatment will then be discussed with your provider.

If the complexity of your condition does not allow complete coverage of all information in the time period scheduled, an additional appointment on a different day may be necessary. We try to schedule enough time to cover the majority of the patients we treat. Since our approach to care is “integrative” and includes both standard and “alternative” approaches to treatment, many insurance companies classify our treatment as “unproven” or “experimental” and therefore exclude it from reimbursement. This is very unfortunate but does require that we not participate in any form of medical insurance including Medicare and Medicaid. The Federal government requires that Medicare patients must complete and sign a Medicare “opt out” contract which we will provide. No claim for reimbursement can be made to Medicare or your Medicare Secondary although approved ancillary services (example labs) may be covered. Your private insurance may provide partial coverage for our services if “out of network providers” are covered.

We also request that you review and sign a consent form indicating your understanding of the alternative nature of some of our recommended treatments and acknowledge your consent. Payment for our services is expected at the time of service. We accept cash, personal check and major bank cards. Patients are expected to keep their account paid in full in order to receive continuing care. Costs for testing, prescriptions and supplements are charged separately. They may be covered by insurance but this varies greatly between carriers and we urge you to discuss this with your insurance company if this is important to you. We are considered an “out of network provider”. We will provide you a medical receipt which can be submitted for possible reimbursement. This can also be used as documentation for use of health savings accounts. We do not maintain insurance processing staff. We are not able to arrange “prior authorization” for the tests and treatments that we recommend. If additional reports are required by your insurance company there may be an additional charge for the time involved to prepare these reports. We will obtain your approval before these additional services are provided informing you of any additional charges. Our clinicians provide consultative service and do not function in a primary care role. It is important for you to also maintain the services of a primary care provider. We are not available after hours and do not provide “on call” coverage. We do not maintain hospital admitting privileges. In case of emergency we ask that you call 911.

A deposit of \$200.00 will be collected in order to schedule an appointment for initial consultation with one of our clinicians which will be applied to your service when provided. As a courtesy to patients who are waiting to be seen by us and to avoid cancelled appointment charges, we ask that you provide us two complete business days if you must cancel or reschedule your new patient appointment so that your allotted time can be used to help another guest. (Example: A Monday appointment would need to be cancelled before close of business the Wednesday prior.) Please observe this cancellation policy to avoid forfeiture of your deposit. Your return appointment will be scheduled in a suitable time frame for us to review your lab studies or to assess your response to recommended treatments. Due to increased demand for the services of our clinicians, it is necessary to request two full business day's advance notice for rescheduling or cancelling any follow-up provider visit or treatment service at our facility. (Example: A Monday follow-up service appointment would need to be cancelled or rescheduled before the close of business the Wednesday prior.) This includes clinician visits, IV treatments, EWOT sessions and Thor cold laser treatments. We will accept a written excuse from a licensed medical provider in the event of illness. Late cancellation fee of \$75 will be assessed for failure to adhere to this policy. The interpretation of laboratory reports is a very important part of your care and should be done during a visit with the clinician. We will notify you via the contact information you have provided us of any urgent lab results that we feel need your immediate attention. Your treatment regimen will then be modified as appropriate. As recovery proceeds, return visits are scheduled further apart. We ask that you review any needed prescription refills with your physician during your appointment. If you require refills between appointments, we ask that you have your pharmacy FAX the refill request to us with two business days advance for us to authorize your refill.

We are happy to respond to procedural questions between visits as a part of our service to you. Questions that require a clinical opinion need to be handled with a clinician appointment (either by phone or in person). We will attempt to schedule "impromptu" appointments as the schedule permits. As a reminder, we do not act as primary care providers but provide consultation medical and wellness services. Texas Integrative Medicine maintains and protects the privacy of your health care information. We will work to keep your information confidential and secure and to abide by all HIPAA rules and regulations. We cannot release any of your healthcare information to any third party without your expressed written consent. You may be contacted between visits by one of our Patient Advocates between service appointments. The role of the Advocate is to assist you with issues related to your care with us and to assure that we are providing you with the service that you expect from us.

Revised October 12, 2017.