

Dear

Are you ready for a new way to look at your health and your life? Are you ready for a refreshing paradigm that treats you and does not simply aim to change your symptoms? Well then welcome to A Healing Path, Inc, my private medical practice incorporating Naturopathic medicine, Classical Chinese medicine and Acupuncture. I work out of a home office in North Portland in a quiet, relaxing and healing atmosphere.

Naturopathic medicine is based on a philosophy that incorporates six vital concepts.

- | | |
|----------------------------------|----------------------------|
| [1] The Healing Power of Nature | [2] First Do No Harm |
| [3] Identify and Treat the Cause | [4] Doctor as Teacher |
| [5] Prevention | [6] Treat the Whole Person |

I am trained in multiple disciplines. As a Naturopathic physician, I incorporate a multitude of disciplines including nutrition, homeopathy, biotherapeutic drainage, flower essences, lifestyle counseling, botanical medicine, physiotherapy, physical medicine and stress management. As a Classical Chinese medicine practitioner, I have been trained in an ancient form of medicine that utilizes acupuncture, Chinese herbs and medical Qi Gong. These many tools will be added to my fifteen years of experience in deep tissue massage, injury rehabilitation and pain management along with my many years of dedication to my own healing.

Working from a different paradigm of health than many other physicians, I believe that optimal health is not simply the absence of disease but is instead the experience of thriving in life on numerous levels. These forms of healing are typically not “quick fix” medicine but instead include a journey into one’s lifestyle, goals and challenges that takes time and dedication. I would be honored to work with you in your pursuit of optimal health and wellness.

An initial Naturopathic visit lasts approximately 60 minutes. Follow-up visits will vary in length, depending on the complexity of the issues. An initial acupuncture visit typically lasts 60 minutes. Follow-up visits generally last 45-60 minutes.

Attached is a copy of my Fee Schedule with this letter. While I am not a provider for any specific insurance plans, I am willing to bill some insurance companies with pre-approval. Please check with your policy regarding requirements, as you are ultimately responsible for reimbursement.

I thank you for your interest in health and wellness and look forward to working with you.

Yours in Health,

Namaste,

Dr. Angela P. Lambert, ND, MSOM, L.Ac
Naturopathic Physician
Masters of Science in Oriental Medicine
Licensed Acupuncturist

Dr. Angela P. Lambert, ND, MSOM, L.Ac.
A Healing Path, Inc.
www.ahealingpath.org

6434 North Kerby Avenue
Portland, Oregon 97217
503-703-5019

Welcome to A Healing Path, Inc., the office of Dr. Angela P. Lambert. In order to provide you with the best possible care, I ask you to complete the entire form. Please provide me with all possible information regarding your health so that we may form a successful and long-term working relationship.

Thank you and I look forward to working with you.

Dr. Angela P. Lambert, ND, L.Ac.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (home): _____ (work): _____ (cell): _____

Age: _____ Date of Birth: _____ E-mail: _____

Education: _____

Married: _____ Separated: _____ Divorced: _____ Widowed: _____ Single: _____ Partnership: _____

Live Alone: _____ Spouse: _____ Partner: _____ Parents: _____ Children: _____ Friends: _____

Occupation: _____

Employer: _____

Work Address: _____

Have you ever seen a Naturopathic Physician or Acupuncturist before? yes ___ no ___

Which one? _____

Describe your experience: _____

What type of services are you interested in today? _____

How did you hear about my practice? _____

Has any other family member been seen at my practice? _____

Next of Kin or other to reach in case of emergency: _____

Relationship: _____ Phone: _____

Address: _____

PLEASE FILL OUT BOTH SIDES OF EACH PAGE

CONTEXT OF CARE REVIEW

Successful health care and preventative medicine are only possible when the physician has a complete understanding of the patient physically, mentally and emotionally. The nature of your responses to the following questions will assist me greatly in my understanding of your truest desires. Your time, thoughtfulness and honesty in completing this overview will greatly aid me in guiding you with your health needs. Thank you for your willingness to complete this with thought.

[1] Why did you choose to come to see me as a Naturopath or Chinese medicine practitioner?

What do you know about my approach? _____

[2] What expectations do you have from this visit today? _____

What long-term expectations do you have from working with me as a Naturopath or Chinese medicine practitioner? _____

What expectations do you have of me personally as your physician or health care provider?

[3] What is your present level of commitment to address any underlying causes of your signs and symptoms and that relate to your lifestyle? (rate from 0 to 10. 10= 100% committed)
0% 1 2 3 4 5 6 7 8 9 10 100%

[4] (a) What behaviors or lifestyles habits do you currently engage in regularly that you believe support your health (please list) _____

(b) What behaviors or lifestyles habits do you currently engage in regularly that you believe are destructive lifestyle habits? (please list) _____

[5] What potential obstacles do you foresee in addressing lifestyle factors which are undermining your health and which may interfere in your ability to adhere to the therapeutic protocols which I will be sharing with you?

[6] Who do you know that will sincerely support you consistently with the beneficial lifestyle changes you will be making? _____

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Wheel of Balance

Wellness is a balance of many factors. Using the circle, **please shade in a percent of each wedge** to represent your personal level of satisfaction in each.



For example: if you are extremely happy in your career, shade in the entire pie shape for career.

Do this for each area starting from the center point radiating outwards.

Are you currently receiving healthcare? Y N

If yes, for what and from whom? _____

If no, when and where did you last receive medical health care? _____

What was the reason? _____

What are your **most important health problems?** List as many as you can in order of importance.

- [1] _____
- [2] _____
- [3] _____
- [4] _____
- [5] _____
- [6] _____
- [7] _____

Do you have any known contagious diseases at this time? Y N

If yes, what? _____

TYPICAL FOOD INTAKE

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages: _____

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HABITS

Main interests and hobbies: _____

Do you exercise? Y N If yes, how often? _____

What type? _____

For the following Please Circle

Y = condition you have now **N** = never had **P** = significant problem in the past

Average 6-8 hours of sleep?	Y N P	Enjoy your work?	Y N P
Sleep well?	Y N P	Take vacations?	Y N P
Awaken rested?	Y N P	Spend time outside?	Y N P
In a supportive relationship?	Y N P	Watch television?	Y N P
Have a history of abuse?	Y N P	How many hours?	_____
Any major traumas?	Y N P	Read?	Y N P
Use recreational drugs?	Y N P	How many hours?	_____
Treated for drug dependence?	Y N P	Eat 3 meals a day?	Y N P
Use alcoholic beverages?	Y N P	Treated for alcoholism?	Y N P
How often?	_____	Do you eat out often?	Y N P
Use tobacco?	Y N P	Do you drink coffee?	Y N P
How often?	_____	Drink black or green tea?	Y N P
Smoked previously?	Y N P	Drink cola/ soda?	Y N P
How many years?	_____	Eat refined sugar?	Y N P
How many packs per day?	_____	Do you add salt?	Y N P

Do you have a religious or spiritual practice? Y N If yes, what? _____

REVIEW OF SYSTEMS

Y = condition you have now **N** = never had **P** = significant problem in the past

Mental/ Emotional

Treated for emotional problems?	Y N P	Depression?	Y N P
Anxiety or nervousness?	Y N P	Mood swings?	Y N P
Considered. Attempted Suicide?	Y N P	Tension?	Y N P
Poor Concentration?	Y N P	Memory Problems?	Y N P

Head

Headaches?	Y N P	Head injury?	Y N P
Migraines?	Y N P	Jaw/ TMJ problems?	Y N P

Eyes

Spots in eyes?	Y N P	Cataracts?	Y N P
Impaired vision?	Y N P	Glasses or contacts?	Y N P
Blurriness?	Y N P	Eye pain/ strain?	Y N P
Color blindness?	Y N P	Tearing or dryness?	Y N P
Double vision?	Y N P	Glaucoma?	Y N P

PLEASE FILL OUT BOTH SIDES OF EACH PAGE

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Ears

Impaired hearing?	Y	N	P	Ringing?	Y	N	P
Earaches?	Y	N	P	Dizziness?	Y	N	P

Nose and Sinuses

Frequent colds?	Y	N	P	Nose bleeds?	Y	N	P
Sinus problems?	Y	N	P	Hay fever?	Y	N	P
Stiffness?	Y	N	P	Loss of smell?	Y	N	P

Immune

Reactions to immunizations?	Y	N	P	Reactions to vaccinations?	Y	N	P
Chronic Fatigue Syndrome?	Y	N	P	Chronic infections?	Y	N	P
Chronically swollen glands?	Y	N	P	Slow wound healing?	Y	N	P

Endocrine

Heat or cold intolerance?	Y	N	P	Hypothyroid?	Y	N	P
Hypoglycemia?	Y	N	P	Diabetes?	Y	N	P
Excessive Thirst?	Y	N	P	Excessive Hunger?	Y	N	P
Fatigue?	Y	N	P	Seasonal Depression?	Y	N	P

Neurological

Seizures?	Y	N	P	Paralysis?	Y	N	P
Muscle Weakness?	Y	N	P	Numbness or tingling?	Y	N	P
Loss of memory?	Y	N	P	Easily stressed?	Y	N	P
Vertigo or dizziness?	Y	N	P	Loss of balance?	Y	N	P

Skin

Rashes?	Y	N	P	Eczema? Hives?	Y	N	P
Acne, Boils?	Y	N	P	Itching?	Y	N	P
Color changes?	Y	N	P	Perpetual hair loss?	Y	N	P
Lumps?	Y	N	P	Night sweats?	Y	N	P

Musculoskeletal

Joint pain or stiffness?	Y	N	P	Arthritis?	Y	N	P
Broken bones?	Y	N	P	Weakness?	Y	N	P
Muscle spasms or cramps?	Y	N	P	Sciatica?	Y	N	P

Blood/ Peripheral Vascular

Easy bleeding or bruising?	Y	N	P	Anemia?	Y	N	P
Deep leg pain?	Y	N	P	Cold hands/ feet?	Y	N	P
Varicose veins?	Y	N	P	Thrombophlebitis?	Y	N	P

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Y = condition you have now

N = never had

P = significant problem in the past

Female Reproduction

Age of first menses?	_____	Date of last annual exam/ PAP	_____
Age of last menses (if menopausal)	_____	Are cycles regular?	Y N P
Length of cycle	_____ days	Bleeding between cycles?	Y N P
Duration of menses	_____ days	Pain during intercourse?	Y N P
Painful menses?	Y N P	Clotting?	Y N P
Heavy or excessive flow?	Y N P	Discharge?	Y N P
Use recreational drugs?	Y N P	Birth control?	Y N P
Treated for drug dependence?	Y N P	What type?	_____
Heavy or excessive flow?	Y N P	Number of pregnancies?	_____
PMS?	Y N P	Number of live births?	_____
If yes, what are your symptoms?	_____	Number of miscarriages?	_____
<hr/>		<hr/>	
	How often?	Number of abortions?	_____
Endometriosis?	Y N P	Menopausal symptoms?	Y N P
Ovarian cysts?	Y N P	Abnormal PAP?	Y N P
Cervical dysplasia?	Y N P	Chlamydia?	Y N P
Sexual difficulties?	Y N P	Condyloma (warts)?	Y N P
Herpes?	Y N P	Syphilis?	Y N P
Are you sexually active?	Y N P	Sexual orientation?	_____
Do you do breast self exams?	Y N P	Breast lumps?	Y N P
Breast pain/ tenderness?	Y N P	Nipple discharge?	Y N P

Male Reproduction

Hernias?	Y N P	Testicular Masses?	Y N P
Testicular pain?	Y N P	Prostate disease?	Y N P
Venereal disease?	Y N P	Discharge or sores?	Y N P
Are you sexually active?	Y N P	Chlamydia?	Y N P
Sexual orientation?	_____	Gonorrhea?	Y N P
Impotence?	Y N P	Condyloma (warts)?	Y N P
Premature ejaculation?	Y N P	Herpes?	Y N P
Birth control? Type	_____	Syphilis?	Y N P

Family History

Do you have a family history of any of the following conditions? (please circle)

- | | | | |
|----------------|-----------|---------------|---------------------|
| Cancer | Diabetes | Heart Disease | High Blood Pressure |
| Kidney Disease | Epilepsy | Arthritis | Glaucoma |
| Tuberculosis | Stroke | Anemia | Mental Illness |
| Asthma | Hay Fever | Hives | Eczema |

Any other relevant family history? _____

What is your heritage? _____

PLEASE FILL OUT BOTH SIDES OF EACH PAGE

Childhood Illness

Please circle whether you had any of the following as a child:

Scarlet fever
Mumps

Diphtheria
Measles

Rheumatic Fever
German Measles

Hospitalizations, Surgery, Imaging

What hospitalizations, surgeries, X-rays, CAT scans, EEG, EKG's have you had?

_____ year: _____ year: _____
_____ year: _____ year: _____

Allergies

Are you hypersensitive or allergic to...

Any drugs? _____
Any foods? _____
Environmental or chemicals? _____

Current medications

Do you take or use (currently or in the past)?

Laxatives Y N Pain Relievers Y N Antacids Y N
Cortisone Y N Appetite Suppressants Y N Antibiotics Y N
Tranquilizers Y N Thyroid medication Y N Sleeping pills Y N

Please list **any** prescription medications, over the counter medications, vitamins, or other supplements you are taking?

[1] _____ [2] _____
[3] _____ [4] _____
[5] _____ [6] _____
[7] _____ [8] _____

Height: _____ Weight: _____ lbs Weight 1 year ago: _____ lbs
Maximum weight: _____ When: _____
At what time of the day is your energy at it best? _____ Worst? _____

Informed Consent and Request for Naturopathic Medical Care, Classical Chinese Medicine Treatment and Acupuncture

As a patient I have the right to be informed about my health condition(s) and recommended treatment. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether or not to undergo care with Dr. Angela P. Lambert, ND, L.Ac, MSOM, having had the opportunity to discuss the potential benefits, risks and hazards involved.

I, _____, hereby request and consent to examination and treatment with Naturopathic Medicine, Classical Chinese Medicine (CCM) by Dr. Angela P. Lambert, ND, L.Ac, MSOM, and/or other licensed doctors of naturopathic medicine or licensed acupuncturists or licensed massage therapists serving as backup for her, hereafter called *allied health care provider*. I can request that students and preceptors not be included in my evaluation and treatment.

I understand that I have the right to ask questions and discuss to my satisfaction with Dr. Angela P. Lambert, ND, L.Ac, MSOM, and/ or with the *allied health care provider* providing backup:

- (1) my suspected diagnosis(es) or condition(s)
- (2) the nature, purpose, goals and potential benefits of the proposed care
- (3) the inherent risks, complications, potential hazards or side effects of treatment or procedure
- (4) the probability or likelihood of success
- (5) reasonable available alternatives to the proposed treatment procedure
- (6) potential consequences if treatment or advice is not followed and/ or nothing is done

I understand that a Naturopathic evaluation and treatment may include, but are not limited to:

- Physical exam (including general, musculoskeletal, EENT, heart and lung, orthopedic and neurological assessments)
- Common diagnostic procedures (including venipuncture, pap smears, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva)
- Soft tissue and osseous manipulation (including therapeutic massage, deep tissue massage, neuro-muscular technique, naturopathic/osseous manipulation of the spine and extremities, pregnancy massage (to relieve muscular discomfort associated with pregnancy), muscle energy technique and cranio-sacral therapy)
- Dietary advice and therapeutic nutrition (including use of foods, diet plans, nutritional supplements and intra-muscular vitamin injections)
- Trigger point injection therapy with vitamin substances
- Botanical/ herbal medicines (prescribing of various therapeutic substances including plant, mineral, and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures which may contain alcohol, suppositories, tropical creams, pastes, plasters, washes or other forms)
- Homeopathic remedies (highly diluted quantities of naturally occurring substances)
- Hydrotherapy (use of hot and cold water, may include transcutaneous electrode stimulation)
- Counseling (including but not limited to visualization for improved lifestyle strategies)
- Over the counter and prescription medications (including only those medications on the Formulary of Oregon Naturopathic Physicians)

The scope of practice of acupuncture is outlined below. I understand that Classical Chinese medicine and Acupuncture evaluation and treatment may include, but are not limited to:

- Acupuncture (insertion of specialized disposable stainless steel sterilized needles through the skin into underlying tissues at specific points on the bodies surface)
- Use of electrical, mechanical and magnetic devices
- Moxa (indirect or direct burning of herbal material in the form of a loosely compacted herb or stick)
- Cupping (used to relieve symptoms of pain and chest congestion in which glass cups are placed on the skin with a vacuum created by heat)
- Gua sha (rubbing on an area of the body with a blunt or round instrument)
- Dietary advice (based on traditional Chinese medicine theory)
- Herbs (use of herbal formulas in the form of teas, powders, tinctures, pastes, and plasters, which may be taken internally or used externally as a wash. Formulas may include shells, minerals and animal materials)

Potential risks: Pain, discomfort, blistering, minor bruising, discoloration, infections, burns, itching; loss of consciousness and deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, hydrotherapies; allergic reaction to prescribed herbs, supplements, prescription medications; soft tissue or bony injury from physical manipulations; aggravation of pre-existing symptoms.

Potential benefits: Restoration of the body’s maximal and optimal functioning capacity, relief of pain and other symptoms of disease, assistance with injury and disease recovery, and prevention of disease or its progression.

Notice to pregnant women: All female patients must alert the provider if they have confirmed or suspect pregnancy as some of the therapies prescribed could present a risk to the pregnancy. Labor- stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor and any treatment intended to induce labor requires a signed letter from a primary care provider authorizing or recommending such treatment.

Notice to individuals with bleeding disorders, pace makers, and/ or cancer. For your safety it is vital to alert your provider, Dr. Angela P. Lambert, ND, L.Ac, MSOM, LMT, of these conditions. Please Initial:

- _____ I understand that Dr. Angela P. Lambert, ND, L.Ac, MSOM is not licensed to prescribe any controlled substances.
- _____ I understand that Dr. Angela P. Lambert, ND, L.Ac, MSOM will only prescribe medications if she believes that they are in the best interest of myself, the patient. Appropriate referrals will be provided to manage my prescriptive medication needs.
- _____ I understand the US Food and Drug Administration has not approved nutritional, herbal and homeopathic substances; however these have been used widely in Europe, China and the USA for years.
- _____ I understand that Dr. Angela P. Lambert, ND, L.Ac, MSOM is not a psychologist or psychiatrist. Counseling services are provided for the support of improved lifestyle strategies.

I do not expect Dr. Angela P. Lambert, ND, L.Ac, MSOM and/or any *allied health care provider* to be able to anticipate and explain all of the risks and complications, and I wish to rely on the provider to exercise all judgment during the course of the procedure based on the known facts. I also understand that it is my responsibility to request that Dr. Lambert explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment provided to me. By signing below I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I understand all of the above and give my oral and written consent to the evaluation and treatment. I intend this as a consent form to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment

Printed Name of Patient

Signature of Patient

Printed Name of Guardian

Signature of Guardian

Date Signed

Print Provider’s Name

Fee schedule

New patient office visit, Acupuncture or Naturopathic	(approximately 1- 1 ½ hours)	\$178.00-\$203.00
New patient acute visit***	(approximately 20-30 minutes)	\$90.00
New patient acute visit*** <u>with</u> acupuncture	(approximately 45-60 minutes)	\$145.00
Return patient, short visit	(approximately 10-15 minutes)	\$65.00
Routine return visit	(approximately 30 minutes)	\$85.00
Return visit, extended	(approximately 45 minutes)	\$125.00
Well Woman Exam including Pap smear (lab fees not included)		\$110.00
Initial Acupuncture Visit ***	(approximately 75-90 minutes)	\$155.00 - \$175.00
Return Acupuncture Visit***	(approximately 60-90 minutes)	\$90-\$135.00
Acupuncture with Therapeutic Massage -established patient.	(60 minutes)	\$135.00-\$175.00
Acupuncture with Therapeutic Massage-established patient	(90 minutes)	\$175.00-\$205.00

Phone consultation fee based on complexity of decision making and time.

Please note: Patient is responsible for payment at the time of service, unless previously arranged by Dr. Lambert. You will be billed for phone consultations and e-mail correspondence, except those regarding questions about prescribed treatments and conditions already being treated. While I am not a provider for any specific insurance plans, I am willing to bill some insurance companies with pre-approval. Please check with your policy regarding requirements, as you are ultimately responsible for reimbursement.

Cancellation policy: less than 24 hours notice: \$50.00 Cancellation Fee.

I have reviewed the above fees and understand that I am responsible for payment at the time of service, unless previously arranged by Dr. Lambert. I also understand that I will be billed for phone consultations and e-mail correspondence, except those regarding questions about prescribed treatments and conditions already being treated.

In addition, I understand that lab work may or may not be covered by my insurance plan and that I am responsible for payment of lab work ordered if my insurance company does not cover it. I also understand that I will be charged for appointments cancelled without 24 hours notice, except in cases of emergency.

Signed: _____ Date: _____

***Day of Service Discounts will apply when fees paid in full on the Day of Service only.

Notice of Privacy Practices
A Healing Path, Inc.

A Healing Path, Inc refers to Dr. Angela P. Lambert, her student preceptors and her contracted employees.

This notice describes how medical information about you may be used and disclosed; and how you can get access to this information. Please review it carefully. We are legally obligated to provide this information to you. It is subject to change and updated versions are always available from Dr. Lambert

A Healing Path, Inc is the private medical practice of Dr. Angela P. Lambert. The majority of the time Dr. Lambert is the only person with access to your medical information; however, there are a few instances in which she may share pertinent information about you for the purposes of treatment, payment or health care operations. She may disclose your health information to other health professionals, their staff or students who may consult on your treatment or the coordination of your health care.

A Healing Path, Inc. also uses and discloses your health information for billing and payment collection from you, an insurance company, or someone else for health care services you receive from us. We may also tell your insurance company about your proposed treatment to determine whether your plan will pay for the treatment.

We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance, and business functions of A Healing Path, Inc. Data about effectiveness of treatments and what services we should offer may be gathered from patient's health information. We may also use and disclose your health information to contact you regarding treatment options, products or services and for appointment reminders.

Other potential instances in which your health information could be disclosed without your explicit permission include legal obligations at the federal, state or local level to disclose to specified parties for purposes including subpoenas/ court orders, public health risks, governmental agency oversight of health care, threats to health or safety, disaster relief, national security, for identification of deceased persons, or for the purpose of organ or tissue transplantation. Military command or government authority may acquire information about veterans or members of the military. Correctional institutions may acquire information about inmates for the purpose of providing health care and safety. Information about employees can be disclosed to employers regarding worker's compensation type programs.

With some rare exceptions, you have the right to access and get a copy of any data regarding your health information from A Healing Path, Inc. In the exceptional cases in which we are permitted to withhold information from you, you may ask that the denial be reviewed. You have the right to amend your health information. We will amend the information, except if it a) is not information that we created, (unless the source of the information is no longer available to make the amendment), b) is not part of the health information that we keep c) is of a type that you would not be permitted to inspect and copy; d) is already accurate and complete.

Dr. Lambert and all associates of A Healing Path, Inc. seek to maintain confidentiality regarding your health information. We are happy to discuss your concerns about these matters and consider further restricting use and disclosure of your health information.

Signature

Date Signed

Printed Name

Relationship to Patient

A Healing Path, Inc. Dr. Angela P. Lambert 6434 North Kerby Avenue; Portland, Oregon 97217