

Groves Naturopathic Center, LLC – 82 Bradley Road, Madison, CT 06443

Insurance: I currently accept, Anthem Blue Cross/Blue Shield in Network patients and Connecticare.

*****Unfortunately Medicare does not cover Naturopathic medicine.***

Please bring your insurance card to the appointment so that I can make a copy. Copays are expected at the time of service.

******Please be advised: If you have a high deductible that has not met, you are responsible for the office visit charge at the time of service. Once your deductible has been met, you need only to pay your copay at the time of service.**

For those patients not using or having health insurance I discount my office visits.

Initial cash visits are \$175.00. Follow up visits are \$95.00.

Payment is expected at the time of service.

Supplements: Will be provided at the time of service and payment is expected at that time.

Signature: _____

Date: _____

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THANK YOU FOR CHOOSING OUR OFFICE IN ORDER TO SERVE YOU PROPERLY. WE WILL NEED THE FOLLOWING INFORMATION

Name _____ Home Phone _____ Alternate # _____

Email address _____

Address _____ City _____ State _____ ZIP _____

SS# _____ Birthdate _____ Age _____ Male _____ Female _____

#OfChildren _____ Married _____ Single _____ Divorced _____ Widowed _____ Your

Occupation _____

Employed By _____

Address _____ City&State _____ Phone _____ **Health**

Insurance Co _____ **Cardholder** _____

Policy # _____ Cardholder DOB _____

Cardholder Employer _____ Address _____

Secondary/Supplemental Health Insurance _____ Policy # _____

Cardholder _____ CardholderDOB _____

Emergency

Contact _____ Phone _____ Family

Physician _____

Patient

signature _____ Date _____ Parent's

Signature (If minor) _____ Date _____

How were you referred? _____ Occupation _____

What are your most important health problems? Please list in order of priority, so that the health problems you want to address first are listed first.

<u>1.</u>	<u>4.</u>
<u>2.</u>	<u>5.</u>
<u>3.</u>	<u>6.</u>

Medications (List all prescription and non-prescription drugs and length of time)

Supplements (List all vitamins, minerals, herbs, etc.)

Your health history (please check if you have this medical condition currently or have had in the past.)

Alcoholism	Emphysema	Skin disorder
Allergies	Epilepsy	Stroke
Anemia	Goiter	Thyroid disorder
Arthritis	Gout	Venereal disease
Asthma	Heart Disease	Drug addiction
Bladder disease	Herpes	Hemorrhoids
Cancer	High Blood Pressure	Kidney disease (stones)
Colitis	Liver disorder	Pancreatitis
Diabetes	Psychological disorder	Herniated spinal disk
Pneumonia	Bronchitis	Gallstones
Glaucoma	Cataracts	Ulcers
Tuberculosis	Severe physical injury	Intestinal parasites
Sciatica	Multiple sclerosis	Autoimmune disorder

Females only: _____ Endometriosis _____ Uterine Fibroids _____ Ovarian Cysts _____ Cervical dysplasia
_____ Fibrocystic breast _____ Menstrual irregularities

Family Health History (Please note any significant medical conditions, especially cancer, heart disease, diabetes, high blood pressure, allergies, asthma, autoimmune disease, psychological disorders, thyroid disease.)

Mother: _____

Father: _____

Brothers: _____ Sisters: _____

Grandparents: _____

Children: _____

Hospitalization and Surgery (Date and type of illness/surgery): _____

Are you experiencing acute or chronic stress? Y N If yes, please describe _____

Regarding exercise, describe what type, duration, and how often you exercise: _____

Energy: on a scale of "1 to 10", "1" being the lowest energy and "10" being the best energy, rate your general energy level: _____

Have you used tobacco in the past? Y N

If yes, for how long and how much? _____

Are you currently using tobacco? Y N

Symptom survey: (If these symptoms do not apply, leave them blank. If the symptoms apply, check "1" for mild or occasional, "2" for moderate, and "3" for severe, frequent, or constant.

Chest	Eyes	Nose and Sinuses
___ Persistent cough	___ Impaired vision	___ Nose bleeds
___ Coughing up mucous	___ Eye pain	___ Nasal stuffiness
___ Chest pain on exertion	___ Excessive tearing	___ Sinus Infections
___ Splitting up blood	___ Double vision	___ Nasal congestion
___ Wheezing	___ Dry eyes	___ Pain/tenderness
___ Difficulty breathing		___ Post nasal drip
___ Shortness of breath		
___ Pain on breathing		

Mouth and Throat	Ears	Neck
___ Sore throat	___ Impaired hearing	___ Lumps
___ Sore tongue	___ Discharge from ear	___ Swollen glands
___ Gum infections	___ Ringing in ear	___ Goiter
___ Hoarseness	___ Earaches	___ Pain/stiffness
___ Thrush	___ Dizziness	
___ Enlarged tonsils	___ Excessive earwax	

Neurological	Musculoskeletal	Skin
___ Fainting	___ Joint pain	___ Psoriasis
___ Seizures	___ Bursitis	___ Lumps
___ Paralysis	___ Tendonitis	___ Color change
___ Muscle weakness	___ Low back pain	___ Eczema
___ Numbness	___ Muscle spasms or cramps	___ Boils
___ Tingling	___ Bruising easily	___ Rashes
___ Memory loss		___ Hives

Breasts (female)	Urinary	Males only
___ Do you do self-exam	___ Increased frequency	___ Testicular pain
___ Lumps	___ Blood in urine	___ Enlarged prostate
___ Pain or tenderness	___ Dark color in urine	___ Penile discharge
___ Nipple discharge	___ Pain during urination	___ Penile sores
	___ Incontinence	___ Testicular lumps

Carbohydrate metabolism	GI
___ Crave sweets	___ Abdominal cramps
___ Irritable if a meal is missed	___ Burping or gas
___ Feel tired or weak if a meal is missed	___ Blood in stool
___ Dizziness when standing suddenly	___ Undigested food in stool
___ Headache if meal is missed	___ Mucous in stool
___ Feel tired an hour or so after eating	___ Nausea
___ Heart palpitations	___ Vomiting
___ Feel shaky at times	___ Stomach bloating after eating
___ Over-sensitive to sugar	___ Heartburn or indigestion
___ Need coffee for energy	___ Gassiness in upper epigastrium
___ Anxiety or nervousness	___ Diarrhea
___ Symptoms appear 1-2 hours after eating	___ How many bowel movements/day
___ Mood swings	___ Constipation
___ All symptoms worse if a meal is missed	___ Suspected food allergies
___ Sudden sleepiness	___ Feeling of food sitting in stomach
___ Irritability or quick temper	___ Fullness after small amounts of food

Nutrition Record

Please list the foods that you typically eat for each meal. Make sure to include foods that are not eaten frequently.

Breakfast:

Lunch:

Dinner:

Snack:

Dessert:

For each food class, please indicate how often you eat it. Write down how often you eat the items below.

Meat (beef, chicken, steak, turkey, ham, pork, luncheon meats): _____

Diary (milk, cheese, yogurt, ice cream): _____ Eggs: _____

Bread: _____ Beans: _____ Fruit: _____

Fish (including tuna): _____ Salads: _____ Vegetables: _____

Nuts and Seeds (including peanut butter): _____ Rice: _____

Sweets (cookies, candy, cake, ice cream, etc.): _____ Cereal: _____

Please list how many 8 ounce cups per day or week

Water: _____ Juice: _____ Milk: _____

Coffee: (regular or decaffeinated): _____ Tea: _____

Alcohol: _____ Soda: _____ Other: _____

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Phone: (203) 245-7800

Naturopathic Cancellation Policy

Appointment times are reserved especially for each individual patient. When this appointment is cancelled on short notice we are unable to reschedule this time for another patient. The following Cancellation policy is in place:

**Appointments cancelled less than 24 hours notice will
be charged a fee of \$30.00 and must be paid prior to the next visit.**

I agree that in the event of an appointment that is not cancelled within 24 hours to allow Groves Naturopathic Center, LLC to charge me a cancellation fee of \$30.00. In the event that Groves Naturopathic Center, LLC is able to fill the appointment, the charge will be waived.

Signature: _____

Date: _____

What is Naturopathy?

Naturopathy or naturopathic medicine is a form of alternative medicine using a wide array of “natural” treatments, including homeopathy, botanical medicine, acupuncture, vitamins, as well as diet and lifestyle counseling. Naturopathic physicians favor a holistic approach with non-invasive treatment and generally reserve the use of surgery and drugs as last resorts. Naturopathic philosophy is based on a belief in vitalism and self-healing.

What is Homeopathy?

Homeopathy or homeopathic medicine is a system of natural remedies introduced and developed by a German physician, Samuel Hahnemann, at the end of the 18th century. Homeopathic philosophy believes that when a person becomes ill, it is the whole that is sick: body, mind and spirit. That which is curable is the ‘vital force’. The origin of the illness lies in an imbalance of the vital force. By matching the symptoms of illness with the appropriate homeopathic remedy, the vital force returns to balance.

What to expect

- My Expectations – That you follow the treatment protocol if you want positive results. The protocols will change as we progress on your health journey.
- Working together on your health journey - If at anytime we feel as though things are not progressing, we will re-evaluate our working relationship.