mississippi health center

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Portland, OR 97217
(503) 282-5358

New Patient Information (4 pages)

Contact Information:

name: _____

(Last) (Middle) (First)

Today's date:____/_____/____ Date of Birth____/_____/_____

Occupation(s):_____ hours per week:_____

Primary Care Provider:_____ PCP phone/fax:_____

Source of referral:_____ Your email: _____

Home address:_____(zip)_____

Work address: _____

Home phone:_____ work/mobile #: _____

please circle preferred contact # above or write additional here:_____

Emergency contact: (name)_____ (ph #)_____

Insurance Info: (policy name)_____ (ph #)_____

Member #_____ Group #_____

Subjective History:

1. What major concern, symptom or problem brings you here?_____

   _____

2. When and how did this begin?

   _____

   _____

3. What tests and/or treatments have you received for this concern?_____

   _____

4. What are your goals for treatment?_____

   _____

5. Please list any other medical diagnoses/treatments:_____

   _____

6. Please list all medications, supplements and/or herbs that you are currently taking or take intermittently. Indicate dose and frequency for each._____

   _____

   _____

7. Family History: does or did anyone in your immediate bloodline (mother, father, paternal and maternal grandparents, siblings) have any of the following? *Cancer, diabetes, autoimmune, thyroid conditions, osteoarthritis, or depression?* Please circle all that apply.
8. Have you had any significant illnesses recently or as a child? Please specify:

   _____

9. Have you had any major injuries, especially repeated ones on a particular joint, or a head injury?

   _____

10. Please list any past or upcoming surgeries:_____
11. Anything else?

    _____

    _____

    _____

Mississippi Health Center
Financial Agreement

I, _____(print name), agree to be responsible for full payment of goods and services received at the Mississippi Health Center (MHC). I also agree to be responsible for a $50 missed appointment/late cancellation fee.

Insurance

Billing of insurance is a courtesy performed by MHC staff. In the event of financial discrepancies between your insurance company and MHC staff and providers, the balance of services rendered is your responsibility up to the fullest extent of your and your provider's contract with the insurance company. This may include paying out of pocket for services performed that are not covered under your policy. Generally you will receive notification of such a scenario in your Explanation of Benefits statement sent to you by your insurance. In this case you are required to pay the balance of your visit fee as determined by that statement.

Additionally, deductibles and co-pays are fees that are required by your insurance policy to be paid out of pocket to your practitioner.

Missed appointments and late cancellations (less than 24 hr notice)

These situations are charged a **flat fee of $50**. This is a non negotiable fee unless there is a medical emergency (i.e. emergency room care). Feeing sick is not considered a medical emergency since MHC providers are qualified to treat you for non emergency illnesses. If you are unsure how to approach an unexpected change in your schedule that may conflict with your appointment at MHC, call your provider to discuss options.

I have read and understand the MHC financial agreement and agree to be responsible for payment of goods and services rendered at Mississippi Health Center.

_____(signature)

I have read and agree to a **$50** missed appointment/late cancellation fee.

_____(signature)

Mississippi Health Center
Consent Form

What to expect on your first visit

Naturopathic and Chinese medicines take time to search for the underlying cause of your illness or symptoms and to not just provide you with symptomatic relief. Because of this, please be prepared to take the time necessary to give us a detailed history, to review body systems, and to come up with an individualized treatment plan for you. If you do not understand your treatment or are having problems with following your treatment plan, then we encourage you to call us, so we can help you appropriately.

Types of services rendered

Treatment techniques of Mississippi Health Center staff include acupuncture, cupping, moxa, massage, cranio-sacral therapy, guided visualizations, detailed pelvic work, herbal medicine, homeopathy, nutritional counseling and lifestyle advice. These techniques are practiced at the discretion of the provider and with the consent of the patient.

Consent

I understand that treatment of any type may have side effects. I also understand that I have the right to stop treatment at any point and that it is my responsibility to inform my practitioner of my discomfort or preference to stop treatment. I understand that Mississippi Health Center practitioners are skillfully trained and are practicing with the intention of helping me in my healing process.

Cancellation policy

24 hours notice is necessary for cancelled appointments. This allows space for acute and walk-in appointments. We reserve the right to bill for missed appointments.

I have read and understand the above information.
I the undersigned agree to pay for services rendered at time of treatment.
I further agree to the discretion of the health care provider and give my consent for treatment.

Signature _____ **Date** _____

(parent or guardian signature) _____