



TAHOMA CLINIC

Clinic & Dispensary
801 SW 16th, Suite 121
Renton, WA 98057
Office (425) 264-0059 Fax (425) 264-0071

Jonathan V. Wright, MD
Medical Director

Patient Name: _____

Date: _____

This is to confirm my appointment on _____ at _____
with Dr. _____.

Welcome to the Tahoma Clinic! We are honored that you have chosen us to help in your search for optimum health. This is your New Patient Information Packet. **Please read, fill out and sign the attached forms** and bring them with you to your appointment unless you have been instructed to send them in prior to your appointment.

If you wish to cancel or reschedule your appointment, please notify our office **48 hours** or more before your appointment. **If you choose to cancel your appointment entirely, we do not refund your \$50.00 deposit.** It is our office policy to confirm appointments by phone **two days** before your appointment. If you have an answering machine or voice mail, a message will be left. In some cases the doctor may request fasting lab tests, so we ask that you have no food 8 hours prior to your appointment, if your appointment is before 1:00pm. If your appointment is scheduled after 1:00 and your doctor determines a fasting test is necessary for you, the test will need to be rescheduled at a later date. **Please do not fast, if you have diabetes, hypoglycemia or simply cannot do so.** If you have any questions please call our office at (425) 264-0059. We look forward to meeting you!

Many of our patients are sensitive to environmental substances, therefore we ask all patients to refrain from wearing scented hairsprays, colognes, perfumes, aftershaves, etc. on the days you are here.



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Case History

Date _____

Name _____ Birthdate _____ Gender _____
Last First Middle Initial

Address _____
Street City State/Prov. Zip/Postal code

Telephone: Home/Cell _____ Work _____ Email _____
With Area Code

Employed by _____ Occupation _____

Referred by (Please Circle):

1. Internet
2. Friends and Family Members
3. Yellow Pages
4. Drive by
5. Other _____

Emergency contact _____
Name Telephone Address

List the main problems that you are having, or reason for this appointment:

Please attach additional page if necessary

Past Medical History:

Major Illnesses:

Accidents or major trauma (Scars –Please give location)

Hospitalizations/Surgeries – please give month/year if possible:

Dental Procedures (root canals, etc.)

Current Prescription Medications (names and doses):

Allergies and Sensitivities: Foods, environmental, etc.–Ever tested? Copies of reports?

Occupational Exposures:

Vaccinations:

- () DPT (Diphtheria, Pertussis, Tetanus) Year(s) _____
- () Booster (Usually DT) Year(s) _____
- () Polio injection () Polio oral Year(s) _____
- () MMR (Measles, Mumps, Rubella) Year(s) _____
- () HBV (Hepatitis B Vaccine) Year(s) _____
- () Other (Flu shots, etc.) Year(s) _____

Women:

Last Pap _____ First day of last menstrual period _____
 Marital history: Years married _____ # of children _____ Ages _____
 No. of Pregnancies _____ Deliveries _____ complications _____

Lifestyle factors (Please fill in the approximate amounts):

	Never	Occasionally	Weekly	Daily
Coffee	_____			
Tobacco	_____			
Alcohol	_____			

Exercise Activities

	Never	Minutes	Hours	Weekly	Daily
Swim	_____				
Run	_____				
Walk	_____				
Dance	_____				
Bike	_____				
Garden	_____				
Golf	_____				
Tennis	_____				
Ski	_____				
Weights	_____				
Other	_____				

Diet Log

Please write down what you eat and drink for a week! This includes juice, coffee, alcohol. If you're attempting to follow any particular diet, please indicate that in the space below the table, IE Swank diet, Atkins.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							

Family Medical History

Please give age, lists of any illness, or if deceased.
If deceased, list cause of death and age of death.

Mother:

Father:

Brothers and Sisters:

Mother's Parents:

Father's Parents:

Children:

Possible Illnesses In Alphabetical Order:

Allergies
Asthma
Bleeding Tendency
Cancer, Type
Crohn's Disease
Diabetes-Age at Onset
Drug Abuse
Epilepsy
Gall Bladder
Glaucoma
Heart Disease-Type
Hearing Loss
Hypoglycemia
Kidney Disease
Liver Disease-Type
Lupus
Mental Illness- Type
Multiple Sclerosis
Rheumatoid Arthritis
Thyroid Disease
Tuberculosis
Skin Disease-Type
Other Conditions

Basal Body Temperature Chart

Your body temperature gives an indication of your body's metabolism (the rate in which each cell in the body converts food into energy). A low temperature indicates a sluggish metabolism or "hypo-metabolism".

Most of the time, low body temperature occurs because the body cannot maintain a normal temperature even though the body thermostat may call for more heat. A number of conditions can be responsible: Low thyroid function, a deficiency of vitamins, minerals and calories or chronic allergies may contribute to the cause.

Thyroid blood tests are helpful, but they do not always give the information needed for treatment. Most infections and even cancer can elevate basal body temperatures. A normal reading does not rule out a sluggish metabolism.

This is an easily performed procedure which you can do at home and which may help an overall management of health. It is up to you to do it right. Please do not use an electric blanket as the body temperature can be artificially elevated. A digital thermometer does not go low enough and turns off too soon for this test. You must use a "shake-down" type of thermometer. The basal body temperature can indicate improvement or lack of progression in a treatment. Follow your temperature as an index of how well you are doing.

Five Simple Steps

1. Obtain a thermometer to record your body temperature. Thoroughly shake down the thermometer to 96 degrees and place it on your bedside table before retiring to bed. To remain in basal state, you should avoid any unnecessary movements when taking your temperature. It should be easily reached with minimum effort in the A.M.
2. Take your temperature first thing in the a.m. upon awakening. The temperature is taken by placing the thermometer snugly in the armpit. It must be kept there for at least 10 min. Please watch the clock to make sure it is a full 10 minutes.
3. Repeat this procedure daily for at least 15 days. As there may be some daily variation, it is best to get a series of readings for more accuracy.
4. Enter each day's temperature on the graph provided by placing a dot on the appropriate spot. Join the dots to make a curve. Make extra sheets to continue the graph if you wish.
5. Enter comments on the graph to indicate days of menstruation if applicable. An example might be M1 for the first day, M2 for the second etc. Other notable events may be listed.

In women, particularly, there may be a variation in temperature during different phases of the menstrual cycle. It is ordinarily slightly higher at mid-cycle during ovulation, (10-13 days prior to an expected period). Reading obtained 2nd, 3rd, and 4th day of a menstrual period would most reveal a sub-normal basal body temperature.

If accurately measured, basal body temperatures, which consistently run below 97.8 degrees are highly suggestive of a hypo metabolic state. The normal range is 97.8 to 98.2. Temperatures that vary widely from day to day are indicative of need for thyroid as general rule. This is helpful once treatment is started since dosage is best titrated to the individual to keep it within that range. If it goes over that range and is not due to other causes, a reduction in dosage may be indicated.

****Very Important Information ****

Please Read Carefully, Initial and Sign After Reading

We at the Tahoma Clinic are here to help you take care of your health in the best way that we know how. We realize you came in about health and not finances. The following is to assist you in understanding the Tahoma Clinic financial policies.

Payment Requirements: Appointments must be paid for at time of service. We accept Visa, MasterCard, Discover, American Express, check, cash, or Traveler's checks. Please contact bookkeeping for more details. You will be charged a \$25 fee for returned checks. Any services rendered at the Tahoma Clinic Dispensary and Meridian Valley Lab must be paid directly to them.

INITIAL

Appointments: We require **48 hours notice** if you need to change or cancel your appointment. You will be charged a fee of 50% of the total cost of any missed appointment, or if the 48 hour advance cancellation policy was not met.

INITIAL

Appointment Scheduling fee: An appointment time is set aside for each patient in our busy practitioner schedules. We request a non-refundable \$50 scheduling fee by credit card that is processed at the time of scheduling. This fee is credited against the amount due after your appointment.

INITIAL

Records: We keep a record of your health care. Tahoma Clinic patients are given their patient records upon completion of their doctor visit. If for some reason your records become unavailable to you, we will furnish you with a copy of your medical records upon your signing an authorization form and returning it to our records department. Please allow up to 10 working days for us to process the request. A small fee will be charged for this service. We will not disclose your record to others unless you direct us to do so or unless the law authorizes us to.

INITIAL

Insurance and Medicare: Tahoma Clinic does not bill insurance companies. Our doctors are not preferred providers for any insurance company. You may submit your paid invoice to your insurance for reimbursement. **We are not a Medicare provider.** Medicare will not reimburse you for services rendered at the Tahoma Clinic and you should not seek reimbursement from Medicare. We do have staff available to answer any of your insurance questions.

INITIAL

I understand that I will have asked a practitioner of the Tahoma Clinic for help and that he/she will help to the best of his/her ability.

I have read and understand the above statements.

Print Name

Signature (signed by guardian if under-age)

Date

↓ OFFICE USE ONLY BELOW THIS LINE ↓

Treating Physician or Practioner

Print Name

Signature of doctor

Date