

801 SW 16th St. Suite 121 Renton, WA 98057 Phone (425) 264-0059 Fax (425) 264-0071 Medical Director Jonathan V. Wright, MD

Patient Name:	Date:	
This is to confirm my appointment on:	at:	
Physician:		

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 will collect a \$50.00 Charge. 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	Male □ Female □
Last	First	MI		
Address				
Street		City	State/Prov.	Zip/Postal code
Telephone: Home/Cell ()			
Is it okay to leave a <u>DETAIL</u>	<u>ED</u> messag	e at this number	? Yes □ No □	
Work ()		Email		
Fax ()		-		
Employed by		Occupa	ation	
Referred by (Please Circle):				
 Internet Friends and Family Yellow Pages Drive by Other 				
Emergency contact				
Name		Telepho	ne Address	
Primary Care Physician				
Name		Telepho	ne Address	
List the main problems that	you are ha	ving, or reason f	or this appointment:	
1		_		
2				
3				
Please attach additional	page if nece	essary		

Past Medical History:
Major Illnesses:
Accidents or major trauma (Scars -Please give location)
Hospitalizations/Surgeries/Emergency visits – please give month/year if possible:
Dental Procedures (root canals, etc.)
Current Prescription Medications (names and doses)
Allergies and Sensitivities: Foods, environmental, etcEver tested? Copies of reports?
Occupational Exposures:

Vaccina	ations:											
() Boos () Polio () MMF () HBV	ter (Usual injection R (Measles	() Polic , Mumps, Ru B Vaccine)	oral	Year(s) Year(s) Year(s) Year(s)								
Women	1:											
Wollie	Last PapFirst day of last menstrual period Marital history: Years married# of childrenAges No. of PregnanciesDeliveriescomplications Last Mammogram Last Thermogram											
Men:	Last pros	tate exam	Last	PSA result		_Date						
Lifestyle	e factors (I	Please fill in	the approximate	amounts):								
	١	Never	Occasionally	Weekly	Daily							
	Coffee											
	Tobacco											
	Alcohol											
Exercise	e Activities	;										
		Never	Minutes	Hours	Weekly	Daily						
	Swim											
	Run											
	Walk											
	Dance											
	Bike											
	Garden											
	Golf Tennis											
	Ski											
	Weights											
		_										

IN ORDER TO HELP FACILITATE THE VISIT BETWEEN YOU AND YOUR PHYSICIAN, PLEASE FILL IN THIS FORM WITH ANY VITAMIN, MINERAL, AMINO ACID, OTHER SUPPLEMENTS OR MEDICATION THAT YOU MAY BE TAKING.															
NAME: DATE:															
ADDRESS:	ADDRESS:														
DOCTOR:	DOCTOR:														
SUPPLEMENTS	MANUFACTURER	FORM	DOSAGE	FREQUENCY											
EXAMPLE:															
VITAMIN C	BRONSON	TABLET	500 MG	2 PER DAY											
COMMENTS:															

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:
<u>Father:</u>
Brothers and Sisters:
Mother's Parents:
Father's Parents:
<u>Children:</u>

Possibile 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.

Name	Date
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- 1. Please take your temperature in your armpit for 10 minutes first thing in the morning Before you get up.
- Record the temperature on your chart with a dot (●).
 Indicate the first day of your menstrual period by circling the temperature on the chart with a circle and a dot (O).
- 4. Indicate the last day of your menstrual period by making an "X" through the temperature on the chart.

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**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.

Print Name Signature of doctor Date	-
Treating Physician or Practioner	
◆ OFFICE USE ONLY BELOW THIS LINE ◆	
Print Name Signature (signed by guardian if under-age) Date	
help to the best of his/her ability. I have read and understand the above statements.	
I understand that I will have asked a practitioner of the Tahoma Clinic for help and that he/she will	
<u>Insurance and Medicare</u> : 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
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
Appointments: We require 48 hours notice if you need to change or cancel your appointment. You will be charged a fee of \$50 of any missed appointment, or if the 48 hour advance cancellation policy was not met.	INITIAL
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