JEREMY E. KASLOW, MD, FACP, FACAAI
FAX to 714-565-1035 with any diagnostic reports available

POTENTIAL PATIENT BACKGROUND

Date Sent to Patient:_____

Patient's Name:	If minor, parents:
Date of Birth:	Your occupation:
Street Address:	
City, State, Zip:	

❑ Home Phone #:	❑ Mobile Phone #:
❑ Work Phone #:	Fax #:
Email Address:	

Please check off best daytime phone number and time of day to contact you.

Best Day(s) for Appointment:	❑ Monday ❑Tuesday ❑Wednesday ❑Thursday
Best Time of day for Appointment:	❑ Anytime ❑ Early am(8-10) ❑ Late am(10-12) ❑ Early afternoon (2-3:30pm) ❑ Late afternoon (4-5pm)
Insurance Carrier:	❑PPO ❑POS ❑HMO ❑Tier out of network ❑None
Insurance for "Out of Network" Coverage/Restrictions:	
What are your financial limitations:	❑None ❑Can't afford anything beyond small co-pays ❑Can not afford any out of pocket expenses
How did you hear about us (be specific please)?	
What major medical issues concern you?	
Summarize your specific health goals:	
How much time do you expect for results?	
List type of treatments you have tried:	
How committed are you to following a nutritional program?	
List any special considerations (vegan, sensitivities, etc):	
Have you reviewed our website, www.drkaslow.com?	

_____ ← Initial here to acknowledge that Dr. Kaslow is not affiliated with any HMO or medical group, payment in full at time of service is expected for all patients, and that you will be billed for missed appointments and late cancellations. Dr. Kaslow is not "in network" for most PPOs. Check before committing to an appointment. Lab fees are not included in the office consult charges. Your initials indicate 1) your understanding the basic philosophy of this medical practice; 2) you are seeking consultative care only for health reasons; and 3) any interaction with this office is considered part of a Private Non-Negotiable Contract with Jeremy E. Kaslow, MD Inc. Both/all legal guardians of a minor must sign in order to initiate care.

PLEASE ALSO FAX or MAIL A COPY OF ANY RECENT/RELEVANT LABORATORY REPORTS. If you have a brief summary of your medical needs or history, include this as well.

---------- *For Office Response Only* ----------

- ❑ Get MRR (❑ all ❑ lab only)
- ❑ Send NP packet ☐ASD Initial
- ❑ Send ❑HI? ☐Brain NTI? ☐Neurochem?
- ❑ 1st Available JEK ☐Routine JEK ☐DNS
- ❑ Schedule ST or Patch Metal Test
- ❑ TMA at 1st visit
- ❑ Lab at 1st visit ☐Lab at 1st visit
- ❑ See RPT 1st /at 1st visit

Notes:_____
_____

HEALTH BULLETIN
by Jeremy E. Kaslow M.D., F.A.C.P, F.A.C.A.I.
KNOWLEDGEABLE & DEPENDABLE CARE

Appointments are scheduled in 20" time slots. Dr. Kaslow sees patients Monday, Tuesday, and Thursday 8:00am – 5:00pm and on Wednesdays from 9:00am - 12:00pm. On Fridays the office is open, but Dr. Kaslow is not available for in office care. Susan, our Registered Physical Therapist, is available most days of the week and is available to care for anyone with a prescription for physical therapy, even if you are not a patient of Dr. Kaslow's. For more information about our services and selected health topics, go to our website at www.drkaslow.com.

Appointment intervals are generally every 4-12 weeks because the body requires time to detoxify and heal. This practice does not focus on acute care as much as long-term healing, rejuvenation, and solutions to chronic long-standing problems. That does not mean nothing happens in between your visits, rather it is your responsibility to make the lifestyle changes and observations that are critical to your success. Urgent appointments are often available if you call and explain your needs. If you are ever injured call us immediately to get therapy before the condition becomes chronic.

Concise **E-mail** communication is available. It saves us time on the phone rewriting your questions, updates, etc. Your e-mail also gives us a hard copy for your chart and a way for me to respond to you directly. I hope that you will honor our time in directing the e-mail to the proper person. For matters that only Dr. Kaslow can address, e-mail drkaslow@drkaslow.com. Please do not send your email as an attachment (Word, etc.), this takes longer to read and can be a security risk to our network. Lengthy E-mails are typically responded to last since they require more time. For billing related matters, E-mail billing@drkaslow.com. For anything related to supplements and other remedies such as re-orders or questions, arrival times, back-orders, E-mail supplements@drkaslow.com.

We have phlebotomists to **draw laboratory specimens** in our office. Both are fast, friendly, and usually painless. We spend a lot of time trying to track down lab results, giving you the right kits, and making sure the proper specimen gets done. We generally send specimens to LabCorp for most lab tests and they bill your insurance directly. For other specimens sent to specialty labs we will help with billing to hopefully minimize hassles. Blood draws are done Mondays, Tuesdays, Wednesdays and Thursdays. Please call to schedule a lab collection appointment to minimize your wait in the office. Remember to not eat anything after dinner the night before if you have been advised to fast.

Although some patients have been reimbursed for **supplements** prescribed and purchased through our office, it may require a great deal of work on your part. You must talk directly with your insurance carrier (usually repeatedly) to explain that you are intolerant to other forms of therapy, and that you have derived significant and objective benefit for the first and only time from these specific agents. Insurers usually require that supplements are specifically prescribed for you and not available except through a health professional. We will not provide any further letters or records, etc. other than a simple generic letter. You will still need to pay at the time you receive your supplements, and we will not bill insurance even if they begin paying for them. Supplements purchased in the office are often eligible for **Health Savings Account** and **Flexible Spending Account** reimbursement.

Some of the **specialized techniques** that we use to assess and optimize your health may not be a covered service under your insurance plan.

There are three main biochemical **foundations** of a successful approach to health: 1) Giving your body the specific nourishment it needs to function optimally (ex: vitamins, minerals, etc.); 2) Avoiding those things or activities that make you worse (ex: allergic foods, sugar, caffeine, etc.); and 3) Detoxifying or de-infecting something in your body that you cannot get rid of without help (ex: Candida, mercury, parasites, Lyme, etc.).

While these three fundamentals must always be addressed, two more aspects may need to be included. The fourth component is for individuals who have had a life event alter their health. It is for the person who says, "ever since I had that... (accident, surgery, infection, etc.) I haven't been the same..." These individuals have developed an **interference field** for which diet, nutritional support, hormone balancing, etc. will only provide partial resolution. Recovery has been impeded by an "interference field."

There are three basic types of events that seem to interfere with healing: 1) Physical trauma such as surgery, childbirth, car accident, bone fracture, biopsy, etc.; 2) Infection such as from immunizations, viruses, Lyme and related organisms, dental abscesses, etc.; and 3) An emotional event such as a death, abandonment, abuse, divorce, loss of home or business, etc.

Neural Therapy removes "interference fields" and allows healing of these refractory conditions. The underlying reason is that the Autonomic Nervous System controls everything, even your biochemistry and hormones. Neural Therapy "resets" the autonomic nervous system, which is in turn the master control of your health. Neural Therapy is usually covered by insurance. For more information, see my webpage on "Neural Therapy" at www.drkaslow.com. There are other modalities that we use as appropriate such as Micro-Dose Biopuncture, trigger point injections, low level lasers, etc.

The fifth fundamental is identifying and reprogramming emotional behaviors that are maladaptive. We all have behaviors and **emotions** that work against us. We do things that we know we should not. It is as though we sabotage ourselves, and then we pay the price. Why is this? Why do we choose to do things that we know are not in our best interest? Why do we feel anxious or irritable or aloof or angry or frustrated or guilty for no apparent reason? Especially when it "gets the best of us." Many patients get better for a while, only to relapse again later. We fail to adapt to the higher level of function. Often it is a matter of practicality or lifestyle choices. However, too often it is our own maladaptive emotions that revert us back. It is often the consequences of these feelings that affect our health and our ability to feel wonderful.

In focusing on the nervous system, we try to balance and harness the control it has over all aspects of living - biochemical, hormonal, immune, and emotions. Emotions should be under the control of your nervous system - the unconscious nervous system. So if you are told that it's all in your head, there is some truth to it. We are reminded that ordinary people have walked across hot coals without burning their feet when they set their mind to it.

Our aim is to use techniques that address the core of the problem. For example, unlinking or re-programming your emotions to your physical response so that your nervous system works on the same team as the rest of you. There are specific connections between our emotions and our physical body, they probably involve acupuncture meridians. It seems that specific locations on your body are receptors to the outside world. Just as your eyes are for vision, your ears are hearing, your nose for smelling, etc. these special sensory sites are receptors for what is called subtle energy. "Subtle energy" includes things you know are there but are not felt physically - like radio waves, magnetism, etc. It may also be a spiritual matter - like prayer. There is no question they exist, we just take them for granted or do not appreciate them because we don't understand them. Homeopathy and acupuncture are examples.

Using subtle energy at specific locations in a specific sequence has been used successfully and there is convincing evidence that it impacts the nervous system. There is great healing potential in this modality. Our office includes on-site staff trained in specific healing techniques that rapidly get to the crux of the problem and help you re-program yourself to be free of these maladaptive subconscious responses.

Working together we can accomplish many things. Our goal is to guide you, enable you, and assist you in attaining and maintaining the best possible health. It is an honor and a blessing to care for you. On behalf of my staff and I, we look forward to a valuable health promoting relationship.

Jeremy E. Kaslow, M.D.
Fellow, American College of Physicians
Fellow, American College of Allergy, Asthma, and Clinical Immunology

Thank you for your interest and confidence in choosing to enter a
Private Non-Negotiable Contract
with our medical practice for consultation.

INFORMATION FOR NEW PATIENTS

Because your first visit is especially important, we'd like to make it as smooth and fulfilling as possible. To accomplish everything you would like the doctor to address, please:

1. Complete all of the intake information and questionnaire before your appointment. Ideally we would like to have received the completed form at least one week before your first appointment. You may fax the forms to 714-565-1035. If your paperwork is not completed when you arrive at our office for your scheduled visit, your visit may be re-scheduled. Fill in all sections please!

2. Bring or have all of your doctors send us all **labs and medical records** within the past 5 years. The actual x-ray, CT, or other films are not necessary, just the reports. A request for medical records from your doctor(s) is attached. Send it or fax it to your doctor (s) and then call your doctor a week or two before your appointment to confirm the records have been sent to us.

3. Bring all **nutritional products and medications** you have used recently to your first appointment. Bring the actual product(s) in their bottles and a list.

4. Bring any other literature or information you would like the doctor or staff to review.

5. Plan to have a urine specimen and other diagnostic procedures done when you arrive. Avoid exercising, use of any unnecessary medications, nutritional supplements, and coffee on the day of the visit. If your appointment is before 10:00am, try to skip breakfast in case labs are needed in a fasting state.

6. Patients enrolled in Medicare will need to complete an additional form **before** being seen.

7. For patients who are minors, **BOTH** parents or guardians must sign the information form to prevent any conflict between parents with our management plan. Both parents are encouraged to attend the office consultations but this is not mandatory.

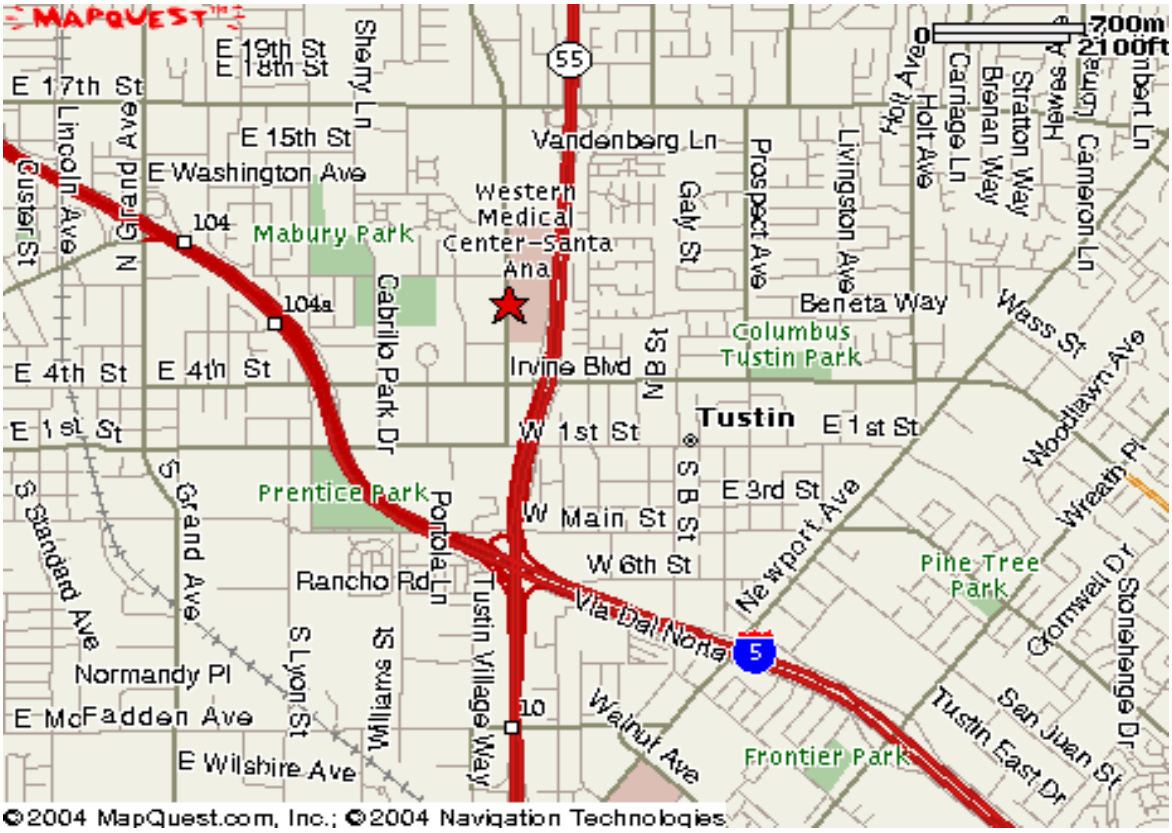
We have set aside a specific amount of time and staff for your consultation. Your acceptance of the appointment is an acknowledgement of your private non-negotiable contract with us for consultation. If you can not keep your appointment, we require 2 working days notice. You will be charged for failure to show without advance notice. Patients who repeatedly cancel and do not show for appointments will not be rescheduled.

As you will see, it is our intent to provide you with exceptional and personal care. We consider it an honor that you have chosen us, and we look forward to seeing you. You can find out more about our practice at www.drkaslow.com

Welcome to our medical office.

DIRECTIONS TO OUR OFFICE

North



South

"TIME MEDICAL PLAZA"

Our **two story brown wood** office building is located just west of the 55 Freeway and south of the 22 Freeway between 17th Street and 4th Street in Santa Ana.

- From the **North**, take the 5 Freeway southbound to the 4th Street offramp. Turn left onto 4th Street and go east to the stoplight at Tustin Avenue. Turn left onto Tustin Ave and travel north to 720 North Tustin, which is on the left side of the street before the first stoplight at Fruit Street.
- From the **South**, take the 5 Freeway northbound to the Riverside Freeway (North 55) offramp. Stay in the far right lane and exit onto the 4th Street offramp. Turn left onto 4th Street and travel west to the second stoplight at Tustin Avenue. Turn right onto Tustin Ave and travel north to 720 North Tustin, which is on the left side of the street before the first stoplight at Fruit Street.
- From the **Southbound 55 Freeway** driving towards Newport Beach, exit the 4th Street offramp. Turn right onto 4th Street and travel west to the stoplight at Tustin Avenue. Turn right onto Tustin Ave and travel north to 720 North Tustin, which is on the left side of the street before the first stoplight at Fruit Street.
- From the **Northbound 55 Freeway** driving from the Newport Beach area, exit the 4th Street offramp. Turn left onto 4th Street and travel west to the second stoplight at Tustin Avenue. Turn right onto Tustin Ave and travel north to 720 North Tustin, which is on the left side of the street before the first stoplight at Fruit Street.

Our office is on the first floor in Suite 104. Our office phone number is **714-565-1032.**

We look forward to seeing you.

THIS PRIVATE NON-NEGOTIABLE CONTRACT MUST BE FULLY COMPLETED and RECEIVED BY OUR OFFICE BEFORE YOUR 1st CONSULTATION

Jan 2012

Patient's Last Name:_____ First Name:_____ Middle Initial:_____ Marital status_____

Home Address:_____ Home phone: (_____)-_____ Soc Sec #_xxx_-xx-_____

City, State:_____ Zip:_____ Birth date:_____

Fax # for correspondence:_____ Email:_____ Cell Phone:_____

Employer:_____ City :_____ Work ph: (_____)-_____Ext:_____

Person responsible for payment:_____ Relationship to patient:_____

Address if not same as above _____ Soc Sec #_____-_____-_____

Employer:_____ City :_____ Work phone: (____)-_____ Ext:_____

Other parent or
Emergency contact:_____ Day Phone: (_____)-_____ Relationship to patient:_____

How did you hear about us? _____ ☐ Friend ☐ PPO book ☐ My doctor ☐ Internet
(please be specific)

INSURANCE & BILLING INFORMATION: Insurance Co _____ Name of Insured:_____
Birth date of Insured

☐ No Insurance ☐ Medicare ☐ Cigna
We need a photocopy of your Policy Card and a full-length photo ANNUAL DEDUCTIBLE $_____ Met this year?_____

For ALL PATIENTS: Regardless of your anticipated insurance coverage, you are responsible for the entire amount billed. For example, if your insurance policy has a deductible or a co-payment, this is to be paid at the time service is rendered. If your policy is no longer in effect, excludes conditions for which you are seeking care, does not cover a diagnostic or therapeutic procedure, you are ineligible for services provided to you, or does not pay us for any reason you will be liable for the full amount. It is your responsibility to find out the fees beforehand if you are not sure. Collection costs may be added. You will be charged for not showing up to your appointment(s) or canceling an appointment less than 1 full working day beforehand.

❑ By agreeing to receive care and services in this office you are authorizing us to bill **your Credit Card** for any outstanding unpaid balance after 45 days.

❑ **For PARENTS of MINORS:** Occasionally your child may need medical treatment when you are unavailable. To prevent delay, your agreement to have your child become my patient authorizes me to any x-ray, laboratory examination, medical diagnosis or treatment and hospital care deemed advisable by and rendered under the general or special supervision of Jeremy E. Kaslow, M.D. whether such a diagnosis or treatment is rendered at the hospital or office for your child when no legal guardian is present.
Because of the occasional disagreements about the care of a minor, **BOTH** parents or legal guardians must sign this form before Dr. Kaslow will evaluate or treat your child. Both parents must understand and agree in concept to the nature and approach of my practice. This authorization shall remain effective until your child is age 18 unless revoked in writing and received by Dr. Kaslow's office.

❑ **For PATIENTS in EPO or PPO PROGRAMS:** If we are a contracted provider, we must submit your insurance claim directly. Failure to provide us with the necessary insurance information forces us to look to you for payment. **It is your responsibility to make sure we are a participating/contracted provider with your PPO/EPO/POS.** If your insurance has not responded to our claim within 45 days, you will be responsible for paying the balance due immediately**.** You will be notified that your credit card will be used to pay off your balance due. Excess payments received from the insurer after this time will be refunded as per your policy. Writing off your co-payment or deductible is not office policy and often violates the contract of the PPO agreement.

❑ **For PATIENTS** with **KAISER, HMO insurance, MEDICARE*, WORKER'S COMPENSATION, BLUE CROSS, BLUE SHIELD, HEALTHNET, AETNA, GEHA, MULTI-PLAN, CHOICE CARE, TRI-CARE** or **PHCS COVERAGE:** We are not contracted providers for these networks. You are responsible for full payment of all charges at the time of service. We may submit a claim on your behalf. Insurance discounts do not apply to out-of-network care. There may be extra fees for preparing reports and records your insurer requests. Some items are not billable to insurance and will not be submitted for reimbursement. ***Medicare patients** must sign an additional form before any care is provided. Ask if you did not receive it.

I hereby authorize Jeremy E. Kaslow, M.D. to render any procedure deemed necessary in diagnosing and treating my condition, or that of my dependent in an irrevocable hold-harmless agreement. I also authorize him to furnish information to my insurance carrier concerning the services provided and irrevocably assign to him all payments for the services rendered. I understand and accept full responsibility for all charges incurred whether covered by insurance or not. I will pay any legal costs I incur to or on this office, as well as any and all collection costs if my balance becomes delinquent (60 days after service). I acknowledge and authorize Jeremy E. Kaslow, MD Inc to charge my credit card for any remaining balance due on my account after 45 days.
The sole purpose of my consultation is for personal health care and I am not part of an investigation or inquiry about Dr. Kaslow or any aspect of his practice. Signature below indicates irrevocable agreement to the above terms as a private non-negotiable contract.

☐ I/We received and reviewed the office policy. ☐ I/We reviewed the privacy policy of this office (HIPPA).

NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the Medical Board of California, 800-633-2322, www.mbc.ca.gov

Signature of Responsible Person(s):_____ Date:_____
If patient under 18, both Mother AND Father must sign

OFFICE INFORMATION and POLICIES

Welcome to our office. In order to provide you with consistent quality care, we would like you to understand some of our office policies. The practice philosophy and other useful information can be reviewed on our website, www.drkaslow.com. We encourage you to become informed about our practice.

When you agree to become a patient, you must agree to a PRIVATE NON-NEGOTIABLE CONTRACT between our office and yourself and assigns. This means that only you will decide on what is best for you independent of any outside influences such as insurance companies, etc. You are always in control of your care.

All **new patients** and existing patients that have not been seen for more than a year are seen as full consultations. Existing patients with an urgent medical problem will be seen as soon as possible but we focus on long term health consultations. Physical therapy and nutritional counseling is also available.

APPOINTMENTS

New appointments are generally allotted 40 minutes with Dr. Kaslow. Although follow-up consultations are scheduled in 20 minute increments, if you need more than the time allotted, you may be charged for an extended visit. If you have time restraints, please let us know when you schedule your appointment or when you arrive. Please **call us** during the day of your appointment to see if we are running on time. We respect your valuable time. We do our best to give you the time you need as well.

The *early morning and early afternoon* appointments set the schedule for the remainder of the day. **Come 15-20" before** the scheduled time to allow vitals and other diagnostic studies to be completed before the appointment is scheduled to begin. For example, if your appointment is at 8:20 am, arrive at 8:00 am so that you have been prepared by 8:20 am for the consultation with Dr. Kaslow. Ask if you should be fasting or take medications before your appointment.

Please keep scheduled appointments or call 714-565-1032 at least **2 full workdays in advance** to let us know if you will be late or unable to come in. You will be charged for missed appointments. Individuals who repeatedly fail to show for appointments, cancel without advance notice, or are excessively late will be discharged from the practice.

FEES

Your credit card information will be collected when you schedule your initial appointment, in accordance with our cancellation /no-show policy.

You are responsible for all of the **costs of services** provided you. Except Medicare, we furnish your *primary* insurance company with an electronic or paper claim as a courtesy to you. Special reports to insurance carriers will be charged according to the time spent, and you will be responsible for this expense.

Although we request payment for services from you at the time provided, we will submit a claim to your insurance so that you may be reimbursed directly. If we receive payment from your insurer, we will reimburse you for any overpayment. Some services may not be covered and will not be billed to your insurance.

INSURANCE NETWORKS

For patients in Cigna or OCPPO/Foundation networks, we have an obligation to bill for you and accept a pre-determined reimbursement. It is considered insurance fraud to **accept insurance only** as payment in full if a co-payment is expected. Please don't put us in an awkward position by asking us to "accept insurance only." Let us know if you have extreme financial distress. Co-payments are due at the time service is provided.

Under all circumstances, **your account** is due in full within 45 days. If you need financing or need to make partial payments, please arrange this through Visa, MasterCard, or American Express.

LABORATORY TESTING

Valid and accurate lab results are important - the information helps determine your care. While there are many good **laboratories**, Dr. Kaslow may choose specific laboratories because they are either the best at what they do or are the only one that performs a specific type of analysis. They may be "out-of-network" or will not bill insurance. Routine labs are usually done through a lab in your preferred provider network whenever possible. Check with your insurance carrier first if you have questions. Our staff will help advise you on approximate fees and coverage.

Dr. Kaslow personally reviews all **laboratory results** and may make preliminary comments and recommendations that will be relayed to you by a staff

member or via E-mail. There is a modest charge for this service. To review the patterns and implications of lab tests in more detail requires an office visit. You will receive a copy of your lab results; you should keep your own file of all reports and data.

PHONE CALLS and CONSULTS

If you would like a **phone consultation** instead of an office visit, one can be arranged and billed according to the time spent on the phone. Some insurance companies reimburse this cost.

Certain medications such as antibiotics should not be prescribed without an in office examination. Your past use of a medication or wishes for **therapy over the phone** does not always mean it is appropriate or safe. Emergency appointments are available but must be limited to your urgent situation only.

NUTRITIONAL SUPPLEMENTS

Dr. Kaslow has extensive experience, expertise, and success using **nutrition** and *specific* supplements. There is a huge difference among products and manufacturers. Public reputation, label contents, and cost mean nothing. Many supplements our patients find successful are not available in health food stores, pharmacies, etc. These are available to you through our Supplement Dispensary in this office (many need to be specially ordered) as a service to you. In addition to knowing the select manufacturers with impeccable standards of quality, we rely on feedback from our patients about specific products. In this way, your response helps others.

Although you are not obligated to obtain supplements from our office, we can not be responsible for what you purchase at your own risk elsewhere. We never accept opened products for credit or refund. If unopened, returns must be ***approved in advance*** within 30 days of purchase.

PHONE NUMBERS

For all matters relating the office, Dr. Kaslow, billing, insurance, appointments, labs, etc. call 714-565-1032 or e-mail billing@drkaslow.com

For all matters relating to nutritional supplements call 714-565-1036 or e-mail supplements@drkaslow.com.

Be concise. Please don't abuse the E-mail privilege. Multiple E-mails will be billed for the time needed to review and respond. Faxing questions and information is also a good way to contact us. Our fax number is 714-565-1035.

OUR RELATIONSHIP WITH YOU

In some circumstances, you may want Dr. Kaslow to assume primary care responsibilities for you. This is not our policy but may be arranged on a case-by-case basis.

Relationships must be built on trust. When you sign the patient information form, you are entering into a Private Non-Negotiable Contract. If you have **problems** with any aspect of your care, let Dr. Kaslow know - we are on the same team as you. What we do is a labor of love; we consider it a privilege to share it with you.

REFERRALS

We have been successful managing a variety of health conditions - feel free to ask us about a friend or family member you think might benefit from our services. Although Dr. Kaslow can not provide medical advice or care to anyone not in the practice, we do appreciate your confidence and referrals.

NAME AGE VISIT DATE

List ALL DOCTORS you currently see:

OCCUPATION or GRADE IN SCHOOL

When did problems begin?

PLEASE LIST THE MAIN REASONS FOR YOUR VISIT

Please list **ALL** recent & current medications, birth control pills, vitamins, herbs, etc.

History of ANTIBIOTIC use:

ALLERGIES AND ASTHMA

EYES	EARS	NOSE	SINUS	THROAT	CHEST
__ Itch	__ Itch	__ Itch	__ Pain or Pressure Above, Below, or Behind Eyes/cheeks	__ Itching	__ Asthma __as a child
__ Redness	__ Feel Full	__ Sneezing	__ Drainage	__ Frequent sore throats	__ Wheezing
__ Tearing	__ Pop	__ Clear Runny	__ Sinus Surgery	__ Bad Taste	__ Chest feels tight
__ Burning	__ Ring	__ Thick Runny	__ Mouth breather	__ Bad Breath	__ Shortness of breath __easily winded
__ Discharge	__ Had tubes	__ Stuffy	__ Frequent Sinusitis	__ Post-nasal drip	__ Cough is mostly
__ Blurring	__ Bad Hearing	__ Polyps	__ Dark Circles	__ Clear throat often	__Dry __Wet __Thick
__ Use Contact Lenses	__ Surgery	__ Bloody noses	__ Bags under eyes	__ Voice cracks	__in middle of night __ upon arising
	__ Frequent Infections	__ Mucus is discolored		__ Hoarse	__after eating __ seems in neck/throat
				__ Snoring	__seems from chest

Above conditions worse when exposed to DUST___
CATS___ DOGS___ GRASS___ TREES___
AIR-CONDITIONING___ COLD___ HEAT___
CHANGE OF WEATHER___ WINDS___ ODORS___
TOBACCO SMOKE___ SMOG___ DAMP/FOG___
Other Other

Condition is worse INDOORS___ OUTDOORS___
EARLY AM___ LATE AT NIGHT___ DAY___
SPRING___ SUMMER___ FALL___ WINTER___
AT SCHOOL___ AT HOME___ IN BEDROOM___ AT WORK___
AFTER EXERCISE___ AROUND MENSES___ AFTER EATING___

How often do you have the above symptoms? Daily____ 2-3 times a week____ 2-3/month____ 1/month____ less than 1/month____
How long do symptoms last? Hours____ days____ weeks____ all the time____ How many school/work days missed due to the above?_____
Number of ER/hospitalization visits for the asthma/allergies:

DRUG REACTIONS: Aspirin?___ Penicillin?___ Sulfa?___ Other (list)_____

Describe your reaction:_____

FOOD REACTIONS:_____

INSECT sting/bite reactions:_____

Have you ever been tested for allergies? when results:

HOME ENVIRONMENT: List everywhere you have lived:

How long have you lived in So Cal? _____ Is your home near industry?_____ Near powerlines/transformers?___ Freeways/heavy traffic?____
How old is present home? _____ How long have you lived there?_____ Do you have forced heating/cooling?___ Special filter system?____
Does your home have a mold/mildew/dampness problem? ___ Carpet age _____ years condition:_____ ever flooded?_____
Does anyone smoke indoors?___ How much exposure do you have (or have had) to chemicals, pesticides, paint, etc._____

IN YOUR BEDROOM: carpet?___ curtains?___ mini-blinds?___ waterbed?___ mattress age ____ yrs stuffed animals?___
Do you use a down comforter?___ feather pillows?___ plastic cover on mattress?___ plastic cover on pillows?___

PETS indoors at home outdoors neighborhood

WORK/SCHOOL ENVIRONMENT Fumes?___ Animal contact?___ Poor ventilation?___ Odors/Mildew?___ Chemical use?___
Is your school/work performance affected by the environment?

TRAVEL HISTORY

Place one [X] if condition is chronic and two [XX] if condition is acute/significant. Leave all others blank.

IMMUNITY & RESISTANCE

__ Takes a long time to heal	__ Problem with boils	__ Infections settle in lungs	__ EBV __ Lyme positive
__ Catch colds easily	__ Warts	__ Pneumonia(s) in 19_____	__ HHV6 __ Mycoplasma
__ Have had shingles	__ Frequent cold sores	__ Frequent "bronchitis"	__ Herpes
__ Toenail fungal infections	__ Frequent canker sores	__ Many bladder infections	__ CMV
__ Yeast infections			__ Positive TB skin test

CHRONIC FATIGUE

__ Fatigue just after meals
__ Fatigue mostly in the afternoon
__ Fatigue all day
__ Exhausted after slight effort
__ Fluctuating energy levels
__ Must nap ____ hrs during day
__ Muscles ache like after exercise
__ Flu-like feelings (malaise)

What was triggering event?

Was onset sudden or gradual? | When did it start?

What makes it worse?

What makes it better?

AUTONOMIC & ACID-BASE

__ Feverish (temp_____)	__ Dry mouth	__ Cold hands or feet	__ Chilled when stressed
__ Night sweats	__ Strong gag reflex	__ Yawn frequently	__ Watery eyes or nose
__ Flu-like symptoms	__ Easily startled	__ Strong light irritates	__ Eyes blink often
__ Swollen lymph nodes	__ Make goosebumps easily	__ Staring, blinks little	__ Always hungry
__ Sweaty/clammy palms, soles, forehead, or underarms	__ Unable to relax	__ Fingers or lips tingle	__ Perspire easily
	__ Slow starter in the am	__ Hard to fall asleep at night	__ Rapid digestion

GLUCOSE METABOLISM

__ Hypoglycemia __with (+)test
__ Excessive appetite
__ Hungry or irritable between meals
__ Have to eat frequently
__ Afternoon headaches
__ Eating relieves fatigue
__ Eat when nervous or upset
__ Get shaky, lightheaded or heart pounds if hungry or meals delayed
__ Awaken after a few hours of sleep for no reason
__ Am still hungry even after a large meal
Crave __candy/sweets __chocolate __alcohol __breads __coffee

HEADACHES & DENTAL HISTORY

Location of headaches:

__ Head throbs or pounds (migraines)
__ Dull/pressure type headaches
__ Stiff neck
__ Shoulders & upper back ache
__ Past head/neck injury
__ Car or other major accidents

Headaches first began

How long does your headache last

What helps

Triggers

__ Jaw pops, locks, grinds
__ Grind teeth/bruxism
__ Teeth in need of repair
__ Have had orthodontic work
____ # of dental fillings:
____ # of root canals

BRAIN CHEMISTRY

__ Restless, uneasy sleep	__ Depressed, not motivated	__ Anxious, nervousness	__ High pain threshold
__ Awaken in the night __ times	__ Suicidal thoughts	__ Highly emotional	__ Poor concentration
__ Awaken in a.m. unrested	__ Withdrawn socially	__ Mind races	__ Forgetful/poor memory
Usual number hours of sleep ___	__ Moody	__ Hyperactive or very restless	__ Cloudy/foggy thinking
__ Attention deficit disorder	__ Worrier or feel insecure	__ Irritable or angry	__ Reduced initiative
__ Learning Disorder	__ History of seizures	__ Poor school/work performance	
DOMINANT EMOTIONAL RESPONSES:	__ Fear __ Worry __ Anxiety	__ Anger __ Frustration	__ Impatience __Sadness

☐ Check here if you would like to complete a more comprehensive questionnaire regarding brain neurotransmitters and chemistry.

ENDOCRINE GLANDS

__ Swollen or bulging eyes	__ Weight loss (____lbs)	__ Irregular periods	__ Hot flashes
__ Thick skin	__ Weight gain (____lbs)	__ Breast tenderness or cysts	__ Night or cold sweats
__ Sensitivity to cold	WHAT IS YOUR IDEAL WT?_____	__ Premenstrual depression/crying	__ Menopause in 19_____
__ Sensitivity to heat	When did you last weigh this?_____	__ Premenstrual anxiety/irritability	(hysterectomy?____
__ Thyroid disorder	__ "Splitting" headaches	__ Premenstrual bloating/water gain	
__ Low body temperature	__ Always thirsty	__ Heavy flow __ Clots	__ Vaginal dryness
__ Low sex drive __Low Sex Response	__ Crave salt	__ Light flow __ Brown flow	__ Vaginal itch/discharge
__ High sex drive		__ Days of flow	__ Menstrual cramps
__ Can't get weight up to normal	__ High blood sugar/diabetes	Days between periods _____	__ Ovarian Cysts

☐ Check here if you would like to complete a more comprehensive questionnaire regarding hormone balance.

SKIN

__ Itching	__ Dandruff	__ Dry skin	__ Chapped lips
__ Hives	__ Eczema	__ Corners of mouth crack	__ Psoriasis
__ Rashes	__ Acne or pimples	__ Rough skin on back of arm	__ Brittle fingernails
__ Flushing or blotches	__ Oily skin __only on face	__ Sunburn easily	__ White nail spots
__ Stretch marks	__ Foot odor	__ Thick skin on heels/feet	__ Hair loss

GASTROINTESTINAL-DIGESTION

__ Burning tongue	__ Coated tongue	__ Bad breath/halitosis	__ Elevated liver enzymes
__ Burping or belching	__ Bloating after meals	__ Gas	__ Have had Hepatitis _____
__ Heartburn or sour taste	__ Fatty food intolerance	__ Foul smelling stool	__ Itching around anus
__ Nausea	__ Pain between shoulder blades		__ Groin rash or itch
__ Metallic/bitter taste	__ Gallstones	__ Light/clay colored stools	__ Parasites
__ Stomach pain/upset before meals	__ Acidic foods upset stomach	__ Black or bloody stools	__ Last colonoscopy _____
__ Stomach pain/upset after meals	__ Hemorrhoids	__ Loose bowel movements (diarrhea)	
__ Past ulcer or gastritis	__ Pain/cramps in lower abdomen	__ Constipation or hard stools	Bowels move_____a day

Patient Name:_____

CARDIOVASCULAR

__ Chest pains (Angina)
__ Mitral valve prolapse
__ Palpitations/heart pounding
__ Irregular heart beat
__ Heart beats fast or races
__ Easily winded with slight effort
__ Had a StressTest When?_____
__ High blood pressure
__ Low blood pressure
__ Low blood count (anemia)
__ Low iron __ Low B12
__ Had a body scan done in _____
__ Gums bleed after brushing
__ Bruise easily
__ Prior stroke
__ Feet swell up
__ Varicose veins
__ Spider veins
__ Dizzy or light-headed
__ Dizzy when stand up
__ Poor circulation
Cholesterol level_____
__ High triglycerides

MUSCULOSKELETAL & CALCIUM METABOLISM

__ Arthritis LIST in order of severity:
__ Painful joints

__ Joints click or creak
__ Stiffness
__ Stiff in the morning
__ Low back pain
__ Pain between shoulder blades
__ Neck pain
__ Degenerative joint disease
__ Have crushed vertebrae
__ Joints injure easily
__ Heel or Foot Pain
__ Tremor or shakiness
__ Numbness or reduced sensation
__ Balance difficulty
__ Poor coordination
__ Tingling
__ Muscle cramps at night?___
__ Muscle spasms or tenderness
__ Muscles weak/fatigue easily
__ Bursitis
__ Carpal Tunnel Syndrome
__ Osteoporosis / Osteopenia / Bone loss
__ Chiropractic adjustments don't stay/hold
__ Kidney Stones (type of stone:)
__ Build up dental tartar or plaque rapidly
__ Gingivitis or gum disease/inflammation
__ Dental Cavities recently __ Loss of dental bone

MISCELLANEOUS

__ Swollen lymph glands
__ Sensitivity to fumes, smoke, smog, chemicals, odors, etc.
__ Sensitivity to most medicines
__ Significant chemical exposures at work
__ Awaken to urinate ____ times
__ Difficulty holding urine
__ Burning with urination
__ Urinate small amount at a time
__ Kidney infections
__ Frequent Bladder infections
__ Kidney disease
__ Stream force is reduced
__ Prostate trouble / Prostatitis
__ Impotency/Trouble with erections
__ Dribble after urinating
__ Silicone or Saline Implants
__ Glaucoma
__ Reduced Night Vision

CHILDHOOD MEDICAL HISTORY

CHILDHOOD: weeks born premature?____ low birth weight?_____ complications of pregnancy or delivery?_____
newborn jaundice?_____ diarrhea?_____ vomiting or regurgitation?_____ breastfed _____ mos
formula soy___ milk___ colic?___ croup?___ bronchiolitis/bronchitis?___ (age(s)_____)
Are immunizations up to date?___ normal development?__ In daycare or preschool _____ days/wk

List MAJOR ILLNESSES: or INFECTIONS

List PREVIOUS THERAPIES and YOUR RESPONSE

List all HOSPITALIZATIONS, OPERATIONS, DENTAL PROCEDURES, CAR & OTHER ACCIDENTS, ETC. (include dates)

Alcohol intake per week _____
Colas or sodas _____ cans/day
Do you use margarine?___
Antacids taken _____/week
Tobacco ___packs/day for ___years (quit 19____)
"Sugar-free" products per day ___ A S
Do you eat dairy products regularly?___
Birth Control Pills for _____years
Cups of caffeinated coffee per day ___
Red meat eaten _____/week
Do you drink tap water?___ purified?__
Recreational drug use _____
How much fruit juice do you consume/day?_____ How many servings of fruit/day?____ How many servings of vegetables/day?_____

List FOOD RESTRICTIONS:

What Foods do you CRAVE or eat a lot of?

What do you typically eat
Breakfast-
Lunch-
Dinner-

Marital status:_____ How long?____yrs Ages of children:_____ Ages of Siblings:_____

SPORTS: HOBBIES:

WHAT IS YOUR EXERCISE PROGRAM:

LIST THE MAJOR SOURCES OF STRESS IN YOUR LIFE

Rate your satisfaction on a scale from 1 (poor) - 10 (great) of your JOB____ MARRIAGE____ HEALTH ____ GENERAL LIFE ____

ANY FAMILY MEMBERS WITH:
__ Allergies
__ Asthma
__ Attention deficit
__ Autism
__ Alcoholism
__ Atherosclerosis
__ Diabetes
__ High blood pressure
__ Obesity
__ Thyroid disorders
__ Alzheimer's
__ Cancer (type_____)
__ Emphysema
__ Mood Disorders
__ Osteoporosis
__ OsteoArthritis
Other family conditions:
__ Heart disease
__ Migraine
__ Strokes
__ Ulcers

NAME:

PLEASE RETURN BY MAIL, FAX OR TO THE FRONT DESK

REQUEST FOR RELEASE OF RECORDS

Patient: _____ Date of Birth:_____

SSN: XXX-XX-__ __ __ __ Medical Record Number:_____

From DOCTOR(s), CLINIC(s) or HOSPITAL(s):

Date faxed

- ❑_____ fax:_____
- ❑_____ fax:_____
- ❑_____ fax:_____
- ❑_____ fax:_____

Effectively immediately, I hereby authorize and request you to release by mail or facsimile to:

Jeremy E. Kaslow, M.D., F.A.C.P., F.A.C.A.A.I.
720 North Tustin Avenue Suite 104
Santa Ana, CA 92705-3606
714-565-1032 FAX 714-565-1035

- ❑ All medical records concerning any aspect of my medical care.
- ❑ All medical records concerning any aspect of my medical care beginning _____.

- ❑ Only diagnostic data such as laboratory, biopsy, radiograph, imaging, spirometric, EKG, skin testing, or other test reports
  - ❑ the beginning of my illness or my first visit with you or your group.
  - ❑ _____.

The medical records requested are only to be used for medical care. They will not be released to another party without specific written authorization. A photocopy or facsimile of this request shall be as valid as the original and remain in effect for 12 months from the date of signature below. I may revoke this authorization in writing effective at any time. My next appointment with Dr. Kaslow is _____. Thank you for your cooperation and rapid response.

Signed:_____ /Witness:_____Date:_____

PROHIBITION OF RE-DISCLOSURE and CONFIDENTIALITY NOTE

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations prohibit you making any further disclosure without the specific written consent of the persons to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical information is NOT sufficient for this purpose.

The information released is intended only for the use of the individual(s) or entity(s) listed above and is confidential and legally privileged.