

JEREMY E. KASLOW, MD, FACP, FACAII
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:	

<input type="checkbox"/> Home Phone #:	<input type="checkbox"/> Cell Phone #:
<input type="checkbox"/> Work Phone #:	Fax #:
Email Address:	

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

Best Day(s) for Appointment:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Best Time of day for Appointment:	<input type="checkbox"/> Anytime	<input type="checkbox"/> Early am(8-10)	<input type="checkbox"/> Late am(10-12)	<input type="checkbox"/> Early afternoon (2-3:30pm)	<input type="checkbox"/> Late afternoon (4-5pm)
Name of Insurance Carrier:					
Type of Insurance:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Tier out of network	<input type="checkbox"/> None
Insurance Restrictions:					
What are your out of pocket limitations:	<input type="checkbox"/> None	<input type="checkbox"/> Can't afford anything beyond small co-pays			<input type="checkbox"/> 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:
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 Cash, Medicare, Medi-Cal, HMO, Blue Cross and Blue Shield/United Health Care, Health Net, CCN, and PHCS patients, and that you will be billed for missed appointments and late cancellations. We are not in network for most major PPOs and you may want to 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; 3) any interaction with this office is considered a Private Non-Negotiable Contract with Jeremy E. Kaslow, MD Inc. 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 -----

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| <input type="checkbox"/> Get MRR (all / lab only) | <input type="checkbox"/> Schedule ST (full/50/MT32) or Patch Metal Test | <input type="checkbox"/> See PT 1 st /at 1 st visit |
| <input type="checkbox"/> Send NP packet | <input type="checkbox"/> 1 st Available JEK | <input type="checkbox"/> TMA at 1 st visit |
| <input type="checkbox"/> DNS/NA | <input type="checkbox"/> Routine JEK | |