Welcome

Evergreen Wellness Center, Inc.
Functional Medicine & Acupuncture
2950 Los Feliz Blvd. Suite 203
Los Angeles, CA 90039

Personal Information

Date:_____
Patient Name:_____
Address:_____
_____
City State Zip

Sex: ___M___F Age:_____Birthday_____

___Single___Married__Widowed___Seperated___Divorced

Patient SS#:_____
Occupation:_____
Employer:_____
Employer Address:_____
Spouse's Name:_____
Birthdate:_____
Occupation:_____
Spouse's Employer:_____

Whom may we thank for referring you?
_____

Consent of Payment

Who is responsible for this account?_____
Relationship to patient:_____
Insurance Co.:_____
Member ID _____Grp #_____

Is patient covered by additional insurance?___Yes___No
Subscriber's Name:_____
Birthdate:_____SS#_____
Relationship to patient:_____
Insurance Co.:_____
Group#_____

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with_____and assign directly to Dr._____all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature_____
Relationship:_____ Date:_____

Contact Information

Home_____ Cell_____
Best time and place to reach you_____
Email_____
IN CASE OF EMERGENCY, CONTACT:
Name:_____Relationship_____
Home Phone_____
Work Phone_____Ext_____

Patient Condition

Reason for Visit

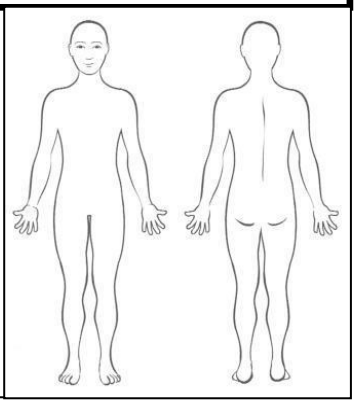
_____

_____

Weight _____ Height _____

Condition Information

When did your symptoms appear?_____
Is this condition getting progressively worse? ___Yes___No ___Unknown
Mark an X on the picture where you continue to have pain, numbness, or tingling.
Rate the severity of your pain on a scale from 1(least pain) to10 (severe pain) ____
Type of pain: __Sharp __Dull __ Throbbing __ Numbness __ Aching
__Shooting __ Burning __Tingling __Cramps __ Stiffness __ Swelling __ Other
How ofter do you have this pain?_____
Is it constant or does it come and go?_____
Does it interfere with your: _Work ___Sleep ___ Daily Routine ___ Recreation



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Initial Consultation

Name: _____ Date: _____

Main Complaints:
1)_____ 2) _____

3)_____4) _____

How long have you suffered with this problem

_____

Any other complaints: _____

_____

Would you like improvement with any of the following?:

❑Digestion: Reflux, Gas, and Constipation
❑Sleep: Falling asleep or staying asleep
❑Sense of Well-being
❑Energy

What have you tried doing to resolve this problem that Did Not work?
_____

_____

Have you become discouraged or stressed about handling this problem?
_____

_____

When your problem is at its worst, how does it make you feel?
_____

How does this problem interfere with the following areas in your life?

Work: _____
Family: _____
Hobbies: _____
Life: _____

When it's at its worst, how much older does this make you feel? _____

Do you know how this problem may have started? _____

_____

What effect does this have on your body functions? _____

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Are you here visting us to:

❑ Resolve my immediate problem

❑ Life style program for optimized living

❑ Both

❑ Other: _____

How have you taken care of your health in the past?

❑ Medications ❑ Routine medical

❑ Exercise ❑ Diet and Nutrition

❑ Holistic ❑ Vitamins

❑ Acupuncture/PT/Chiro Other: _____

How did the previous methods work for you? _____

What are you afraid this might be or will be affecting without change? Please check all that apply

❑ Job ❑Kids

❑ Marriage ❑Sleep

❑ Freedom ❑Future abilities

❑ Finances ❑Time

Are there any health conditions you are afraid this might turn into?

❑ Diminish Future abilities ❑ Surgery

❑ Stress ❑ Arthritis

❑ Weight gain ❑ Cancer

❑ Heart disease ❑ Diabetes

❑ Depression ❑ Other:

Where do you picture yourself being in the next 3-5 years if this problem is not taken care of? Please be specific

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What would be different or better without this problem? Please check all that apply:

❑Diminished stress ❑ More Energy ❑Self-Esteem ❑Confidence ❑Sleep

❑ Work ❑Outlook on Life ❑Family

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If we were to sit down and discuss your life 3 years from now and look back at today, what would have to have happened for you to be happy with your progress? (Please take your time and don't sell yourself short! Include anything that is part of your happiness, whether health, family, work, finances, travel, marriage, or bucket list)

_____

_____

_____

_____

_____

_____

What potential barriers do you foresee that would prevent these things from happening?

_____

_____

_____

Do you feel it is possible to eliminate or prevent these potential barriers?

_____

_____

_____

What are your strengths that will enable you to accomplish your goals?

_____

_____

_____

Rate on a scale of 1-10:

_____ How important is it for you to resolve your health concerns?

_____ Do you feel that you are coachable and would enjoy a mentor in helping you?

_____ Are you prepared to make the appropriate lifestyle changes that may be necessary in order to achieve your goals?

THANK YOU!

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Health History

Who is your primary care physician? (doctor and/or practice) _____

Please check to indicate if you are currently experiencing any of the following conditions:

❑Neck Pain/ Stiffness	❑Pins/ Needles in Arms	❑Light Bothers Eyes	❑Sudden Weight Loss	❑Nausea
❑Back pain/ Stiffness	❑ Pins/Needles in Legs	❑Depression	❑Loss of Taste	❑Cold Feet
❑Arm/Hand Pain	❑Fatigue	❑Nervousness	❑Loss of Memory	❑ Chest Pain
❑Leg/ Knee Pain	❑Sleeping Difficulties	❑Tension	❑Jaw Problems	❑ Fever
❑Headaches	❑Loss of Smell	❑Cold Sweats	❑Constipation	❑Fainting
❑Dizziness	❑Allergies	❑Stomach Problems	❑Shortness of Breath	
❑Asthma	❑Blurred Vision	❑Night Pain	❑Bowel/Bladder Changes	

Please check to indicate if you have ever had any of the following:

❑Aids/HIV	❑Appendicitis	❑Breast Lump	❑Chemical	❑Epilepsy
❑Alcoholism	❑Arthritis	❑Bronchitis	Dependency	❑Fractures
❑Allergy Shots	❑Asthma	❑Bulimia	❑Chicken Pox	❑Vaginal
❑Anemia	❑Bleeding	❑Cancer	❑Diabetes	Infections
❑Anorexia	Disorders	❑Cataracts	❑Emphysema	❑Pinched Nerve
❑Glaucoma	❑Liver Disease	❑Parkinson's	❑Kidney Disease	❑Typhoid Fever
❑Goiter	❑Measles	Disease	❑Scarlet Fever	❑Ulcers
❑Gonorrhea	❑Migraines	❑Pneumonia	❑Stroke	❑Rheumatic Fever
❑Gout	❑Miscarriage	❑Polio	❑Suicide Attempt	❑Venereal
❑Heart Disease	❑Mononucleosis	❑Prostate	❑Thyroid	Disease
❑Hepatitis	❑Multiple	Problems	Problems	❑Whooping
❑Hernia	Sclerosis	❑Prosthesis	❑Tonsillitis	Cough
❑Herniated Disk	❑Mumps	❑Psychiatric Care	❑Tuberculosis	❑Other
❑Herpes	❑Osteoporosis	❑Rheumatoid	❑Tumors/	_____
❑High Cholesterol	❑Pacemaker	Arthritis	Growths	

Are you currently under drug and/or medical care? ❑Yes ❑No If yes, explain _____
Please list any medications you are currently taking (**Be sure to include dosage and frequency**):

_____

Please list any surgeries and/or hospitalizations you have had **(type & date**):

_____

Please list any allergies: _____
Please list any supplements you are currently taking (vitamins/herbs/ minerals): _____

_____

Is there a family history of any of the following conditions? (**Indicate family member including parents, grandparents & siblings**) ❑Heart Disease _____ ❑Diabetes _____
❑Arthritis _____ ❑Cancer_____ ❑Other_____
Do you exercise: ❑ Never ❑Daily ❑Weekly ❑Walks ❑Runs ❑ Swims
Do your work activities mostly involve: ❑Sitting ❑ Standing ❑ Light Labor ❑ Heavy Labor
What is your daily/ weekly intake of the following:
Caffeine _____cups/day Alcohol _____drinks/week Cigarettes _____packs/day

I certify that the above questions were answered accurately. I understand that providing the incorrect information can be dangerous to my health.

SIGNATURE (X) _____ DATE_____

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10 Objections to Creating a Healthy, Abundant Life.

1. I don't have the personal knowledge to make the correct lifestyle choices.

a. You have the power to choose to learn. If you are open to learning, our personal mentoring program will guide you along as easy to follow path. Our programs are structured in a manner that gives each and every patient the information needed to bring independence to their life. You do have the choice to avoid the all too common dependency of a care-giver or assisted living environment.

2. I don't have the time to take appropriate care of myself.

a. We all live in a world that gives each of us 24 hours/day. What we do with that time is a personal decision based on values (real or perceived). If you do not take time to care for yourself, you will have to take time to try and repair yourself. Pro-activity and maintenance are required for optimized health. It takes no more time to eat correctly than poorly. Proper exercise required no more than approximately 35 minutes 3-4 times/week. If you're honest with yourself, you recognize it really is based on what you judge as a valuable use of your time. Hum? TV, or a thriving, abundant life.

3. My family won't be on board with the changes I will need to make.

a. I recognize this sounds like a silly thought, but also realize it is a real concern for some. You would certainly think that all family members would be on board, however, in infrequent situations a spouse or family member may be negative toward your new enthusiasm. This usually comes down to a lack of understanding of what your lifestyle program entails, as well as some distrust of whether this approach will really work. It may help to steer these family members to our site, www.evergreenacu.com and view some of the incredible testimonials from our patients. Without taking the time to learn about our programs and proven success it is only human nature to be cautious. Once familiarizing themselves, you will not only get support, but an accountability partner to help ensure your success.

4. Eating right is too hard and expensive.

a. If you have not been eating right, you should already understand how expensive eating wrong can be. Health deteriorates and medical bills escalate with each year that these poor choices are made. Like any habits, there are good and bad. Once you develop a habit it can be a challenge to change or alter. Once the good or correct habit is developed it will be hard to break. I would challenge anyone to compare grocery bills of a cart full of healthy food compared to one full of junk. And speaking of expense, this is not just a financial term. Losing out on the joys and experience in life because you're not feeding your body nutritious foods is terrible, unnecessary expense.

5. I can't afford a lifestyle program or hire a health coach.

a. Most people recognize the importance of an education, whether this is a high-school, college, or even an online education. It's widely accepted that this is an investment that must be made in order to have the best insurance of meeting our financial needs. The return on this financial investment can materialize into a very secure and abundant life. Although there are situations in life where funding higher education can seem impossible, we witness people every day finding solutions to "get it done". These individuals simply think differently. They do not accept anything less than their God given potential. I am suggesting that your health should be viewed as at least as valuable as your financial situation. What value is wealth if you do not have the health and vitality to enjoy it? At Imagine Wellness, we work with each individual to overcome any financial obstacles. We have solutions to allow those on fixed budgets and tired to easily move forward.

6. I'm afraid that proper lifestyle changes might isolate me from my friends and family.

a. It is true that not all of your friends will share your newly found optimism toward taking control of your health. Friends who do not place high priority on their health often play down healthy lifestyle choices. Although they may not mean any negative intent, this behavior is sabotaging. In one of my patient member video's I discuss this as being all too common and some tips to disarm this behavior in a non-confronting manner. The bottom line is those who truly care for you will support your decision to place your health as a priority.

7. My doctor may not approve.

a. I will always be open and willing to work with any doctor or health professional you currently have. They also, should be open and willing to do the same if the goal is to optimize health and improve lifestyle choices. This includes reducing and/or eliminating unnecessary medications. A doctor's main concern and intent should always to aid in the optimization of health in his/her patients. This begins with "Do No Harm". I am always cautious of a physician that dismisses any holistic and natural approach to health. In summary, you are ultimately responsible for your health and therefore, the final decision and direction you wish to pursue.

8. I don't have the self-discipline to make permanent changes.

a. Self-discipline is not a trait that we are born with, but one that is developed over time through life experience. Discipline coincides with positive experience. In other words, as your actions result in positive changes you will be inclined to continue these actions. One could look at this as positive habits or simply, discipline. Self-discipline is also strengthened through accountability held by loved ones, a friend, or a mentor.

9. What happens if I commit to a lifestyle program and then hate the experience and give up?

a. Life is series of ups and downs. We do not always enjoy the duties required for the end result we are seeking. It's funny how these duties or actions can initially seem to be difficult or "no fun", but later take on an uplifting emotion. This is because we come to recognize the most meaningful successes we have in life cam from such actions. Having a successful marriage; raising children; optimizing our health and becoming financially independent all require discipline and actions that sometimes have us

wanting to "give up and quit". Those of us who continue to play the game are allowed the pleasures of earned rewards.

10. I don't have the personal confidence to take action.

b. Very few of us have a natural born instinct of confidence. This comes from continually taking action even when we are fearful. The actual definition for this is courage. As we continue to develop skills from taking these bold steps, we become less fearless or confident. We are here to mentor and support you. We do not judge or chastise. We offer an environment that anyone at any level can feel comfortable and genuinely cared for. As you become a veteran in the art of wellness, you too will become very confident.