# Steps for your appointment:

1) Please fill out <u>all</u> New Patient forms in their entirety.

2) If you have any recent labs (within 12 months), please bring them to your appointment.

*3)* If you are married or in a relationship, **please bring your spouse or significant other** with you to your first appointment.
(*There will be much information covered concerning your unique condition as well as the fundamentals of the program.)*

4) Please arrive on time.

5) We require a 24-hour notice to change or cancel your appointment.

**Note:** *If these steps are not followed it may compromise the full value of your consultation and therefore we will kindly reschedule your appointment.*

**River Oaks Medical Tower**
**4126 Southwest Freeway #1130**
**Houston Texas 77027**
**Tel: 713-572-3888**
**Fax: 713-572-3880**
**www.weMEDWellness.com**

# Patient Information

**Date:_____/_____/____**

Name: First_____ Last

_____ MI _____

DOB:____/_____/_____ Sex: ☐M ☐ F SSN xxx-xx-_____

Email: _____

Address: _____

(City)_____ (State) _____ (Zip) _____

Phone: (C) _____ (W) _____(Other) _____

Can we call you at work? ☐Yes ☐No Occupation: _____

Employer: _____ Employer Address:

_____

Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed ☐Separated ☐Minor

Emergency contact: Name: _____ Relationship: _____

Phone: _____

Have you ever had acupuncture? Y/N Chinese Herbal Medicine? Y/N

Are you under the care of a physician now? Y/N

If yes, for what?_____

Physician's name & number:_____

Other concurrent therapies:_____

How did you hear about our practice?

_____

**Health insurance info:**

Insurance Co name/address/policy number:_____

## weMED Wellness Initial Wellness Consultation

Name: _____ Date: _____

Main Complaints:

1)_____How long_____ Treatment _____

2) _____How long_____ Treatment _____

3) _____How long_____ Treatment _____

4) _____How long_____ Treatment _____

5)_____How long_____ Treatment_____

6)_____How long_____ Treatment_____

7)_____How long_____ Treatment_____

8)_____How long_____ Treatment_____

Any other complaints: _____

Would you like improvement with any of the following?

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

Do you know how this problem may have started?

_____

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: _____

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

Are you here visiting us to:

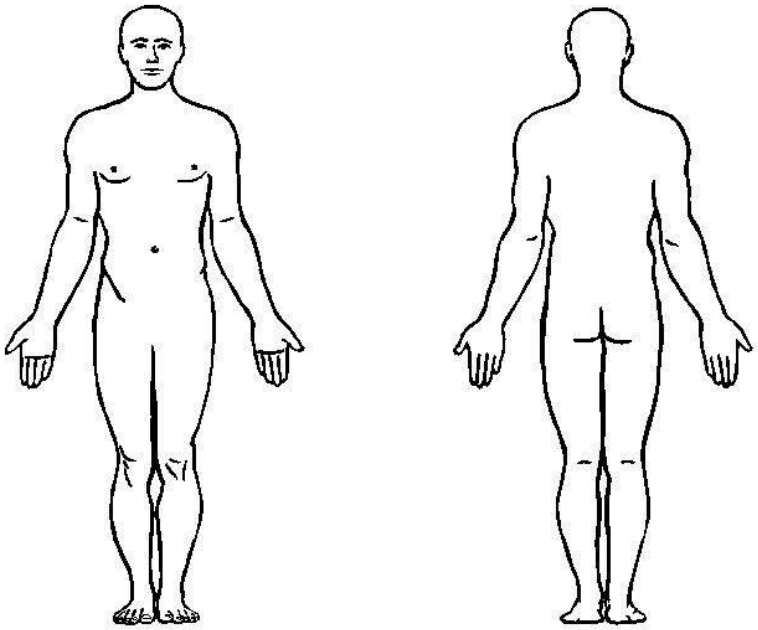
- Resolve my immediate problem
- Lifestyle program for optimized health and living
- Both
- Other: _____

## Pain Evaluation, Blocked Meridian and Circulation

**Please indicate the area and type of pain on the picture:**

//stabbing xx burning @@ aching** pins and needles 00 numbness

**Please indicate the pain level 1-10:**



**Doctor Use Only:** **Date** _____

Height _____ Weight_____ Waist_____ BMI _____ Ideal Weight _____

BP Sitting _____ Standing _____ Adrenal Fatigue: Yes No

Urine pH _____ Saliva pH _____

Tongue body _____ Coating _____

Pulse Right _____ Left _____

Examination

Flexion _____ Flexion _____ Flexion _____

Extension _____ Extension _____ Extension_____

Side Turn L _____ R _____ L _____ R _____ L _____ R _____

# GOALS FOR HEALTH

If we were to sit down and discuss your life 3 years from now and look back at today, what changes would you like to experience for you to be happy with your progress? (Please take your time and 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: 10 being the closest to a 100% Yes.

_____ 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?

***We get the results that we do because we take the time to evaluate your health conditions and goals and if we feel like our program can help you accomplish your goals we will get a plan of action for you at your visit. *Because this is a lifestyle program we ask that if you are married or in a relationship that you bring your significant other. *Please bring any current labs that you have had ran in the past 6 months.***

***Love, the weMED Health Family.***

# Health History

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

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

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

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

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 _____ □Autoimmune Disease _____ □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 incorrect information can be dangerous to my health

SIGNATURE (X) _____ DATE _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ DOB: _____/_____/____

I acknowledge that I have reviewed the Notice of Privacy Practices of weMED Wellness. (Please initial one of the following options and sign below.)

_____ I wish to receive a paper copy of Privacy Notice.

_____ I wish to receive an electronic copy of Privacy Notice.

My email address is: _____@_____ _____ I do not request a copy of the Privacy Notice at this time. I acknowledge that I can request a copy at any time and the Privacy Notice is posted in the office.

Please initial below:

_____ I acknowledge that it is the policy of weMED Wellness to leave reminder messages on my answering machine or with another person in my home. I may make a request of an alternative means of communication (within reason) in writing.

_____ I acknowledge that if I should have a problem or question in regard to my rights, I may speak with the Office Manager about my concerns.

_____ _____

Signature of Patient/Guardian Date

_____ _____

Witness (Office Staff) Date

# 10 Objections to Creating a Healthy, Abundant Life.

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

You have the power to choose to learn. If you are open to learning, our personal mentoring program will guide you along an 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.**

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 requires 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.**

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.acueastwest.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**

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 a terrible, unnecessary expense.

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

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 retired to easily move forward.

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

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.**

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 be 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.**

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 thru 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?**

Life is a 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 came from such actions. Having a successful marriage; raising children; optimizing our health and becoming financial 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.**

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 fearful or confident. My friend's son, Landon, has always lacked confidence as he enters a new sport. He is often hesitant to even giving it a try. Once he jumps in, regardless of the fear, he begins to develop skills that ultimately lead to enjoyment and yes, confidence! We are here to mentor you 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 will become very confident.