HealthyByNature
NATUROPATHIC MEDICAL CARE

Dr. Stacey Dee Kupperman, N.D.

Hello,

Congratulations on your decision to take a proactive step towards better health! I really look forward to working with you and helping to guide you through this incredibly important process. My goal is to build a relationship with you and create a space in which we can work together to build better health for you. I will be educating you, supporting you, and encouraging you to make the necessary changes for the goal of better health. I like to get a very thorough picture of where you are at today with your health. This involves a lot of questions about you and your history. The first step in gathering this information is for you to fill out the Health History Summary form provided below. Yes – it is a long one. But, please trust that all the questions asked are very important for me to be able to get the full picture of you. Please take the time to fill this out thoroughly and bring it in with you to your first visit. It also may be necessary to have some laboratory work done to get a picture of your body's biochemical picture. I ask you to please bring in copies of any blood work you are able to access from the last 6 months. Or, I would be happy to make copies of the labs at my office. I also want you to have a clear understanding of my financial policy, so I ask that you read this policy at the end of the intake and also sign this to bring in with you to your first visit, along with the intake form filled out. Please feel free to contact my staff if you have any questions about your first visit with me.

Thank you so much and I look forward to meeting you.

Dr. Kupperman

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

HealthyByNature
NATUROPATHIC MEDICAL CARE

PATIENT INTAKE FORM

Name: _____Male ◴ Female ◴ Age:_____ Date of Birth_____

Address:_____

City:_____State:_____ Postal Code: _____

Phone (Home): _____ (Work): _____(Cell):_____

E-mail: _____

Marital Status: ◴Single ◴Married ◴Separated ◴Divorced ◴Widow (er) # of children: _____

Occupation: _____Employed By: _____

Highest level of education: ◴High School ◴Some college ◴College graduate ◴Post Grad

Insurance? Y/N Insurance Company _____ Policy _____Group # _____

Name of Insured _____ Relation to Insured _____

Type of insurance: ◴PPO ◴HMO ◴Other _____

Do you have a primary care physician (PCP)? Y/N Name of PCP _____ Phone:_____

Emergency Contact:_____ Phone:_____Relation: _____

How did you hear about my practice? _____

Health Concerns

What are your primary health concerns in order of importance to you?

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

What do you believe is causing your most important health concerns?

_____

_____

Medical History

Please check only those that currently pertain to you

- ☐ Alcohol abuse
- ☐ Allergies
- ☐ Anemia
- ◴ Asthma
- ☐ Arthritis
- ☐ Back, Muscle, Joint pain
- ☐ Bladder/Urinary problems
- ☐ Candida
- ☐ Epilepsy
- ☐ Female Gynecological problems
- ☐ Gallstones
- ☐ Gum/Teeth problems
- ☐ Heart attack
- ☐ Heart problems
- ☐ High blood pressure
- ☐ Kidney problems
- ☐ Measles
- ☐ Depression
- ☐ Skin problems
- ☐ Stroke
- ☐ Suicide
- ☐ Thyroid problems
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Venereal disease
- ☐ Chronic fatigue
- ☐ Liver problems

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

☐ Diabetes	☐ Overweight	☐ Chronic sinusitis
☐ Rheumatic fever	☐ Psychological problems	☐ Cancer
☐ Lung problems	☐ Pneumonia	☐ Gout
☐ Mononucleosis	☐ Eczema	☐ Bowel disease
☐ Influenza	☐ Hay fever	☐ Constipation
☐ Rheumatism	☐ Pleurisy	☐ Hives
☐ Malaria	☐ Chronic swollen glands	☐ Hypoglycemia

List any other major illnesses or diseases that you have or have had

_____
_____
_____

Blood type: _____
Date of last physical exam: For what reason?_____
Do you get regular SCREENING TESTS done by another doctor? (Pap, blood test, etc.) Y/N

Please list all Surgeries and Hospitalizations—including date occurred:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Please Note When and Why You Had Each of The Following:

X-rays: _____
MRI/Cat Scans:_____
Ultrasounds:_____
Other imaging or diagnostic testing:_____

Please list all CURRENT medications you are taking,

Medications:	Reason:	Date began:	Dose:	Helps? Yes or no

Please list all CURRENT supplements, vitamins, and herbs you are taking

Medications:	Reason:	Date began:	Dose:	Helps? Yes or no

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

List all PAST prescription medications taken for longer than 3 months:

_____
_____
_____
_____

Please List All Sensitivities/Allergies/Reactions

Drugs: _____
Foods: _____
Environment: _____

Did you have the following Disease (D), Get Immunized for it (I), or Neither (N):

Measles:	D I N	Diptheria:	D I N
Mumps:	D I N	Tetanus:	D I N
Rubella:	D I N	Whooping Cough:	D I N
Chickenpox:	D I N	Hemophilus (Hib):	D I N
German Measles:	D I N	Hepatitis B:	D I N

Any vaccination reactions:_____

Personal Health Habits

Height: _____ Current weight: _____ Weight 1 year ago: _____Max weight _____ Year_____

Smoker? YES NO PAST Amount/Day _____Years Smoking _____Year Stopped _____
Alcohol use? YES NO PAST Type:_____ Frequency: _____
Recreational drug use: YES NO PAST Type:_____ Frequency: _____
Caffeine intake YES NO PAST Type:_____ Frequency: _____

What is your energy level (scale of 1-10, 1 = no energy, 10 = great energy) _____

Do you exercise regularly? YES NO Type:_____ Frequency: _____

How many hours do you sleep per night? _____ Do you wake feeling refreshed? ____

Bowel Movements per day? _____ Do you ever feel constipated? _____

How would you rate your stress level? ◴ Minimal ◴ Average ◴ Considerable ◴ Unbearable
How do you deal with stress? _____

How much water do you drink per day? _____

Family History

	Living? Age	**Major Health Problems**, i.e. cancer (if so what type), High blood pressure, heart attack/stroke, heart disease, asthma, mental illness (type), TB, autoimmune disease, diabetes, thyroid problems (type), osteoporosis, endocrine, other	**If deceased, cause of death, age of death**
Father			
Mother			
Siblings			

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

Maternal grandmother			
Maternal randfather			
Paternal GM			
Paternal GF			
Children			
Spouse			

Review Of Systems (Please circle Y if you have the problem now or P if you have had in past

General:

Date of last full physical?_____ if abnormal, explain:_____

Skin:

Rash:	Y P	Color Change:	Y P
Hives:	Y P	Lump:	Y P
Psoriasis/eczema:	Y P	Itchy:	Y P
Dry:	Y P	Warts/moles:	Y P
Cancer:	Y P	Perspiration:	Y P

Date of last dermatology checkup?_____ if abnormal, explain:_____
Any personal history of skin cancer? ____yes _____no

Head:

Headache:	Y P	Migraine:	Y P
Dandruff:	Y P	Head Injury:	Y P
Oil/dry hair:	Y P	Hair loss:	Y P

Eyes:

Dry/Watery:	Y P	Blurry vision:	Y P
Double vision:	Y P	Cataracts:	Y P
Glaucoma:	Y P	Styes:	Y P
Strain:	Y P	Discharge:	Y P
Itchy:	Y P	Dark under eyelid:	Y P

Date of last visual acuity exam?_____if abnormal, explain: _____
Date of last ophthalmologic exam? _____ if abnormal, explain: _____

Nose:

Frequent colds:	Y P	Nosebleeds:	Y P
Congestion:	Y P	Post nasal drip:	Y P
Polyps:	Y P	Seasonal allergies:	Y P

Mouth/Throat:

Canker sores:	Y P	Cold sores:	Y P
Sore throat:	Y P	Gum disease:	Y P
Dentures:	Y P	Cavities:	Y P
Loss of taste:	Y P	Hoarseness:	Y P

Do you visit the dentist regularly? ___yes ____no If yes, how frequent? __
Do you have dental problems, gum inflammation or gingivitis? Circle which and explain: ___

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

Neck:

Stiffness: Y P
Full movement: Y P
Swollen glands: Y P
Tension: Y P

Respiratory:

Cough: Y P
Shortness of breath with exertion: Y P
Shortness of breath sitting: Y P
Shortness of breath lying down: Y P
Wheezing: Y P
TB: Y P
Bronchitis: Y P
Pneumonia: Y P
Asthma: Y P
Painful breathing: Y P

Cardiovascular:

High blood pressure: Y P
Low blood pressure: Y P
Arrhythmias: Y P
Edema: Y P
Rheumatic Fever: Y P
Murmurs: Y P
Palpitations: Y P
Chest pain: Y P

Gastrointestinal:

Heartburn: Y P
Indigestion: Y P
Bloating: Y P
Nausea : Y P
Vomiting: Y P
Change in Appetite: Y P
Pancreatitis: Y P
Bowel movement frequency:_____
Recent change in BM: Y P
Diarrhea or constipation: Y P
Hemorrhoids: Y P
Gall bladder disease: Y P
Liver disease: Y P
Ulcer: Y P

If over age 50, have you had a colonoscopy? ____yes _____no
Dates of colonoscopy? _____
Any positive findings on colonoscopy? ___yes___no, if yes, explain:_____

Urinary Tract:

Incontinence: Y P
Frequent infections: Y P
Urgency: Y P
Pain with urination: Y P
Kidney stones: Y P
Discharge/blood: Y P

Male Genitalia:

Testicular pain/swelling: Y P
Hernia: Y P
Discharge: Y P
Trouble with sexual function or libido? Y P
Trouble with urination (frequency, urgency, pain, dribbling?) _____
Sexually active: Y N P
With: men women both
Sexually transmitted disease: Y P
Prostate disease/symptoms: Y P
Date of last prostate exam? _____

Female Genitalia:

Do you have any menstrual problems? If so what? _____
Age periods began:_____ How often periods occur:_____Last Menstrual Period? _____
How long periods last: _____
Menopausal since what age:_____
If perimenopause or menopause, list any symptoms _____

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

Periods:
Heavy Bleeding: Y P N
Cramping: Y P N
Pain: Y P N
PMS: Y P N

Food Cravings: Y P N
Last Pap Smear:_____
Diagnosis: _____
Any abnormal paps: Y P N

Times Pregnant:_____
How many births:_____
Miscarriages:_____
Abortions:_____
Sexual Active: Y N P
With: men women both
Healthy Libido: Y N
Pain With Intercourse: Y P
Vaginal dryness?: Y P
Vaginitis: Y P

If abnormal, when, what was found? _____
How frequently do you have gyn exams/pap smears?_____
Any Birth Control (please list types and ages used):_____
Do you have any unusual vaginal itching, burning or discharge? Y N P what_____
Sexually Transmitted Diseases: Y P N if yes what_____
Any cervical cancer history? Y P N if yes when _____
Any ovarian cancer history? Y P N if yes when _____
Any breast cancer history? Y P N P if yes when _____
Mammography: Y P N if yes when _____
Thermography: Y P N if yes when _____
Dexa Scan Y P N If Yes, what were the results:_____
Use of Hormones: Y P N type _____
Do you perform regular breast self exams? _____

Musculoskeletal:

Weakness: Y P
Stiffness: Y P
Tremors: Y P

Arthritis: Y P
Leg cramps: Y P
Pain: Y P

Nervous System

Paralysis: Y P
Tingling/numbness: Y P
Seizures: Y P

Sciatica: Y P
Carpal tunnel syndrome: Y P
Fainting: Y P

Mental/Emotional:

Depression: Y P
Suicidal: Y P
Anxiety: Y P

Anger/irritability: Y P
High-strung/tense: Y P
Fear/Panic: Y P

Is there anything else you want to share?

_____
_____
_____

Thank You.

I Look Forward to Working With you On your Path Towards Better Health.

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

HealthyByNature
NATUROPATHIC MEDICAL CARE

Dr. Stacey D Kupperman, ND
Financial Policy

Thank you for choosing me as your healthcare provider. I will do my best to provide you with the highest quality medical services. I feel that it is very important that my patients have a clear understanding of my expectations regarding billing and payment. Please read and sign the following financial policy prior to your treatment. Should you have any questions, feel free to ask.

Dr. Stacey D. Kupperman, ND is not currently billing insurance at this time. Naturopathic medicine is covered by very few insurance companies in California. Payment will be expected at time of service. If you would like to submit paperwork to your insurance company on your own, please ask and you will be provided you with the appropriate *Superbill* to do so.

Some of the laboratory work performed at the office and through adjunct lab testing locations are covered by insurance. If this is the case, your insurance information must be provided and sent with the labs. The laboratory companies will bill your insurance company. Please understand that although they will attempt to bill your insurance company for you, if your insurance rejects coverage, you will be required to provide full payment for these services. Please understand that this is all handled by the independent lab companies, and Dr. Kupperman is not involved in the insurance billing process.

If a payment is made by check and the check is returned for non-sufficient funds, you will be charged an additional $20 to your account. If that happens, you will be asked to remit the amount of the check plus the service charge in cash within 10 days. If your account has not cleared by then, we will refer it for collection action.

I also may ask for a credit card number from you up-front. This is because I offer the option of phone consultations for my patients' convenience. This will require a credit card to be charged in my office to cover this consultation. I also offer to ship my patients supplements to their home if they are unable to come to the office to pick up refills. Again, for this service, it is required to have a credit card number on hand in the office.

Showing up for your scheduled appointment time is very important. If you are unable to make your appointment, please give our office 24 hours notice so that we may give another patient that time. **Patients that "no show" or do not cancel 24 hours prior to their appointment will be charged the full amount of that appointment.**

Fee Schedule:
Initial Consulatation: $350.00
Follow - Up Visits: $125
I HAVE READ AND FULLY UNDERSTAND Dr. STACEY KUPPERMAN'S POLICY.

Signature of responsible party_____Date_____

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

INFORMED CONSENT FOR TREATMENT

I, _____, hereby authorize Dr. Stacey D Kupperman, ND, to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

Medicinal use of nutrition: Therapeutic nutrition, nutritional supplementation, and intravenous and muscular vitamin injections
BioIdentical Hormone Therapy: The use of compounded bio-identical hormones to help restore and balance optimal hormone levels.
Botanical medicine: Botanical substances may be prescribed as teas, alcohol or glycerite based tinctures, capsules, tablets, creams, plasters, or suppositories.
Homeopathic medicine: The use of highly dilute quantities of naturally occurring plants, animals, and minerals to gently stimulate the body's healing responses.
Lifestyle counseling and hygiene: Diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction, and balancing of work and social activities.
Physical medicine: Hydrotherapy, stretching, manipulation, and electrical muscle stimulation.
Psychological Counseling

I recognize the potential risks and benefits of these procedures as described below:

Potential risks: allergic reactions to prescribed herbs and supplements, side effects of natural medications, aggravation of pre-existing symptoms, discomfort, pain, infection, burns, nausea, light headedness, inconvenience of lifestyle changes, injury from injections, venipuncture, or procedures. **Notify Dr. Kupperman if you experience any symptoms which may be secondary to the above procedures.**

Potential benefits: restoration of health and the body's maximal functional capacity without the use of drugs or surgery, relief of pain, and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Notice to pregnant women: All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.
Notice to Women receiving hormone therapy: All females receiving hormone therapy must agree to see a gynecologist and receive yearly PAP and breast exams.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Kupperman regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself, or my representative, or unless it is required by law. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that any questions I have will be answered by my practitioner to the best of his/her ability.

_____ _____
Signature of patient Date

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

Notice Of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

Law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. **We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization**. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com

FOR PAYMENT: We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

Acknowledgment of Receipt of Notice of Privacy Practices

Use and disclosure of protected health information is regulated by a federal law known as The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health Information and make a good faith effort to obtain a written acknowledgment that this notice was received.

Therefore, I, _____ (printed name of patient or legal guardian), acknowledge that **Dr. Stacey D. Kupperman** has provided a written copy of its Notice of Privacy Practices for Protected Health Information for (print name of patient): _____

_____ __/___/20___
Signature of Patient, Parent or Legal Guardian Date (mm/dd/yyyy)

_____ _____
Printed Name Relationship

Dr. Stacey Kuppeman Healthy By Nature Naturopathic Medical Care
900 Wilshire Blvd Ste 450 Santa Monica, CA 90401
P 310 310 9717 F 310 496 1779 E DrKupperman@gmail.com