A WellSpring of Natural Health, PC

Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Pediatric New Patient

___ Mitchell Bebel Stargrove, ND, LAc ___ Lori Beth Stargrove, ND ___ Sara Snyder, LAc

Child's name (Patient) _____ Date of first visit _____

Birthdate _____ Birth time _____ a.m./p.m. Birth place _____

Age _____ Gender identity _____ Race/Ethnic identity _____

Parent's name _____ Work/cell phone _____

Parent's/Guardian's name _____ Work/cell phone _____

Child's primary home_____Home telephone _____

Address_____

City _____ State _____ Zip code _____

Primary contact email address _____

Who referred you to WellSpring? _____

Primary medical insurance _____ Policy/Group #_____

Telephone # _____ Address _____

Policy holder's name _____ Birthdate _____

Secondary medical insurance _____ Policy/Group #_____

Telephone # _____ Address _____

Policy holder's name _____ Birthdate _____

Name and address of Doctor's Office/Hospital/Clinic where your child's health records are kept:

_____

_____

Reason for referral or presenting problems: _____

_____

_____

_____

A WellSpring of Natural Health, P.C.
4720 SW Watson Avenue, Beaverton, OR 97005
P: 503.526.0397 F: 503.643.4633 wellspringofhealth.com

A WellSpring of Natural Health, pc
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Medical History

_____ Chicken pox
_____ Measles
_____ Mumps
_____ Rubella
_____ Scarlet fever
_____ Trauma
_____ Rheumatic fever
_____ Frequent colds
_____ Social difficulty
_____ Pneumonia
_____ Ear infections
approx. # _____
_____ Tonsillitis
approx. # _____

Other (please list) _____

ABO blood type _____ FUT2 Secretor status _____ Vitality _____

Injuries/Surgeries/Hospitalizations (please list): _____

_____

Has your child had any of the following tests or evaluations?

	When/Where	Findings
Electroencephalogram/EEG	_____	_____
Hearing	_____	_____
Speech/Language	_____	_____
ADD/ADHD	_____	_____
Psychological/Behavioral	_____	_____

Medication History

Which of these substances has this child used or been prescribed?

Aspirin	Y N	Antidepressant	Y N	Reflux suppressants	Y N
Tylenol	Y N	Anxiety medication	Y N	Anti-histamines	Y N
Ibuprofen	Y N	ADD/ADHD Rx	Y N	Antibiotics	Y N
Steroid	Y N	Sleeping aid	Y N	Laxatives	Y N

Allergies/Reactions to medications _____

Immunizations

Diphtheria/Tetanus/Pertussis (DTaP)	Y N	Hepatitis A	Y N
Measles/Mumps/Rubella (MMR)	Y N	Hepatitis B	Y N
Chicken pox/Varicella	Y N	Human Papillomavirus (HPV)	Y N
Polio	Y N	Meningococcal	Y N
Flu/Influenza	Y N	Pneumococcal/Pneumonia	Y N
Tetanus (alone)	Y N	Other _____	

Adverse reactions? Y N When? What? _____

A WellSpring of Natural Health, pc
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Family History

☐ Check if adopted

	MOTHER			FATHER			
	Mother	Grandmother	Grandfather	Father	Grandmother	Grandfather	Siblings
Age (if living)							
Health (**R**obust, **C**ompromised, **M**ixed)							
Age at death (if deceased)							

Check (√) those applicable

Cancer							
Diabetes /hypoglycemia							
Heart disease							
High blood pressure							
Stroke							
Epilepsy							
Depression/anxiety							
Asthma/hayfever/hives							
Obesity							
Kidney disease							
Tuberculosis							
Chemical/pesticide exposure							
Dysfunctional family							
Sexual abuse/rape							
Addiction/alcoholism							
Violence							
Food deprivation							
Poverty							
Immigration							
War							
Cause of death							

A WellSpring of Natural Health, pc
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Prenatal History

Previous pregnancies by natural mother, miscarriages, or complications? _____

_____

_____

Mother's relationship and family situation during pregnancy? _____

_____

Mother's health during pregnancy?

_____ Bleeding
_____ Nausea/Vomiting
_____ Thyroid problems
_____ Hypertension
_____ Diabetes
_____ Anemia
_____ Pre-eclampsia
_____ Poor or compromised diet
_____ Tobacco, alcohol, drug use
_____ Physical/emotional trauma

Birth and Neonatal History

Mother's age at time of child's birth? _____ Term: Full _____ Premature _____ Late _____

Length of labor _____ Delivery: _____ Vaginal _____ Caesarian

Complications _____

Weight at birth _____ Length at birth _____

Infancy History

Has your child had any of the following problems?

_____ Jaundice
_____ Colic
_____ Constipation
_____ Diarrhea
_____ Fever
_____ Seizures
_____ Birth defects or injuries
_____ Cerebral Palsy
_____ Developmental disabilities
_____ Rashes
_____ Allergies

Other (explain) _____

Child's sleep patterns (first year) _____

Food intolerances (if any) _____

Feeding: Breast-fed? _____ How long? _____ Formula? ____ Milk: Cow ____ Soy ____ Goat ____

Age began solid foods? _____ Which foods? _____

Age began: Sitting _____ Crawling _____ Walking _____ Talking _____

Symptoms and Diagnoses

Y = Current condition **N** = Never **P** = Previous condition

_____ Hives
_____ Eczema
_____ Rashes
_____ Nose bleeds
_____ Acne
_____ High fevers
_____ Chronic rash
_____ Weight issues
_____ Frequent colds
_____ Sore throats
_____ Headaches
_____ Flat feet
_____ Joint pains
_____ Scoliosis

_____ Night Urination
_____ Urinary Tract Infections
_____ Heart Murmur
_____ Vomiting spells
_____ Anemia
_____ Stomach aches
_____ Reflux/GERD
_____ Constipation
_____ Gas
_____ Diarrhea
_____ Easy bruising
_____ Bleeding tendency
_____ Hearing loss
_____ Dizzy spells

_____ Anxiety or nervousness
_____ Cries easily
_____ Fearful
_____ Sleep problems
_____ Nightmares
_____ Fatigue
_____ Body/breath odor
_____ Motion/car sickness
_____ Low appetite
_____ Excessive appetite
_____ Canker sores
_____ Cough
_____ Wheezing
_____ Allergies

Current Drugs, Medications, Nutrients, Herbs, Remedies

Please list *any and all* prescription drugs, over-the-counter medications, nutrients, herbs or other remedies you are *currently* taking.

Medicines (Drug, vitamin, nutrient, herb, etc.)	How much? How often?	Prescribed by?	Since when?	Take regularly? Y/N

A WellSpring of Natural Health, pc
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Typical Food Intake

Breakfast: _____

_____

Lunch: _____

_____

Dinner: _____

_____

Between Meals: _____

_____

Liquids: _____

_____

Cravings: _____

Habits, Daily Activities and Life Situation

Main interests and hobbies?_____

Please describe your child's typical daily activities: _____

_____

What is your child's relationship to family, friends and community? _____

_____

Does your child's family have a religious faith or spiritual practice? Y N If yes, what? _____

Eat regular meals?	Y N	Read?	Y P N
Eat out often?	Y N	How many hours per day? _____	
Drink cola or other soft drinks?	Y N	Television?	Y P N
Eat sugar or sweets?	Y N	How many hours per day? _____	
Add salt to food?	Y N	Gaming or Computer use?	Y P N
Sleep well?	Y N	How many hours per day? _____	
Average 8-10 hrs. sleep?	Y N	Cell phone/Texting	Y P N
Awaken rested?	Y N	How many hours per day? _____	
Spend much time outside?	Y N	Tobacco exposure?	Y P N

Welcome to WellSpring! We are here to serve you.

A WellSpring of Natural Health, PC
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Patient-Clinician Relationship Acknowledgement

The undersigned parent or legal guardian of patient ("Patient") understands and agrees that Patient is retaining the services of a **clinician** ("Clinician") at A WellSpring of Natural Health, P.C. ("WellSpring") **as an independent health care and medical practitioner**.

The undersigned parent or legal guardian of Patient recognizes, understands and agrees that the **clinician they are working with is a sole practitioner** and is not a partner or otherwise affiliated with any other Clinician who may be providing similar services at WellSpring.

The undersigned parent or legal guardian of Patient further recognizes, understands and agrees that the clinician they are seeing is solely responsible for and shall provide all professional services to Patient and that Patient is relying solely on the skill of the Clinician they have engaged for the professional services rendered at WellSpring. The Patient is free to receive medical treatment and health care services from any other clinicians(s) of their choice. This agreement is not intended to restrict the Patient from receiving medical treatment or healthcare services from other clinicians at this clinic or anywhere else.

The undersigned parent or legal guardian of Patient further recognizes that their Clinician may prescribe medication(s), which may be purchased from a seller of the patient's choice.

☑ **READ, UNDERSTOOD AND AGREED**

PATIENT

Printed Name _____ Date _____

Signature (or Signature of Parent/Legal Guardian) _____

Print Your Clinician's name (here at WellSpring) _____

A WellSpring of Natural Health, pc
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Consent to Treat a Minor

Patient's name: _____ Age: _____

I hereby request and authorize _____ (Clinician) to perform diagnostic tests and render medical care to the above named minor of whom I am the parent or legal guardian.

This authorization also extends to all other clinicians and office staff members at WellSpring and is intended to include radiographic and other medically appropriate examination and/or testing at the clinician's discretion.

As of this date, I have the legal right to select and authorize health care services and medical treatment for the minor child named above.

(If applicable) Under the terms and conditions of my divorce, separation, or other legal authorization, the consent of a spouse/former spouse or other parent is not required. If any authority to so select and authorize this health care and medical should be revoked or modified in any way, I will immediately notify this office.

☑ **READ, UNDERSTOOD AND AGREED**

PATIENT

_____ _____
Printed Name Date

_____
Signature of Parent/Legal Guardian

_____
Relationship to Patient

_____
Signature of Parent/Legal Guardian

_____
Relationship to Patient

_____
Print Clinician's name (here at WellSpring)

A WellSpring of Natural Health, pc
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Informed Consent for Treatment of a Minor

I, _____, as parent or legal guardian of _____ (Patient), a minor, hereby request and consent to receive naturopathic, acupuncture and/or Chinese medical treatment and health care by the licensed acupuncturist and/or licensed naturopathic physician ("Clinician") at A WellSpring of Natural Health, P.C. ("WellSpring") who now or in the future may treat Patient while working at or associated with WellSpring. Further, such consent and request applies equally to any other licensed acupuncturist and/or licensed naturopathic physician serving as for medical care back-up or in *locum tenens* for Patient's Clinician at WellSpring, whether signatories to this form or not. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. I have also read and understand the attached "Notice of Patient Privacy", which discusses my rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Examples of Diagnostic Procedures, Health Care and Medical Treatment:

- Customary diagnostic procedures: including but not limited to general physical exams, venipuncture, PAP smears, blood and urine lab work.
- Traditional naturopathic, Chinese and other natural medicine systems of diagnosis and pattern evaluation, such as pulse and abdominal palpation, tongue and facial appearance, muscular armoring and tension dynamics, gait and postural observation.
- Lab tests and procedures: including referral for x-ray, MRI, or other diagnostic imaging.
- Minor office procedures: e.g., dressing a wound, ear cleaning, incision repair, laceration repair, wart removal, skin biopsy, etc.
- Medicinal use of nutrition: therapeutic nutrition, nutritional supplementation, injections of nutrients.
- Botanical therapies: substances may be prescribed as teas, infusions, alcoholic tinctures, capsules, tablets, crèmes, plasters, or suppositories.
- Homeopathic medicine: the use of diluted quantities of naturally-occurring substances to gently stimulate the body's self-healing responses, given orally, topically, or by injection.
- Prescription of pharmaceuticals or bio-identical hormones.
- Counseling: life choices, psychological processes, self-actualization, creative expression, health promotion including recommendations for exercise, sleep, contraception, and stress reduction.
- Naturopathic manipulative therapies: specific manipulation of muscles, joints (including cranial bones), or soft tissue.
- Tui na massage, cupping, moxibustion, heating or bleeding of acupuncture points.
- Acupuncture and trigger point needling, including injections such as bee venom therapy, prolotherapy, homeopathic injections.

I have had the opportunity to discuss with my Clinician at WellSpring the nature and purpose of health practices, acupuncture, naturopathic therapies and procedures. I am aware that all existing methods of diagnosis and treatment, including naturopathic medicine and acupuncture and other practices of Chinese medicine, pose some level of risk. Within the general clinical setting, the possible adverse outcomes of these practices by a naturopathic physician and/or acupuncturist range from minor to potentially fatal.

The health care and medical treatment we provide may or may not be directed at a specific disease or disorder. It may be preventive in nature, designed to improve overall health and well-being, restore your body's innate self-healing processes, and support you in living consciously and creatively. We will always strive to provide full disclosure of all information relevant to your clinical care. I understand that in providing treatment my Clinician is relying on the information that I am providing to them about the Patient, their health, and response to therapies and their own behavior. I agree that the information I provide will be true and accurate and that I will disclose to the physician everything needed for treatment.

A WellSpring of Natural Health, pc
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

The herbs, homeopathic medicines and nutrients (which are from plant, animal, mineral and other sources) that have been recommended, are considered safe when taken as instructed in the practice of naturopathic and/or Chinese medicines. It is extremely important that the prescribed recommendations be followed when taking herbs, homeopathic medicines and nutritional agents because they may induce adverse effects when taken in excessive amounts or inappropriate situations. I understand that herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I understand that some herbs and nutrients may be inappropriate during pregnancy, and I will immediately notify those providing my clinical care at WellSpring if I become aware that the Patient may be or is pregnant.

I will immediately inform the Clinician at WellSpring if the Patient experiences any gastrointestinal upset (nausea, gas, stomachache, vomiting or similar condition), allergic reactions (hives, rashes, tingling of the tongue, headache or similar condition), bruising or burns (associated with acupuncture, injections, cupping or moxibustion), or any unanticipated or unpleasant effects associated with treatment or the herbs or other therapies prescribed by the Clinician at WellSpring. I understand that while this document describes the most common risks of treatment, other adverse effects and risks may occur. In order to properly treat a medical condition and support health and medical progress, the Clinician at WellSpring must be contacted promptly if an adverse reaction or condition occurs. In any event, if an emergency medical condition arises, it is important to seek treatment immediately from an emergency care facility or call 911.

With this knowledge, acting as parent or legal guardian for Patient, I voluntarily consent to the above procedures and that I acknowledge that no guarantees have been given to me by my Clinician's or staff of A WellSpring of Natural Health, P.C. regarding cure or improvement of my health and medical condition(s).

I have read, or have had read to me, and understand the above information and consent. I have also had an opportunity to ask questions about its content, and by voluntarily signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek diagnosis and treatment.

☑ _____

READ, UNDERSTOOD AND AGREED

PATIENT

_____ _____

Printed Name Date

_____

Signature of Parent/Legal Guardian

_____

Relationship to Patient

_____

Print Clinician's name (here at WellSpring)

Economics and Billing

Dear New Patient:

Welcome to our clinic. We, the clinicians at A WellSpring of Natural Health, P.C. ("WellSpring") look forward to providing for your health needs and goals. We encourage your questions and participation in all aspects of your health care and medical treatment.

You understand that you are retaining the services of only the clinician named below. You recognize, understand and agree that your clinician is a sole practitioner and is not a partner or otherwise affiliated with any other healthcare practitioner who may be providing similar services at WellSpring or elsewhere. You further recognize, understand and agree that your clinician is solely responsible for and shall provide all professional services to you and that you are relying solely on your clinician's skill for the professional services rendered at WellSpring.

You are important to us. We wish to keep you informed of our policies regarding your payment responsibilities. We feel that it is essential that we share a clear understanding of our economic relationship so as to enhance and not interfere with our therapeutic relationship. We recognize and appreciate that health care can involve a significant financial commitment. That is exactly why we want you to know that our primary goal of the healthcare providers at WellSpring is to provide you with safe, effective and affordable healthcare.

As the patient of your healthcare provider, you are responsible for the total charges incurred from each clinic visit. **Charges are to be paid at the time of the visit unless specific arrangements have been made prior to the office visit**. We accept VISA, MasterCard, checks and cash. There will be a charge of $30.00 each for any returned check(s). **If we are billing your insurance, we require that your deductible has been met and that payment of your co-portion of each bill is paid at the time of each visit**. If your insurance company does not pay the outstanding balance within 60 days of the treatment date, you will be required to pay the full amount along with any new charges incurred. If immediate full payment will present major difficulties for you, please ask about our procedures to assess your financial abilities and formulate a payment plan with you.

You are encouraged to bill your insurance company directly for services we provide. **The terms of your insurance policy and its riders may or may not cover the care you receive at WellSpring.** We are willing to assist you in billing your insurance company when naturopathic and/or acupuncture care is covered. We provide initial billing to your insurance company, for each visit as a courtesy at no additional charge. If it becomes necessary to re-bill your insurance company for any outstanding balance, a $10.00 per re-billing fee may be charged. We will only bill your insurance twice. Be aware that any account over 60 days past due will accrue interest at 1.5% monthly (18% per annum). Please remember, that **you have the primary relationship with your insurance company and are responsible for the total amount owing if your insurance carrier determines that it will not pay for services that have been provided.**

The terms of the Affordable Care Act requires that acupuncture or naturopathic medical services be covered in accordance with licensing of providers and their respective scope of practice as defined by the State of Oregon. Specifically, Section 2706 – the provider non-discrimination provision of the Public Health Service Act as amended by the Affordable Care Act mandates that insurance coverage prohibits insurance companies from discriminating against naturopathic physicians or licensed acupuncturists (or any other provider for that matter) when the clinician is treating the same conditions or performing the same services that the insurer would otherwise cover.

Patients will be billed a $60 fee for any missed appointment or cancellation of an appointment with less than one full business day (i.e., 24 hours) advance notice. This charge will not be submitted to your insurance company. Any emergencies warranting special consideration will be respected as a reasonable exceptions. **Furthermore, arriving for an appointment late by 15 minutes or more may qualify as a missed appointment and a $60 fee may apply.**

A WellSpring of Natural Health, PC
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Your clinician may prescribe nutrients, herbal preparations and/or other medications, which may be purchased either at this location or elsewhere. Such products are available at this site from a separate business; payment for all medicinary items is not related to your clinical or economic relationship with WellSpring. Most insurance policies do not cover or reimburse for the nutrient and herbal products that your Clinician prescribes, but certain medical savings accounts or employee benefit plans may reimburse for prescribed medicines. In such cases, WellSpring will provide you with an appropriate Letter of Medical Necessity for submission.

If you have any questions concerning any of these policies, or need to formulate a payment plan, please feel free to contact our staff *before* your office visit. If you accept these terms of relationship, please sign the bottom of this form and hand it in at the front desk.

I have read and understand the above-stated policies of A WellSpring of Natural Health, P.C. and will comply with them in all respects. If my insurance company requires a release of my medical records, I hereby give my permission by signing this form.

☑ **READ, UNDERSTOOD AND AGREED**

PATIENT

Printed Name _____ Date _____

Signature of Parent/Legal Guardian _____

Relationship to Patient _____

A WellSpring of Natural Health, pc
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Missed Appointment Policy

Scheduling an appointment with a clinician at WellSpring represents a bond of trust and good faith between you as a parent or legal guardian, the patient, your clinician and the clinic as a whole. It implies that we will be here to serve you and that you will be present and on time for your appointment. We schedule appointments in increments of time that balance your individual needs and the typical time requirements for effective health care and medical treatment. We do our best to stay on schedule in a comfortable and caring environment. While always respectful of your time, we do encounter situations where patients require more than the scheduled time. We ask for your understanding and patience on these occasions. You will appreciate our efforts at balancing timeliness and attentiveness some day when you need extra time and attention.

Contact the clinic as soon as possible to reschedule if you will be unable to be at your appointment in a timely manner. For rescheduling or canceling appointments, we require a 24-hour notice, or one full business day in the case of weekends and holidays. If you are not able to reach us during clinic hours you may leave a message in the front desk mailbox of our voicemail system; a message left outside of normal business hours will be considered as received at the opening time of the next business day. A cancellation without adequate notice will be considered a missed appointment. Likewise, if you are more than 15 minutes late for your scheduled time, the appointment will be considered as "missed" and will have to be rescheduled.

Both missed appointments and late cancellations are subject to a $60 fee.

We appreciate your understanding of this policy. Our goal is to nourish a professional relationship based upon trust, confidence and mutual respect, which will enhance the quality of your health care and medical treatment. Please talk to the office staff if you need clarification of this policy.

☑ **READ, UNDERSTOOD AND AGREED**

PATIENT

Printed Name _____ Date _____

Signature of Parent/Legal Guardian _____

Relationship to Patient _____

A WellSpring of Natural Health, PC
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Notice of Patient Privacy (Short Form)

Health Insurance Portability and Accountability Act (HIPPA)
Effective Date: April 14, 2003 Updated: June 21, 2015

A WellSpring of Natural Health, P.C. ("WellSpring") is dedicated to preserving your "Protected Health Information" (PHI). We are required by law to protect your health information and to provide you with a notice describing how your medical information may be used and disclosed and how you can access this information. This Notice of Privacy Practices describes your rights and WellSpring's responsibilities with respect to your Protected Health Information.

WellSpring may use or disclose your PHI for the purpose of diagnosing or providing medical treatment, obtaining payment for health care bills or to conduct health care operations.

We may be required by law to use and disclose your medical information for other purposes without your consent or authorization.

Your PHI means health information, including your demographic information, collected by us, other health care providers, a health care clearinghouse, or an employer. This protected medical and health care information relates to your past, present or future physical or mental health or condition and identifies you, or there is a reasonable basis to believe the information may identify you.

You are provided the right to inspect and receive a copy of your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, request that we restrict certain uses and disclosures of your health information, and file a complaint if you think your rights have been violated. All requests and complaints must be made in writing.

We have available a detailed NOTICE OF PRIVACY PRACTICES (long form) which fully explains your rights and our obligations under the law. You have the right to receive a copy of our most current NOTICE in effect, please ask at the front desk and we will provide you with a copy. This document is also available in the Forms section of the wellspringofhealth.com website.

We may revise our NOTICE from time to time. The Effective Date at the top right hand side of this page indicates the date of the most current NOTICE in effect.

You may contact our Privacy Officer, Clinic Director Dr. Lori Stargrove at 503.526.0397 if you have any questions, concerns or complaints or seek further information about the complaint process.

By signing this form you are acknowledging that you have been provided information regarding our privacy practices pertaining to your "Protected Health Information."

☑ **READ, UNDERSTOOD AND AGREED**

PATIENT

Printed Name _____ Date _____

Signature (or Signature of Legal Guardian) _____

A WellSpring of Natural Health, PC
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Directions to WellSpring ~ 4720 SW Watson Avenue, Beaverton

From South I- 5 or Tigard:

Take Interstate-5 to Hwy 217. Follow Hwy 217 North heading toward Beaverton. Take the **Allen Street Exit**. Turn left at the first stoplight, which is Allen Street. Go forward to the **third stoplight**, which is **Hall Boulevard**. Turn right onto Hall going North. After the stoplight at 5th Avenue, turn **left onto Third Avenue**. Go forward just short of **two blocks**. Our parking lot and building are located on the **right-hand side**. The clinic is on the Northeast corner of 3rd and Watson at 4720 SW Watson Avenue.

From Downtown Portland:

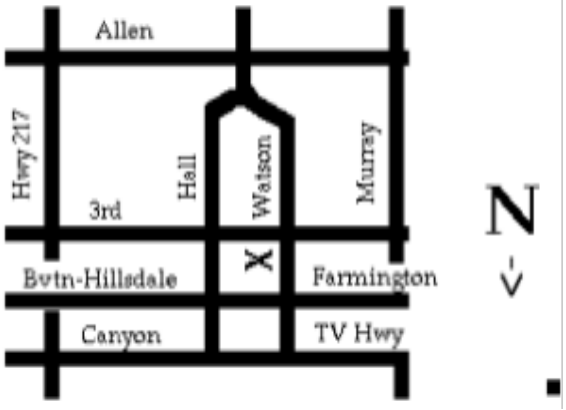
Take **Highway 26 West** to Highway 217 South. Follow Hwy 217 and take the **Beaverton-Canyon Road Exit** (Highways 8 and 10). Turn right at the **second stoplight**, which is **Beaverton-Hillsdale Highway**, and then becomes **Farmington Road** as you cross the railroad tracks. Go forward to the **fourth stoplight**, which is **Watson Avenue** (two blocks past Hall Blvd.). Turn left onto Watson. The clinic is located **three blocks down** on the left-hand side. We are on the left-hand (NE) corner, nearest you, of 3rd and Watson at 4720 SW Watson Avenue.

From SW Portland:

Take **Beaverton-Hillsdale Highway** west. After you pass underneath **Hwy 217**, go straight up to the **fifth stoplight**, which is **Watson Avenue**. Turn left onto Watson. The clinic is located **three blocks down** on the left-hand side. We are on the left-hand (NE) corner of **3rd and Watson** at 4720 SW Watson Avenue.

From Hillsboro or Aloha:

Take **Farmington Road** to downtown Beaverton. Turn right onto **Watson Avenue**. (If you have come to Hall Boulevard, you have gone two blocks too far.) The clinic is located **three blocks down on the left**-hand corner. We are on the left-hand (NE) corner of **3rd and Watson** at 4720 SW Watson Avenue.



A WellSpring of Natural Health, PC
Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Communication Guidelines

These are some guidelines that can make our communication more effective:

1. When you call, give the receptionist a message including a detailed description of your concerns and/or questions and a few times during which you will be available to talk on the phone. This initial information will enable your clinician to make a preliminary determination about whether your needs can be adequately addressed on the phone or whether you need to come into the office.
2. If the doctor has not returned your call in what you feel is a reasonable amount of time, you may call again. Our ability to respond will be delayed in the event that you do not answer the phone when an attempt is made to call vou. Our working together will best facilitate your needs being addressed in a timely manner.
3. Timing is important. If you or your child is sick, call early in the workday. Likewise, avoid waiting until late in the week to contact us with an acute need.
4. Accurately prescribing medication over the phone is inherently difficult and compromised. If your medical condition has changed significantly since a recent visit or a new condition has emerged we can only provide responsible, effective and ethical medical care by understanding the unique presentation of your symptoms and your experience of your condition. The person-centered health care offered at WellSpring is best delivered in person and we will work to accommodate your needs in a timely manner. Telephone, electronic or other indirect communication can not provide us with the opportunity to serve you as well as seeing you in person.
5. Children and illnesses do not always follow the rhythms of the clinic schedule. Your clinician is available in the beyond clinic hours if you feel that you have a medical condition requiring urgent decision-making and/or treatment; the WellSpring voicemail system (press #2) will contact your clinician and transmit the detailed message you leave. You will be called as soon as possible. In the event of a medical emergency, call 911 or go to the nearest urgent care facility or emergency room.
6. The WellSpring website provides a contact form for communicating with our staff and practitioners. These submissions will be reviewed and responded to but are not a timely or reliable means of communications with your clinician regarding your health care and medical treatment. In general, we at WellSpring prefer to communicate directly on the phone or in person and do not use electronic communications such as email or the WellSpring website for discussing your health care or medical treatment. Such forms of electronic messages are useful and appropriate for matters involving clinic hours and policies, insurance verification, and other matters of general business. The staff email (*care@wellspringofhealth.com*) and WellSpring website contact forms are available to more appropriately serve these functions. The clinicians at WellSpring do not use email for discussing your case or receiving documents. Email and online form submissions do not meet the confidentiality and security standards required by HIPAA and other relevant regulations and thus are not appropriate for transmitting personal information such your birthdate, social security number, passwords, etc.

Thank you!
The Clinicians and Staff of A WellSpring of Natural Health, P.C.