



A WELLSPRING OF NATURAL HEALTH, PC
Person-Centered Health Care ◊ Natural Medicine for the Whole Family

Adult Returning Patient - Intake Forms

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Patient Name _____ Today's Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone # (Cell) _____ (Work/Home) _____

Email Address _____

Date of Birth _____ Date of First Visit _____ Most Recent Appointment _____

Any changes in your family situation? _____

Changes to your place of employment? _____

Who is your current employer? _____

Primary Care Physician (PCP) _____

Are you currently being treated by any health care or medical provider(s)? Yes _____ No _____

If yes, where and from whom? _____

For what? _____

If no, when did you last receive medical treatment or health care? _____

Do you have a different medical insurance plan from the last time you were see at WellSpring? Yes _____ No _____

Primary Medical Insurance Co. _____ Policy/Group # _____

Telephone # _____ Address _____

Policy Holder's Name _____ Birthdate _____

Secondary Medical Insurance Co. _____ Policy/Group # _____

Telephone # _____ Address _____

Policy holder's Name _____ Birthdate _____

Eligible for Medicare coverage/benefits? Yes _____ No _____ Health/Medical savings account? Yes _____ No _____



Health and Medical Overview

What are your most important health and medical concerns? List in order of importance.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 7) _____

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.



Medical Treatment Coordination and Health Care Collaboration

Is your health: Excellent ____ Good ____ Average ____ Poor ____

Is your walking pace: Brisk ____ Average ____ Slow ____

Do you have any contagious diseases at this time? No ____ Yes ____

If yes, what? _____

Do you fully inform your conventional and natural medicine practitioners of all the herbs, nutrients, remedies and drugs that you take? What do you share and with whom? Why? If not, what information do you withhold?

With which healthcare provider(s) do you have the most honest communication and respectful relationship?

Do your medical providers share information and collaborate with each other and you in shaping your medical treatment and health care? If so, how?

Do you have the resources and support to fully implement the health care and medical treatment recommended/prescribed by the clinicians you see? If not, what are the limiting factors?

Safe, effective and individualized medical treatment and health care requires your clinician to understand you as a whole person in your real life context. Please complete this questionnaire as thoroughly as possible.

How much are you willing and able to change to address your medical condition and improve your health?

MINIMAL SOME COMPLETE

Welcome back to WellSpring! We are here to serve you!





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.





Communication Guidelines

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

1. When you call the office, leave a message with the receptionist 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 make an in-person appointment or a telemedicine appointment.
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 you. 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 as your birthdate, social security number, passwords, etc.

Thank you!

The Clinicians and Staff of A WellSpring of Natural Health, PC

