Welcome

We are pleased you have chosen naturopathic medicine to help you reach your personal health goals. We can be your primary care physician overseeing all your health concerns or work as a specialist for a specific health care issue. We love to work in concert with other providers of your choice and want to hear about care you are currently receiving from other healers. We share your commitment to personal health, and will work with you to optimize your physical, emotional, social and spiritual wellbeing.

Your first visit:

To help you address your health holistically, we plan to spend our first visit getting to know you, gathering information and planning for your current health needs. A screening physical exam may be performed or deferred for a future visit. Please bring in any recent medical records you may have so these may be reviewed. Expect your first office call to last up to an hour and a half. This visit is often preventive in nature and will be directed at identifying areas of concern, and teaching you our philosophy on reaching your health goals and sustaining lifelong vitality.

Clinic Hours

The clinic is open Mondays through Thursdays from 9am -6pm and Fridays from 9am -5pm. Hours are subject to change and will be noted on the phone message that week.

Scheduling:

Visits can be scheduled by calling the front desk. We recommend that you call 2 weeks in advance of your desired appointment for routine visits. If you are ill and need to be seen quickly, please call the clinic early in the morning, so we have the best chance of fitting you into the schedule for a visit.

Contacting your Doctor:

There are three ways to contact your physician, **in person, telephone message, or pager**.

- ***Office Visit***

The **best** way to communicate with your doctor is during an office visit…

- ***Telephone***
  541-488-8858

Occasionally, you will have clarifying questions regarding your treatment or requests for prescription refills. You may call the clinic and leave a message on the voice mail system. We will make every attempt to return telephone messages within 1 business day, generally at the end of the clinic shift. Requests for visits may be left at this number. Please have your pharmacy fax us a request for refills at 541-482-3645.

- ***Pager Policy***
  Dr. Bonnie
  541-283-3038
  Dr. Brigid
  541-203-0850

You can page your doctor for an acute situation after business hours. Please leave a message with your name, patient's name, and phone number. A doctor will return your call within 15-20 minutes. This pager is to be used when the clinic is closed and you have an urgent need that cannot wait until the next business day. There is a $50 charge for this service. If you are experiencing a medical emergency requiring immediate care, please call 911.

- ***E-mail policy:***

E-mails regarding health concerns are no longer available due to malpractice requirements.
If you need clarification or have any questions for your doctor, please call the office.

Fees

Visits are scheduled according to the needs stated by the client at the time of scheduling. First office calls are always scheduled for one and a half hours. Return office calls are scheduled for 15, 30, 45 or 60 minutes. If new issues arise during the visit and time permits, visits may be extended by client request.

First office calls: new clients or clients who have not been seen in more than 2 years.	$175 child $225 adult
Blood draws, vaccines, injections and ear checks	$35
Brief office call: for acute follow-up visits.	$45
Acute office call: for a new concern such as a cold or a rash.	$75
Short return office call: a follow-up visit on a long term health concern. This type of visit should be scheduled every 3-6 weeks to keep current on your health plan.	$75
Return office call: will give us time to review two or three concerns and catch up on your general health when it has been 3-4 months since your last visit.	$115
Extended return office call: a visit when we haven't seen you in several months and we need to check in on multiple concerns or make a new long-term plan for your health.	$150
Well Child Exams, School Physicals	$115
Annual Exams	$150
Cranio-sacral therapy	$75-150
Scheduled phone or Skype consultations	$45-75
Emergency Pager	$50
Voice mail	No charge
Cancellation with less than 24 hours notice	$50

Billing and Insurance

A $25 NSF fee will be charged for any returned checks.

If you have health insurance, we are happy to provide a bill for you to submit to your insurance carrier for possible reimbursement. Call the number on the back of your card to determine if your plan covers out of network naturopaths and if so, at what percentage.

Dispensary

We have a dispensary offering a variety of vitamins, minerals, herbs and homeopathic remedies which have been selected as a means of providing convenient, pure and high quality supplement choices for you and your family. We buy from a limited selection of trusted companies whose products we have found to be effective. Local stores carry similar products which may be purchased instead. The nutritional and herbal supplement industry is self regulated, allowing for significant variation in both the potency and purity of available products. Because of the great number of other companies offering supplements and herbs, we are generally unable to verify the quality of those products. Please note that we have a tiered mark up of our products offering you discounted pricing.

Directions/ Parking

Our office is located at 635 Lit Way, Ashland, OR, behind the Ashland Street Cinema in the Ashland Shopping Center.

Informed Consent

I, _____,
Acknowledge that I am accepting treatment from a Naturopathic doctor. I understand that there are intrinsic differences between care received from naturopathic doctors and medical doctors. At this time it is my decision to pursue naturopathic treatment for any condition I have. Also, I understand that, as with any medical treatment, there is no guarantee that this treatment will offer complete resolution of any or all conditions that I may have. I have read, understood and been offered a copy of the health information privacy act.

_____
Client

_____
Date

_____
Physician/ Witness

_____
Date

Date: _____

Name:	Secure message phone:	
Address:	Home phone: Cell phone: Work phone:	
email:	Date of birth:	M / F
Occupation (if applicable):	Employer (optional):	
Emergency contact:	Family members (optional):	
Other physicians/health providers:	Referred by / How did you hear about us?	

Bonnie Nedrow, ND
Brigid Crowe, ND
Hidden Springs Wellness Center
635 Lit Way
Ashland, OR 97520
541-488-8858

PEDIATRIC HEALTH HISTORY

All questions contained in this questionnaire are strictly confidential and will become part of your child's medical record.

Date:

Name: *(Last, First, M.I.)*	☐ **M** ☐ **F**	**DOB**

Other healthcare practitioners:

Name:	**Type of practice:**	**Phone number:**

Please list your current health concerns for your child in order of their importance to you

Concern:	**Date of onset:**
1.	
2.	
3.	

☐ Yes ☐ No Traumas, Car Accidents, Injuries?

Surgeries and Hospitalizations:

Date	Reason	Hospital

Has your child ever had a blood transfusion?..... ☐ Yes ☐ No

BIRTH HISTORY

Prenatal history: ☐ Yes ☐ No Did mother have any problems or illness during pregnancy?
If so, describe:

Birth History: ☐ Vaginal ☐ Cesarean Section ☐ Forceps ☐Vacuum ☐ Trauma?
☐ On time ☐ Before 37 weeks of pregnancy ☐ After 42 weeks of pregnancy
Any newborn problems? ☐ Jaundice ☐ Hospitalization ☐ Other, describe

Illness: Has your child had antibiotics? If so, how many times?

DIET

Describe your baby's diet	If your child is eating solids, describe what she/he has eaten in the last 24 hours….
☐ Breastmilk only ☐ Formula ☐ Mixed	Time: Food eaten- describe ingredients Amount

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PAST MEDICAL HISTORY

Does your child have, or has she/he had:

☐ Yes ☐ No	Chicken pox	☐ Yes ☐ No	Constipation requiring a doctor visit
☐ Yes ☐ No	Ear infections	☐ Yes ☐ No	Bladder or kidney infection
☐ Yes ☐ No	Problems with ears or hearing	☐ Yes ☐ No	Bed-wetting (if over 5 years old)
☐ Yes ☐ No	Nasal allergies	☐ Yes ☐ No	(girls) Started menstruating?
☐ Yes ☐ No	Problems with eyes or vision	☐ Yes ☐ No	(girls) Any problems with periods?
☐ Yes ☐ No	Asthma, bronchitis, croup or pneumonia	☐ Yes ☐ No	Chronic or recurrent skin problems
☐ Yes ☐ No	Heart problems or murmur	☐ Yes ☐ No	Frequent headaches
☐ Yes ☐ No	Anemia or bleeding problem	☐ Yes ☐ No	Seizures or other neurologic problems
☐ Yes ☐ No	Frequent abdominal pain	☐ Yes ☐ No	Diabetes or thyroid problems

FAMILY HEALTH HISTORY

Is your child adopted? ……. ☐ Yes ☐ No

Have any family members had the following? If so, note relationship to child

☐ Yes ☐ No	Deafness	☐ Yes ☐ No	Bleeding disorder
☐ Yes ☐ No	Nasal Allergies/ Hayfever	☐ Yes ☐ No	Liver disease
☐ Yes ☐ No	Eczema	☐ Yes ☐ No	Kidney disease
☐ Yes ☐ No	Asthma	☐ Yes ☐ No	Diabetes before age 50
☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No	Bed-wetting after age 10
☐ Yes ☐ No	Heart Disease before age 50	☐ Yes ☐ No	Epilepsy or convulsions
☐ Yes ☐ No	High Blood Pressure before age 50	☐ Yes ☐ No	Alcohol or drug abuse
☐ Yes ☐ No	High Cholesterol	☐ Yes ☐ No	Developmental disability
☐ Yes ☐ No	Anemia	☐ Yes ☐ No	Mental illness

SOCIAL HISTORY AND DEVELOPMENT

Home Environment:

How many children in your home? Child's birth order (3rd of 4 kids…)

What adults live with your child?

Has your child had any traumas or losses?

School Age Children:

☐ Yes ☐ No Has he/she ever been "held back" or had to repeat a grade?

☐ Yes ☐ No Are you concerned about your child's attention span?

☐ Yes ☐ No Does your child like school?

☐ Yes ☐ No Any concerns about your child's behavior in school?

☐ Yes ☐ No Any concerns about how he/she is doing academically?

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MEDICATIONS

INCLUDE **CURRENT** PRESCRIPTION MEDICATIONS, OVER THE COUNDER DRUGS, VITAMINS, HERBS ETC…

Start date	Name	Dose/ Strength	Frequency	

ALLERGIES

Name of Drug, environmental or food allergy	Reaction

PROBLEM LIST (leave this section blank, for physician use)

DATE		ICD-9

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