



AUSTIN
NATUROPATHIC
MEDICINE

DR. LOUISA L. WILLIAMS

tel. 512-600.6983

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www.austinnaturopathicmedicine.com

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PATIENT INTRODUCTION

Name_____ Date_____

Street Address_____

City_____ State_____ Zip Code_____

Mailing Address_____

City_____ State_____ Zip Code_____

Home Phone () _____ Work Phone ()_____

Email address_____

Birthdate _____ Age_____ Name of Parent (if minor)_____

Status (circle one) M S W D Spouse's Name_____

Social Security Number_____ Occupation_____

Who referred you to this office? _____

Nearest relative or friend to notify in an emergency_____

Their address_____

City_____ State_____ Zip_____ Phone ()_____

Relationship_____

I clearly understand and agree that all services rendered to me are charged directly to me, and that I am personally responsible for payment.

PATIENT SIGNATURE:_____ DATE:_____



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I, _____, understand that Dr. Louisa L. Williams, a
(your name)
naturopathic doctor, has graduated from a federally-accredited four year naturopathic medical school, John Bastyr University, has taken and passed all phases of the national Naturopathic Physicians Licensing Examination (NPLEX) and is licensed as a naturopathic doctor in the state of California. I further understand that naturopathic physicians are not licensed in the state of Texas.

Along with standard examination, history taking, laboratory tests and appropriate x-rays, Dr. Williams also utilizes energetic testing techniques including applied kinesiology (muscle testing) and reflex arm length testing (MRT). Like laboratory tests (which can give false negative as well as positive results), no energetic tests are 100% accurate and are used simply as a tool to help guide us to the most appropriate treatment techniques and remedies. I am also aware that she utilizes the following alternative holistic treatments: homeopathy, drainage remedies, cell salts, nutritional supplements, auriculotherapy (from France, not China), botanical medicine, and spinal and cranial manipulation. The theory underlying any of these treatments is available upon request.

Additionally, I, _____, am not associated with any
(your name)
government agency, insurance company, or other groups aimed at investigating or eliminating natural medicine. I am simply here as an individual who wants to feel better.

I have read and understood this document.

Signed _____ on _____
(your name) (date)

Witnessed _____ on _____

Visual Analog Scale

Name: _____

Date: ____/____/____

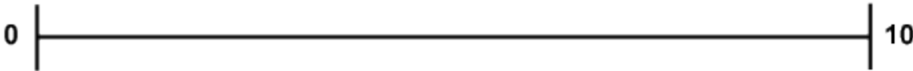
Name of Chief Complaint #1: _____

Please think about your main complaint right now. On the line below, make a straight vertical (up & down) mark on the line to show how severe it is. "0" corresponds to no symptoms, and "10" corresponds to the most severely-felt symptoms.



Name of Chief Complaint #2: _____

Please think about your main complaint right now. On the line below, make a straight vertical (up & down) mark on the line to show how severe it is. "0" corresponds to no symptoms, and "10" corresponds to the most severely-felt symptoms.



Pertinent Scar – Toxicity History

Patient's Name _____

Age _____

Date _____

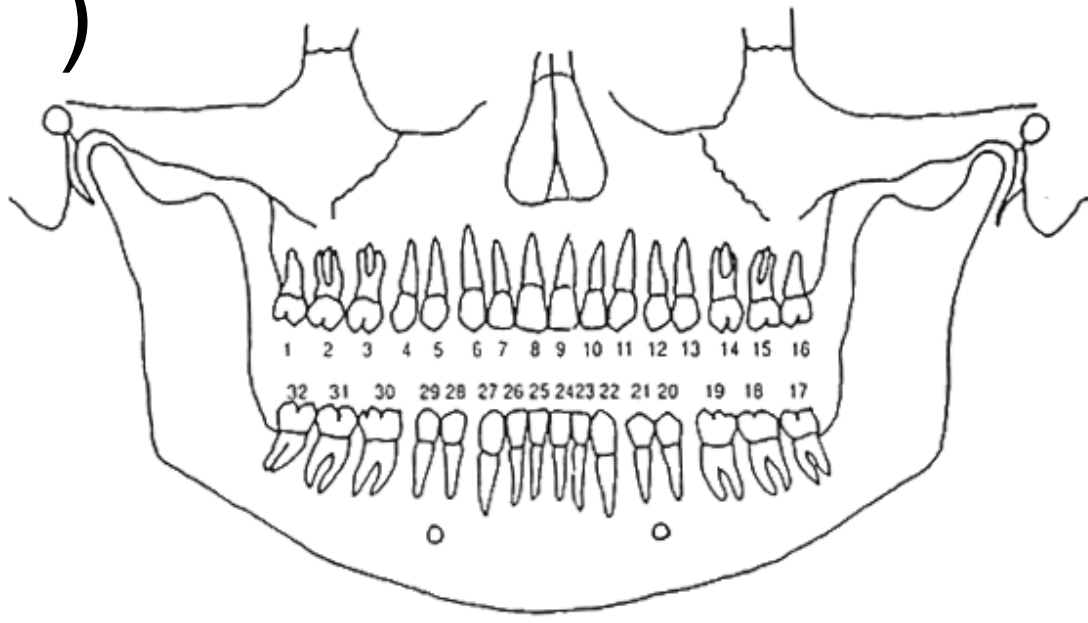
Please complete the following with the appropriate age of occurrence:

SURGERY (including all operations, even moles, etc. removed & circumcision)	AGE	SERIOUS INFECTIONS/ DISEASES (pneumonia, mono, T.B., cancer, heart attack, chronic bronchitis, colitis, mumps, measles, chicken pox, etc.)	AGE	DENTAL INTERVENTION (root canals & extractions – please try to name and number tooth – refer to dental chart on back. Also, age of first silver amalgam filling, braces, retainer, etc.)	AGE
		Typical childhood vaccinations? ___yes ___no			
TOXIC PROFESSION PAST OR PRESENT (artist, graphic designer, dentist, dental asst, gas station worker, painter, industry, computer cleaning, etc.)	AGE	PREGNANCIES/ BIRTHS/ ABORTIONS/ IUDS, EPISIOTOMY, ETC.	AGE	PRESCRIPTION OR STREET DRUGS, ALCOHOL, CIGARETTES, ETC.	AGE
				PAST:	
INJURIES/ ACCIDENTS <i>WITHOUT STITCHES</i>	AGE	INJURIES/ ACCIDENTS <i>WITH STITCHES</i>	AGE	PRESENT:	AGE
MAJOR PSYCHOLOGICAL TRAUMA	AGE	LONG VISITS OR LIVED IN A FOREIGN COUNTRY	AGE	KNOWN ALLERGIES	AGE
		Treated for parasites, infection? ___yes ___no			

DENTAL CHART

KEY	
Pulled Teeth	X
Cavities Filled	●
Crowns	■
Bridge	⌒
Root canals	○
Dentures?	_____
	upper lower
Braces?	_____
	upper lower
Retainer or Night Guards?	_____
	upper lower

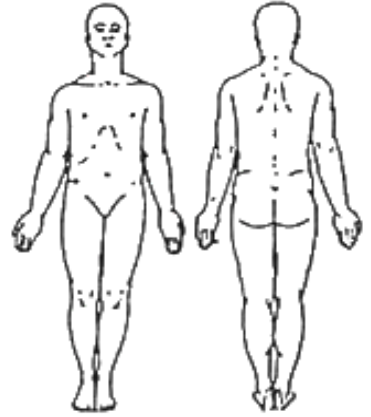
(#1, 16, 17 & 32 are wisdom teeth)



Right Side

Left Side

D. Finally, mark with an "X" where you have pain or dysfunction.



C. Write your chief complaint(s) below and indicate the approximate age of onset.

HEALTH COMPLAINT	AGE	HEALTH COMPLAINT	AGE
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

DESCRIPTION OF TREATMENTS AT AUSTIN NATUROPATHIC MEDICINE

BEFORE THE FIRST VISIT:

You can download the New Patient packet PDF in the lower left hand margin on the home page at the www.austinnaturopathicmedicine.com website. Please fill these out. (Also included are directions as well as this form that explains the initial and subsequent visits and their costs). **PLEASE** bring (or email or fax for phone/Skype appointments) these with you along with your latest dental x-rays (within the last 1 - 2 years) and your latest lab tests (within the last 6 months to 1 year).

INITIAL VISIT: During this first appointment, a thorough history and physical examination are done, and if time permits, a short treatment. The charge is \$210.00 plus any supplements that may be prescribed (can range from \$25.00 to \$150.00, or more).

SUBSEQUENT VISITS: (Second visit and thereafter): Visits are usually scheduled for approximately one time a month, every 6 weeks, or every 2 to 3 months. The charge is based on time:

10 minutes -	\$ 30.00
20 minutes -	60.00
30 minutes -	90.00
40 minutes -	120.00
50 minutes -	150.00
60 minutes -	180.00

“SENSATION METHOD” HOMEOPATHIC APPOINTMENTS*: When Dr. Williams thinks you’re ready for a homeopathic constitutional remedy, a 2-hour appointment will be scheduled. The charge for this appointment is \$650.00. Subsequent homeopathic follow-up visits are \$100.00.

MISSED APPOINTMENT POLICY: You will be charged for the appointment fee scheduled if an appointment is not cancelled at least 24 hours in advance.

***The “Sensation Method” refers to the teaching of Dr. Rajan Sankaran and Dr. Divya Chhabra of Mumbai (Bombay), India, who have developed a revolutionary new way of arriving at the correct homeopathic constitutional remedy. (Go to www.cchomeopathic.com and click on “vital sensation” for more information). Dr. Williams has spent the last 15 years intensively studying this system in order to use it successfully with her patients. She has found this homeopathic constitutional remedy to be the most curative and preventive medicine known. In fact, this remedy is *so* essential to optimum health that it is not taken simply for months, or even a few years, but is taken intermittently as needed for one’s *entire* lifetime.**



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Blood Tests – Direct Labs

At Direct Labs you can order your own blood test, and save tons of money! I like the CWP test as a general barometer of health for all new patients.

Directions:

1. Go to www.directlabs.com
2. Click on “Order Now” at the top of the home page
3. Click on “CWP – Comprehensive Wellness Profile” & “Add to Cart”
4. Then CWP = \$97.00 will display – Click on “Next>>”
5. Then register as a first time customer – set up your account
6. In a few hours (or the next day) your requisition should be emailed to you/ Press “Print” and print it out and bring it to the lab. Call (800) 908-0000 and speak to a customer service representative if you have any questions.
7. To find the lab nearest you click “Lab Locator” – Try to get your blood drawn fasting early in the AM and early in the week, e.g., Monday – Wednesday.
8. The Direct Labs will then email you the results. On this email you will see the requisition form again – this time click “Select,” and then click “View Results” on the same line below as “Lab Corp of America,” to get the results. (If you have an Apple computer you must go through Safari – not Firefox – to get the results.)
9. Please bring these results when you come in, or email them to me:
info@austinnaturopathicmedicine.com