Elemental Medicine
165 Rochester Hill Road Rochester, NH 03867 (603) 516-3696
Beth Devlin, ND George Savastio, ND

Full name: _____ Today's Date:

Preferred name: _____

Date of birth: _____ Age: _____ Gender: _____

Address: _____ City: _____State: _____ Zip: _____

Guardian's Names: _____ Custody: Mother [] Father [] Both [] Other []

Primary Telephone: Home: _____ Cell: _____ Other: _____ Preferred #: []Home []Cell []Other

Primary Phone: Mother [] Father [] Other []; May we contact you via text? YES/NO

Email address: _____

May we contact you via email? YES/NO Would you like to receive our online newsletter? YES/NO

Emergency contact: _____ Relationship: _____ Tel: _____

How did you hear about us? _____

Other Current Health Care providers (medical doctors, specialists, chiropractors, etc.)

Name: _____ Profession: _____ Tel: _____

Name: _____ Profession: _____ Tel: _____

Insurance Company & ID #_____

Subscriber: _____

Relationship: _____ DOB: _____

Specialist co-pay: $_____ Deductible: $_____

- ☐ My Insurance does not cover your practice
- ☐ I am choosing to be a "Self-Pay" patient
- ☐ I do not currently have health insurance

We do our best to verify your plan benefits with your insurance company as a courtesy to you. However, benefits that we are quoted by your insurance company are not a guarantee of payment. Actual benefits are determined by your insurance company at the time the claim is processed. Co-pays, Co-insurances, and deductibles will be collected at the time services are rendered. When payment from your insurance company is received, we will know then if we need to modify your payments, and any other monies due will be billed to you with a payment due upon receipt.

Please Initial

____ I understand that if any changes are made to my personal insurance information while being treated it is my responsibility to inform the facility of said changes in a timely manner.

____ I give my consent for Elemental Medicine to furnish medical care and treatment considered necessary and proper in diagnosing or treating his/her condition.

____ I acknowledge that my insurance company may determine that the services provided are not covered under your policy and agree that, if my insurance company determines that any services are not covered, I shall be responsible for, and shall pay, the cost of any such services.

____ I authorize Elemental Medicine to release to appropriate agencies, ie my insurance company, any information acquired during my, or the above-named patient's, examination and treatment necessary to secure payment for services provided.

____ I acknowledge I have received a copy of Elemental Medicine's Policies and I agree to adhere to the policies described.

____ I acknowledge that the **Notice of Privacy Policy** is posted at the location in which I am receiving treatment and that I have read and understand the notice. I further acknowledge that I have the right to request a copy of the notice and one will be provided to me.

Signature: _____ Date: _____

3 Mos. Review Initial: _____ Date: _____

6 Mos. Review Initial: _____ Date: _____

Demographic and Consent Form to be reviewed every three (3) months.

PEDIATRIC INTAKE FORM

List Any Known Allergies (medicines, environmental, food, other)

_____

_____

Health Concerns
Reason for office visit:

_____

_____

Major complaints in order of importance to you
1.
2.
3.
Have you received treatment for any of the above conditions? □ yes □ no If yes, please explain:

_____

What would you most like to accomplish on your first visit?

_____

Healthcare Providers
Pediatrician: _____
Date of last physical exam: _____
Dentist: _____
Date of last visit: _____

Medical History
Please list any medical conditions you have been diagnosed with
(including surgeries, broken bones, sprains, etc)

Condition	Severity	Date

Medications/Supplements
List prescription medications, over-the-counter medications, vitamins, minerals, herbs, etc.

_____

_____

_____

_____

_____

Review of Systems

Y = presently have N = never have had P = have had in the past

-Eyes/Ears/Nose/Throat-

Glasses/contacts Y/N/P Chronic sniffles Y/N/P Ear discharge Y/N/P Vision problems Y/N/P

Hay fever Y/N/P Jaw clicking / pain Y/N/P Frequent ear pain Y/N/P Stuffiness Y/N/P

Post nasal drip Y/N/P Impaired hearing Y/N/P Nosebleeds Y/N/P Frequent sore throat Y/N/P

Gum problems Y/N/P Teeth problems Y/N/P Canker sores Y/N/P Swollen glands Y/N/P

-Cardiovascular-

Palpitations Y/N/P Murmur Y/N/P Anemia Y/N/P

-Gastrointestinal-

Nausea Y/N/P Vomiting Y/N/P Diarrhea Y/N/P Constipation Y/N/P

Colic Y/N/P Stomachaches Y/N/P Finicky eating Y/N/P

Undigested food in stool Y/N/P Itching around rectum Y/N/P

How many bowel movements per day? __ _ Is this a change? Y/N/P

-Skin-

Rashes Y/N/P Eczema Y/N/P Acne Y/N/P Bruise easily Y/N/P

Itching Y/N/P Dryness Y/N/P Cradle cap Y/N/P Diaper rash Y/N/P

Warts Y/N/P

-General-

Fever Y/N/P Fatigue Y/N/P Frequent colds Y/N/P Early puberty Y/N/P

Poor foot odor Y/N/P

-Neurological-

Hyperactivity Y/N/P

-Head-

Headaches Y/N/P Migraines Y/N/P Injury Y/N/P

-Respiratory-

Cough Y/N/P Wheezing Y/N/P Asthma Y/N/P

Difficult breathing Y/N/P

Birth History

Mother's age at conception: _____ Child's birth order (youngest, eldest): _____

Number of weeks of pregnancy at birth: _____ Length of labor: _____

Vaginal or caesarean birth □ V □ C

Please explain any complications:

_____

Health of baby at birth: _____

Was the child breastfed? Y/N For how long? _____

Was the child ever on formula? Y/N If yes, for how long and brand used? _____

When was the child introduced to solid food? _____

When did the child develop teeth? _____

When did the child start to walk? _____

When did the child start to talk? _____

Did the child have any of the following as an infant (check if yes)

□ anemia

□ asthma

□ diaper rash

□ colic

□ cradle cap

□ eczema

□ jaundice

Exposures/Habits

Do you have concerns about lead exposure (old home/plumbing/peeling paint)? Y/N

Do any household members smoke? Y/N if yes, indoor_____ outdoor only_____

Do you spray pesticides or herbicides around the house or use other toxic chemicals? Y/N

How many hours per day: TV_____ Computer_____ Video games_____

Family History

Who in your immediate family has any of the following?

Place appropriate letter in the blank. (F=father, M=mother, S=sibling, G=grandparent)

____Alcoholism or Substance abuse

_____Anemia (Sickle cell or other)

_____Liver disease (Hepatitis, etc)

_____Seizure, Epilepsy

_____Stroke

_____Easy bleeding

_____Suicide

_____High Blood Pressure

_____Ulcers

_____Headaches (Migraines, etc)

_____Diabetes

_____Hay fever, Allergy,Eczema

_____High cholesterol

_____Arthritis

_____Cancer (specify type_____)

_____Lung disease)Asthma, COPD, etc)

_____Mental trouble/Depression/Anxiety

_____Digestive (Ulcerative colitis, Crohn's, etc)

_____Glaucoma

_____Tuberculosis (TB)

_____Heart attack, Heart disease, Heart failure

_____Kidney disease

_____Thyroid disease

_____Other

Diet

Record a typical day's diet.

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

How much water daily? _____ What type of water? _____

How many non-water beverages do you drink per week (soda, juice)? _____ Do you eat organic food? Y/N

Dietary restrictions? _____

Guardian's Signature:_____ Date:_____

Thank you for taking the time to complete this form.

ELEMENTAL MEDICINE
NATUROPATHIC & ALTERNATIVE SOLUTIONS FOR HEALTH

165 Rochester Hill Road, Rochester NH 03867
603-516-3696
health@elementalmednh.com

WELCOME TO OUR PRACTICE

OFFICE POLICIES

Here at Elemental Medicine, our mission is to engage our patients in a healing relationship for the treatment and prevention of disease using time-honored concepts along with modern scientific research. We seek to understand your individual needs based on your constitution and by getting to know you as a person.

Our goal is to help you feel your best. We rely on the wisdom of traditional healing methods combined with modern scientific research to do just that.

Our Services Include:

- Personalized natural treatment plans
- Botanical and nutritional medicine
- Full natural pharmacy
- Homeopathic remedies
- Wellness and nutrition education
- Advanced laboratory testing
- Physical and gynecological exams
- Personalized cleansing programs
- IV therapy
- Acupuncture
- Foot evaluations
- Craniosacral treatments
- Pancha karma
- Spinal manipulations
- Steam/massage

WHAT TO EXPECT

New Patient Establishing Care – First Visit

A typical first office visit for a naturopathic patient is 1 ½ hours long. This includes an extensive health history, physical exam, possible laboratory work and/or orders, and development of a treatment plan.

New Patient Establishing Care – Follow-Up Visit

A 30-45-minute follow-up appointment will be scheduled in two to six weeks to discuss lab results and/or evaluate the progress and initial therapies. We are here to assist you in healing and achieving wellness. This requires a commitment on your part to keep scheduled appointments, so we may work together as a team.

Laboratory Tests

We do a variety of lab testing (**additional cost is incurred**). In some cases, additional blood work may be required, and it is the responsibility of the patient to cover the additional fees of testing. *If there is urgent cause for concern regarding your results, you will be contacted by your doctor or staff.* We do not routinely call patients with lab results that are normal. Lab results will be reviewed during your scheduled follow-up visit. If you wish to have a copy of your labs prior to your follow-up appointment, please provide a minimum of 48 hours advance notice to our office as labs will not be released, under any circumstances, until the doctor has reviewed them.

REACHING YOUR NATUROPATHIC DOCTOR BETWEEN VISITS

We understand you may have questions about your treatment plan or you may need to inform your doctor of new developments. If you have a question that cannot wait until your next visit, we encourage you to call. Our staff will attempt to get your questions answered promptly or to schedule you with your doctor as needed.

Email Usage

Email use is for established patients only. It may be used for clarification of an on-going treatment, or treatment received in the last 30 days. It must be a simple and straight-forward request requiring minimal staff/doctor time. Emergency concerns should never be sent via email. New conditions or treatments will not be discussed via email. Charges may incur for long emails that require more than a single reply. Our email address is: health@elementalmednh.com Please do not send business related emails to any other address.

For Urgent Concerns

Please let our front desk know you have an urgent concern and they will schedule an appointment that day or as soon as possible with your doctor. If it is difficult for you to come in for an office visit, a phone appointment may be arranged. Phone appointments for urgent concerns are at the discretion of the doctor.

Phone Appointments

Phone appointments are offered as a courtesy to our patients who are unable to make an office visit due to long distance or other factors. We ask you to pay for phone appointments by credit card at the time of the appointment. Phone appointments are charged by the minute for the time incurred. Keep in mind the doctor may need to see you in person. Medications requiring a prescription such as antibiotics, controlled substances, thyroid or hormone medicines require an *in-office* visit.

After-Hours Emergencies

If you feel you have a medical concern that cannot wait until the next business day, you may call Dr. Devlin's cell phone, (207) 251-0529. Leave your name and phone number starting with the area code. Patients using our after-hours emergency service, please note that while brief conversations are generally free of charge, this service will be billed as if it were an office visit for lengthy conversations. *Excessive use of this service for non-urgent concerns will also incur a charge*.

Medical Emergencies

Please call 911 or go directly to your local emergency room.

NATURAL DISPENSARY

You will usually be prescribed specific nutritional, botanical, hormonal, or homeopathic medicines at the time of your visit. These products have been chosen for their quality, potency, and specifically to meet your needs. We offer a fully stocked natural pharmacy, with products that have demonstrated clinical effectiveness and safety. We recognize that people are cutting costs and we make every effort to keep our prices reasonable for you. We discourage from buying supplements on line from unauthorized dealers, such as Amazon, eBay, Craigslist, etc., as they cannot guarantee the quality or safety of items sold. Also, buying from Elemental Medicine helps to support us in our goal of offering lower cost services and supplies while we support you in achieving optimal health.

Please allow 48 hours advance notice to fill your order when calling!

Providing the manufacturer's name, product name, quantity and size will greatly increase your chances of getting your order filled faster.

Methods of Delivery and Payment Options

- Payment for supplements is expected at the time of order. For your convenience, you may pay with a credit or debit card over the phone, or a credit/debit card can be securely stored.
- You may pick up your items during our hours of operation.
- We can ship your items by Priority Mail, a $9.00 shipping fee will apply (subject to change).
- Email your order to health@elementalmednh.com, or call the office at (603) 516-3696.
- You can also place your orders at https://wellevate.me/beth-devlin/#/ after creating an account.
- Special orders, prescriptions, and emergency online orders may need extra time to process and *must be prepaid*. There may be an additional charge for special orders.

Dispensary Return Policy

- Items may be returned for refund within 15 days.
- The product must be sealed and in its original condition.
- Items may be returned for a credit within 30 days, also sealed and in its original condition.
- We *cannot refund or credit items* that are special orders, custom tinctures, require refrigeration, or that have been opened.

FINANCES

***we do offer a time of service discount**

First Office Visit – Establishing Care: The fee for a first office visit with Dr. Devlin or Dr. Savastio is $310.00. This is discounted to $265 if you pay in full at your first visit.

Regular Follow-up Visits: The fee for follow-up visits range from $110.00 - $195.00 depending on length and complexity of visit. The fee for an annual exam is $245.00. All visits are discounted if you pay in full at your visit. We also offer discounts for Medicare, Medicaid and Active Duty patients.

Method of Payment

Payment is expected at the time of service. We accept cash, checks, and credit or debit cards. Returned checks are subject to a $40 administration and banking fee.

Missed Appointments and Cancellation Policy

We consider it an honor and privilege to be of service to you and hope to establish a long and mutually satisfying relationship.

We do understand that extenuating circumstances can prevent you from keeping an appointment; however, we request that any cancellation or rescheduling be made ***at least 24 hours in advance of your appointment***. We value your time and hope you value ours! Missed appointments or appointments cancelled less than 24 hours in advance affect us all and prevent us from being able to serve others who are ill and in need of care.

Appointments that are not cancelled or rescheduled 24 hours in advance will incur a charge of 50% of the scheduled visit. This charge includes all appointments and therapies in our office.

We provide email reminders before your appointment as a courtesy. If your email does not state the type of appointment you believe you have scheduled please contact the office as soon as possible. Keep in mind, you are ultimately responsible for remembering scheduled appointments. Stating that you did not receive a reminder email or that the email was made after the 24-hour deadline, does not make your missed or cancelled appointment an exception to our policy.

Thank you. We look forward to working with you to achieve your health and wellness goals.

~The Elemental Medicine Team