PLEASE READ AND SIGN THE CONSENT FORM IF YOU AGREE TO THE TERMS

Integrative Medical Clinic - Consent Form
Please Read ENTIRE FORM

Surname	First Names
Preferred first name	DOB

To get the best outcome from your Consultation and Expectations

Dr Bill Reeder is a registered medical doctor specialising in Integrative Medicine but is not practising as a General Practitioner (GP) i.e. providing regular GP services. You still require a GP.

In this clinic, he utilises non-mainstream options based on the premise that many complex, chronic conditions need to be managed by identifying, where possible, the underlying biochemical or physiological cause, then implementing biological (natural) corrective treatments where there are no better '*Standard of Care*' OR '*Mainstream*' medical solutions.

Success cannot be guaranteed any more than standard drug treatments. Safety is of paramount importance.

'*Standard of Care*' treatments in certain conditions however may be the best and proven approach. In this case, you may be referred back to your own medical advisor(s).

By consulting with Dr Reeder it is understood that treatments may be non-mainstream and that you wish to explore these options. Such options are based on as much evidence, benefits and safety as possible. If you prefer mainstream ('*Standard of Care*') treatment, please indicate to Dr Reeder or staff prior to the consultation.

To comply with best practice, it is advisable that your doctor is informed about treatments from Dr Reeder. A short summary will usually be supplied to you by email. You can take or send this to your GP <u>at your discretion</u>.

For longer Reports and Treatment Plans, there is an added fee – see below for fees.

<u>Fees</u>

Initial Consultation **$425 (Up to 1 hour)**

Includes, but is not limited to assessment, review health history, investigation of relevant health issues of concern, relevant lab investigations, recommendations moving forward (time permitting).

Complex cases may require longer than 1 hour, and <u>additional fees</u> will reflect that.

Follow Up Consultation (if applicable) **$210 (Up to 30 minutes)**

4-6 Weeks after initial consultation. Assess initial responses to treatments, identify and explain any test results and continue ongoing plan of management.

Please be aware that CONSULTATION FEES do not include AFTER CONSULTATION WORK by Dr Reeder on your case such as Treatment Plans or Protocols that require *<u>significant extra time</u>*. This will incur reasonable additional fees and will be invoiced separately.

Cancellations: *A 50% fee is charged for no show – so please cancel **24 hours** before the appointment.*

I have read and accept the conditions:

Signature: …….. Date: …….

Date today: INTEGRATIVE MEDICAL CLINIC NEW ZEALAND -Dr Bill Reeder

Surname:		**Please Attach Photo**
First Names:		
DOB:		
Address:		
Phone Hm:		
Phone Mobile:		
Email:		
NHI:		
GP		**Medical Clinic:**
Spouse/ Partner		**Spouse/ partner Phone:**

List *YOUR IMPORTANT* Current and Past Medical History			
Date of onset	What is the diagnosis?	Condition active?	Or resolved?

List Important *FAMILY* Illnesses				
Father	Mother	Brothers	Sisters	Grandparents

Dental Health	Current Occupation:
Silver Amalgam Fillings?	
Any Root Canals?	Past Occupations:

Special tests or procedures				**List Current Medications and supplements**
	✓	Year	Result	
Colonoscopy				
Gastroscopy				
MRI				
CT Scans				
Mammography				
Ultrasound				
ECG				
Angiogram				
Bone Density				
Hair Analysis				
X Rays				
Other special tests?				

Office Use Only						
	General Consent Form					

***LIST** THE **MAIN** HEALTH PROBLEMS/DIAGNOSES THAT **MOST** CONCERN YOU*

Date Onset	Problem

NOW BRIEFLY GIVE A HISTORY OF YOUR COMPLAINTS – PREFERABLY AS A DATED TIMELINE

ALSO BRING WITH YOU ANY RELEVANT SCANS, LAB WORK OR SPECIAL REPORTS

LIST ANY SPECIALISED TESTS OR FUNCTIONAL MEDICAL TESTS YOU HAVE HAD - DATED

DATE OF TEST	

Please ✓ if you use or have:			
perfumes ☐	Use house cleaners ☐	drink from plastics ☐	new home ☐
hair dyes ☐	use paints ☐	mould in home ☐	very old home ☐
other body products ☐	weed, insect sprays ☐	mould in workplace ☐	Smoke – how many per day ☐
recent vaccinations ☐	home pest products ☐	air conditioning ☐	work with chemicals ☐
Are you especially sensitive to chemicals ☐			

List any known exposure to chemical toxins:

List travel to other countries:

Did you have any sickness:

Please ✓ if you have (or had) significant exposure to Toxic Metals below:				
Lead ☐	Mercury ☐	Arsenic ☐	Cadmium ☐	Other ☐

Details:

Lifestyle questions (Tick most applicable)

My work is: ☐High Stress ☐Low Stress	*Leisure Time*: ☐A lot ☐Occasional ☐Never
My home life is: ☐High Stress ☐Low Stress	*Exercise:* ☐A lot ☐Occasional ☐Never
My diet is: ☐Excellent ☐Could be better ☐Poor	
My weight is: ☐Very good ☐Overweight ☐Underweight	
Dental Health ☐Dental Amalgams ☐ Root Filled Teeth ☐Jawbone Infection	

General Quality of Life Assessment - QOL

Tick the **number** that you think best represents you:

	Very Bad			**Average**				**Very Good**		
Please rate	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
My overall health	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Energy level overall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Morning energy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sleep Pattern	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Memory	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mood	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I am in **PAIN**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Weight	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Appetite	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Exercise	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Body Shape	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Concentration	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Do you feel the heat	☐Yes ☐No ☐Sometimes									
Do you feel the cold	☐Yes ☐No ☐Sometimes									

General Health Information

Please ✓ if you have:

Digestion System	✓		**Brain and Nerve System**	✓	
heartburn, reflux			anxiety		
bloating			depression		
wind			tinnitus (ear noise)		
abdominal pain			pins and needles		
constipation			numbness		
loose stools			vision problems		
blood in stools			hearing problems		
mucus in stools			poor memory		
irritable bowel			migraines		
mouth ulcers			headaches		
fatty foods reaction			restless legs		
sweet craving			dizziness		
change in bowel habit			vertigo		
intestinal infections			cramps		

LIST any known **food intolerances/allergies:**

Respiratory System	✓		**Heart and Circulation**	✓	
hay fever			Angina – heart pain		
sore throats			Other chest pains		
cough			poor circulation		
asthma			leg clots		
sinus trouble			blood disorder		
mucus in throat			anaemia		
chest infections			short of breath		
			palpitations of heart		
Immune System	✓		swelling of ankles		
skin infections			high blood pressure		
lot of sore throats, colds			low blood pressure		
bladder, kidney infections			Vein clots		
cold sores			**Muscles, Joints**	✓	
genital herpes HSV II			sore muscles		
thrush (candida)			very weak muscles		
tinea			losing muscle		
other infections?			pain in joints		
			swelling of joints		
Skin	✓		back or neck pain		
psoriasis			**Mental health**	✓	
dermatitis			feel depressed a lot		
eczema			feel loss of enjoyment		
rashes			memory getting bad		
poor nails			don't feel like living sometimes		
poor hair			can't concentrate now		
losing hair			poor motivation		
dry skin			wake up early		
excessive aging skin			avoid social contact more		

General Health Information

Adult Male Section	✓		Adult Female Section	✓	
poor urine pressure			anxiety		
night urination			depression		
slow to start			night flushes		
body hot at night			day flushes		
night sweats, chills			sweats		
antisocial			depression		
low sex drive			moodiness		
erection problems			irritability		
loss energy			dry vagina		
loss of drive			abdom bloating		
feel depressed			breast pain, lumps		
get anxious			breast swelling		
tearful sometimes			panic attacks		
can't cope as well			palpitations		
palpitations			fluid retention		
can't concentrate			premenstrual PMT		
memory decline			periods regular		
muscle pains			periods irregular		
loss of muscle			no periods now		
irritable more			last period when		
headaches			hysterectomy		
PSA test done? When			low sex drive		
last prostate examination			loss of sensual feelings		
infections?			ovary problems?		
losing body hair			pelvic infections?		
			losing hair		

Are there any special TESTS that you would like to have?