

Holistic Medical Clinic of the Carolinas

Clinic
308 East Main Street
Wilkesboro, NC 28697
Office (336) 838-7490 Fax (336) 667-4488

Robert Apgar MD
R. Ernest Cohn MD, NMD, DC, FACO

Patient Name: _____ Date: ____/____/____

This is to confirm your appointment on ____/____/____ at _____

With Robert Apgar MD
 R. Ernest Cohn MD, NMD, DC, FACO

Welcome to the Holistic Medical Clinic of the Carolinas! This is your new patient information packet. **Please read and fill-out the attached forms and bring them with you to your appointment.** Please plan to arrive 15 minutes prior to your appointment, as this allows our staff to provide more complete and individualized attention. If you wish to cancel or reschedule your appointment, please notify our office 48 hours or more before your appointment. **There is a \$50.00 cancellation fee for missed appointments!** It is our clinics policy to confirm appointments with you by telephone a day prior to your appointment. If you have an answering machine or voice mail, a message will be left. If you have any questions, please call our office at (336) 838-7490, or contact us at our web site, www.holisticmedclinic.com. Location map is also available on our web site. We look forward to meeting you!

Chemical Sensitivities

Many of our patients are very allergic and/or chemically sensitive. Because of this we request that everyone arrive at our office as “fragrant free” as possible (this includes cigarette smoke). Many of the following items constitute a serious hazard to our patients, wearing or carrying them into the office may result in having to reschedule your appointment. Please remember if you wore a scent when you wore the clothing last, that scent remains in the clothing, especially wool coats, suits and sweaters.

Shampoo/conditioner with fragrance	Fabric softener	Detergent	Starch
Hairspray/mousse/styling gel	Clothes exposed to tobacco smoke		
Perfume/cologne	New Clothes (contain formaldehyde)		
After shave/skin bracer	Work Clothes or shoes with grease		
Deodorant (natural crystal ok)	Solvents		
Astringent/make-up			

Thank you for your compliance. Our “sensitive patients” will appreciate it.

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Case History

Date ____/____/____

Name _____ Birth date ____/____/____
Last First Middle Initial

Address _____
Street City State Zip

Telephone: Home _____ Work _____ Cell _____
With Area Code

Employed by _____ Occupation _____

Referred by _____

Emergency contact _____
Name Telephone Address

List the main problems that you are having, or reason for this appointment:

Please attach additional page if necessary

Past Medical History:

Major Illnesses:

Accidents or major trauma (Scars –Please give location)

Hospitalizations/Surgeries – please give month and year if possible:

Dental procedures (root canals, etc.)

Current Prescription Medications (names and doses) Please bring all medications that you are taking with you.

Allergies and Sensitivities: Food, environmental, etc. Ever tested? Copies of reports?

Occupational exposures (welding, paint, coolant, fuel)

Vaccinations:

- DPT (Diphtheria, pertussis, Tetanus) Date ____/____/____
- Small pox Date ____/____/____
- Anthrax Date ____/____/____
- Booster (DT, Anthrax, Small Pox) Date ____/____/____
- Polio injection Polio oral Date ____/____/____
- MMR (Measles, Mumps, Rubella) Date ____/____/____
- HBV (hepatitis B Vaccine) Date ____/____/____
- Other (Flu shots,etc.) Date ____/____/____

Women: Date of last Pap ____/____/____ First day of last menstrual period ____/____/____
 Number of Pregnancies: _____ Deliveries: _____ Complications: _____
 Contraceptive use? Yes No If yes what type: _____

Lifestyle factors:

Marital History: Years Married _____ Number of children _____ Ages _____

Coffee use? Never Occasionally Weekly Daily #of cups _____
 Tobacco use? Never Occasionally Weekly Daily Type _____ # _____
 Alcohol use? Never Occasionally Weekly Daily Type _____ # _____

Exercise Activities

Swim	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Run	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Walk	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Dance	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Bike	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Garden	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Golf	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Tennis	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Ski	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Weights	<input type="checkbox"/> Never	# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Other _____		# Minutes _____	#Hours _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily

Family Medical History

Please give age, lists of any illness, or if deceased. If deceased, list cause and age at death.

Mother: _____

Father: _____

VERY IMPORTANT INFORMATION

Please Read Carefully and Sign After Reading

We, at the Holistic Medical Clinic of the Carolinas, are here to help you with your medical needs and will work diligently to provide you with the best integrative treatment options available. We realize that you have come to us about your health and not your finances, but since finances are a part of what makes the world work, please read the following carefully.

Payment Requirements: Unfortunately not all services provided at the clinic are covered by insurance. We will file the claim(s) for you and will work with your particular insurance carrier to get the claim paid. However, those services that are not covered by insurance will be paid for at the time of appointment unless prior arrangements have been made.

Appointments: Please kindly give more than 48 hours notice if you must change or cancel your appointment. We charge a \$50 fee for missed or cancelled appointments if given less than 48 hours notice. This is necessary, because on initial visits we allocate more than 1 hour for your visit and can not often fill these appointments causing others to wait longer to see us. Please remember that the charge for your initial office visit and physical exam does not include any lab or x-ray costs.

Records: We keep a record of your health care. You may ask for a copy of your record by signing an authorization form and returning it to the clinic. Please allow up to 10 working days for us to process the request. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You will also be able to request records from your previous care provider by filing out a records release form with them. A record release form is available by calling the clinic at (336) 838-7490. Please fill out the form and return it to the Holistic Medical Clinic of the Carolinas 308 East Main Street, Wilkesboro, NC 28697

Holistic Medical Clinic of the Carolinas will submit your claim to your insurance carrier. We are not preferred providers with all insurance carriers and as result your insurance claim may not be paid by your carrier. You will be responsible for payment of the services not covered by the insurance carrier.

I have read and understand the above statements.

Please Print Name

Signature

Date

Services at Holistic Medical Clinic of the Carolinas

Our staff consists of medical doctors, naturopathic physicians, chiropractic physicians, physician assistants, licensed massage therapists, medical assistants, professional front office staff and a highly experienced colon therapist.

The following are several services provided by the clinic:

Diet Counseling: Today's diet consists mostly of dead, engineered, processed, artificial preserved and even irradiated food. Eating them can lead you down the road to poor health. Our Diet program consists of a personalized diet plan, laboratory tests that measure the function of the body systems to help us determine the best program for you and each visit will be scheduled with one of our medical providers.

IV Treatments: The various programs include chelation and other protocols for many health conditions. Based on the many years of clinical experience of our providers they may be ordered for conditions such as macular degeneration, cancer, malnutrition.

Vitamin, Mineral, Amino Acid Treatments: whether by injection or by mouth are essential to restoring health in the vast majority. Your medical provider will be recommending a personal nutrition program for you.

Colon Therapy: The colon is one of the most important and least understood organs in our body. When a healthy colon operates normally, toxic waste is effectively eliminated, rather than backing up into the system. Our colon therapist is very experienced in this field and works in coordination with your medical provider.

Chiropractic Therapy: Pain is the symptom, not the cause. Pain of any kind is an alarm that nature uses to signal a health problem. To affect a cure, the cause must be treated. Our chiropractic physicians are very experienced at finding and alleviating the causes of pain using the most modern and effective techniques in the field.

Natural/Bio-identical Hormone Replacement Therapy: The imbalance of hormones affects men as well as women. Keeping hormones balanced as we progress through life maintains health and minimizes disease. Our providers will design a program that fits your needs as an individual in order to maintain a healthy and happy life.

Massage Therapy: Massage teaches us how to use touch for therapeutic benefit- to relax and soothe the body and the mind. With so many of today's health problems arising from stress, massage can have a profound and positive effect on our well being

Acupuncture: To most people this is a science they have heard about but not experienced. It involves the use of fine sterile needles that are painlessly inserted at points around the body to help with many common conditions including chronic pain, headaches, neuralgia, infertility, intestinal and female conditions, to name a few.

Physical Therapy: Used by our clinic for the treatment of pain and rehabilitation, stroke patients, sciatica, headaches, muscle injuries that all respond well to physical therapy. Physical Therapy is frequently combined with chiropractic care or acupuncture.

Insurance: A number of the above services are covered by insurance, please ask our insurance department.