

Adult Intake Form

MAIN OFFICE—5411 State Road 50, Delavan WI 53115
Phone: (262) 740-3000 **FAX:** (262) 740- 3001

Illinois Office
 28379 Davis Pkwy
 Warrenville, IL 60555

Personal Medical Information

Please print legibly. Your intake form needs to be submitted 7 days prior to your appointment to ensure timely process.

<p>Date _____</p> <p>Patient Name _____</p> <p>Address: _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>FAX: _____</p> <p>Email address: _____</p> <p>Best way to contact you? _____</p>	<p>Date of Birth _____</p> <p>Marital Status _____</p> <p>Known Drug Allergies _____</p> <p>_____</p> <p>Blood Type _____</p> <p>Do you have Medicare or Medicaid Benefits? _____</p> <p><i>Elementals Living does not accept Insurance and is not a Medicare provider.</i></p> <p>Have you scheduled an appointment?</p> <p><i>When:</i> _____</p> <p><i>Where:</i> _____</p>
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Primary Care Physician _____ **Phone:** _____

Address _____ **Specialty** _____

Vaccination History:

Last Flu Shot _____ Last Pneumonia Shot _____

Typhoid Y /N _____

Recent Travel Overseas: Y /N If yes, what country: _____

Any history of mental illness? Y/N If yes, explain: _____

Have you tested positive for any communicable disease? Y /N _____

Have you ever had the following?

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Circulatory Issues
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> Barrett's Esophagus

Other: _____

Insurance Company Name _____

(Disclaimer: We do not accept Insurance and are not a Medicare provider. This information is for office use only.)

If Elementals Living does not receive 24 hour notification of a cancellation, charges will be applied.

Patient Signature _____ **Date** _____

FOR OFFICE USE

Appointment Date: _____ **With:** _____ **Reviewed:** _____

PATIENT NAME: _____

Family Member	Health Status	Arthritis	Cancer	Diabetes	Heart Disease	Lung Disease	Mental Illness	Stroke	Other
Father									
Mother									
Siblings									
Siblings									
Siblings									
Siblings									
Siblings									
Siblings									
Children									
Children									
Children									
Children									
Children									
Children									
Children									

Is there any family history of gender related cancers? If yes please list. _____

PATIENT NAME: _____

Please list, in order of importance, the five (5) main concerns that you have:

1) _____

Duration: _____

2) _____

Duration: _____

3) _____

Duration: _____

4) _____

Duration: _____

5) _____

Duration: _____

How are you addressing these concerns now?

PATIENT BILL OF RIGHTS

Patient Name: _____ Date _____

Elementals Living is dedicated to quality patient care. Of course, we realize that patients and providers share responsibilities in achieving the best possible health care.

Patients' Rights

- Courteous, considerate, and respectful treatment at all times.
- Candid discussions of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit options.
- Access to preventive health care services.
- Information about benefits, where and how to seek care, and the risks involved in treatment.
- Timely response to requests for services, inquiries, and complaints.
- Second opinion when medically appropriate.
- Titles and specialties of the health care professionals responsible for your care.
- Privacy and confidentiality regarding your medical and health conditions.
- Recognition of your rights to make decisions regarding your medical care.

Patients' Responsibilities

As your healthcare partner, we ask that you:

- Provide professional staff with all pertinent health care information needed to ensure the best possible outcome.
- Communicate when you have questions or concerns about your health care.
- Adhere to instructions and guidelines given for health care services.
- Cooperate with health care professionals providing service to you, except in those instances when you have exercised your right to refuse service.
- Be aware of your health benefits and services and how to correctly obtain them.

GENERAL CONSENT TO CARE

General Consent to Care

I, the undersigned, hereby consent to medical care and treatment as deemed necessary and proper by the medical staff of Elementals Living. If patient is a minor under the age of 18, parent or legal guardian must sign this agreement.

Billing Policy

It is our policy that patients pay for all services and supplements at the time of your scheduled appointment. 72 hour notice of a cancelled appointment is required, otherwise a fee of \$100.00 will be charged to your account. It is the patient's responsibility to file insurance claims to their carrier. A universal insurance form will be provided along with all the necessary information on charge slips so that claims can be filed properly. Credit Cards accepted are: Discover, MasterCard, VISA and AMEX. Personal checks are accepted. With any returned checks there will be an additional \$50.00 fee added.

Financial Responsibility

I understand that I am financially responsible to **Elementals Living** and I expressly promise and agree to pay Elementals Living for all such charges with regard to services rendered.

Case Management Fee

I understand that there is a \$15 to \$40.00 charge for case management, depending on staff time incurred.

Hours

All patients are required to be under the routine care of a Primary Care Physician. The medical office is open Monday through Thursday, 8 am to 6 pm Central Time, and does not have an answering service. In case of an emergency, please contact your Primary Care Physician or call 911.

Notice to Patients:

Dr. John H. Hicks III routinely utilizes the services of a "medical intuitive" when assessing patients. There is no scientific research to support the validity of the medical intuitive's contribution to your care. If you would prefer that the medical intuitive not be involved in your care, you have the right to inform Dr. Hicks and he will treat you without the involvement of the medical intuitive.

Signature of Patient/Guardian

Printed Name: _____

Relationship

Date _____

Elementals Living

5411 State Road 50, Delavan WI 53115

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Thank you for trusting Elementals Living with your healing journey. We look forward to getting to know you and we want your experience at Elementals Living to be as smooth as possible. Because everyone's needs are different, everyone's experience will be unique. Here are some important guidelines to know about:

1. There are two companies that you will be working with. Elementals Living Center and Elementals Health Food Store. Elementals Living is strictly medical and includes appointments with Dr. Hicks and Julia Turner, Registered Dietician. Elementals Living offers non-medical services and is the store that retails both supplements and food.
2. Neither Dr. Hicks or Elementals Living are members of any insurance plan. Elementals Living is NOT a Medicare Provider and cannot accept any Medicare patients. Non medical treatments such as nutritional balancing, diet counseling, massage and other treatments can accept Medicare patients but they are non-medically billed and patients are responsible for all fees.
3. For those who have insurance that covers out of network doctors, Elementals Living will provide you with a bill that has diagnostic codes and the basic information insurance companies will need. There is a fee for all requested letters to insurance companies above and beyond what is provided to you at time of service. Payment is expected in full at time of service.
4. Many people ask us about length of treatment time. Dr. Hicks customizes treatment protocol for each patient's needs, and the long-term time frame varies considerably. Some patients wish to proceed slowly and gently, while others desire to take a more aggressive approach. When medically appropriate, Dr. Hicks is happy to accommodate the individual's lifestyle needs.
5. When your appointment has concluded, you will work with someone from our checkout department that will help review the recommended testing and supplement protocol. For laboratory tests that require a kit, we charge a handling fee of \$45.00 for each kit. This fee covers our costs of prescribing the test, regulatory paperwork, and staff time necessary for monitoring, tracking, handling and patient contact. Because our costs are met with this fee, patients pay a significantly lower price to the laboratory for the testing itself.
6. When your tests are completed and we have received the results from the laboratories, you will be notified to schedule a follow up appointment to review them. This review must be with r Dr. Hicks, regardless of whom your previous consult was with. The doctor is always on billable time; charges are incurred by the minute and the fee listing is available on our website under "appointments".
7. Between appointments, questions regarding reactions or new issues may be directed to phone extension 14 or by email at amy@elementalsliving.com. If your questions are extensive or require medical opinion, she may ask that you set up a quick appointment with Dr. Hicks. We always try to provide time slots throughout each day to accommodate unforeseen questions.

8. There are three types of appointments that Elementals Living provides; in person, by phone, or a webcam appointment. Please refer to our patient fees under appointments on the Elementals Living website for more information. Telephone consultations are NOT covered by insurance companies. Many families choose web consultations; these are easily done if you own a web camera and have high speed internet. They can often be done at your local library or Kinkos. If you are interested in a web appointment, our receptionist can email you the link to download the software. All appointments can be recorded at your request.
9. Diet Consultations are with counselors or our registered dietician who strictly follow Dr. Hicks' protocol and provide practical information to help you implement the diet prescribed by Dr. Hicks. Their fees are also available on the [website](#).
10. All of the supplements our staff recommends are available through Elementals Health Food Store. These can be shipped to you after each appointment. There is a \$5.00 handling fee for phone or email orders unless your order is placed at the conclusion of your appointment. There is no handling fee and no sales tax for residents outside of Wisconsin if you place your order on our website, www.elementalshealthfood.com.
11. Elementals Living is happy to write medical letters on your behalf for school, insurance, legal and other situations. There is a \$15.00 - \$40.00 fee for this service, depending on staff time required. All letter requests should go to amy@elementalsliving.com.
12. Dr. Hicks is licensed in Wisconsin and Illinois. He can treat patients in other states as well, through telephone or webcam appointments.

Patient/Guardian Signature

Date

I certify that I have read these policies and understand.