

## **Important Information Regarding Insurance and Fees**

Please Note that Dr. Ou does not accept insurance.

We do **not** accept insurance as payment. All charges are payable at the time of service.

Most of the charges are not reimbursed by insurance. If desired, we can provide a form that you can file with your insurance for the small portion that is sometimes reimbursed

The initial and follow up consultation rate is \$400 PER HOUR.

(Most initial appointments average 2-3 hours; Follow up average 1-1/2 hours)

ART Testing Fee: \$100.00-\$250.00 (per visit)

Dear New Patient,

Welcome to our office. We look forward to becoming your partner in assessing and improving your health. We have designed a system to improve your health even if you have not been helped by numerous other integrative health care practitioners. Our goal is to help you achieve long term or permanent improvements in health by restoring your body's ability to heal itself. Ultimately, you should feel vibrant and energetic, have less of a need for medications, and be less likely to develop serious illnesses in the future. This letter confirms your first appointment on: \_\_\_\_\_

To accomplish these goals, we do not approach health the same way as most conventional or alternative practitioners. What makes our approach different and successful is that we focus on removing the blocks that keep the body from healing itself. This is guided primarily by Dr. Ou's variation of Dr. Klinghardt's system of bioenergetic testing called ART (Autonomic Response Testing). We do not focus on specific treatments or protocols for specific symptoms or diseases. We try to determine the cause of symptoms and correct them at deeper levels whenever possible. Our belief is that as the body becomes healthier, symptoms and diseases should usually resolve on their own.

Before your first visit, please review the following checklist:

- **If for any reason that you are not able to keep your appointment, please be courteous and cancel your appointment by calling our office at 404-418-6010.** That way, someone who is on our cancellation and waiting lists can use the appointment. There is a \$400 fee if appointments are not cancelled within 2 business days.
- Please fill out the attached paperwork. Do not wait until the day of the appointment to start filling these out. We realize there are a lot of forms but completing them ahead of time will give us more time to focus on you instead of paperwork. If you have any questions about them, please contact our office.
  - Health Questionnaire
  - Metabolic Assessment Form
  - Neurotransmitter Assessment Form (NTAF)
  - Registration Form
  - Financial Policy
  - HIPAA Privacy Notice
  - Informed Consents: General and ART
- Review the rest of the attached information including directions to our office.
- If possible, please bring in copies of your bloodwork and relevant medical records
- If possible, please have your dentist forward a copy of your most recent Panorex to [info@bridgestohealthatl.com](mailto:info@bridgestohealthatl.com)
- Bring in all of your medications and supplements to the first appointment. It is preferable to put the total number of pills taken daily in a single Ziplock bag for each supplement/medication you take and label it. For example, if you take 2 capsules of 200 mg vitamin C three times a day, put 6 in a bag and label it Vitamin C 200 mg 2 3 times a day. For liquids, put the daily dose onto a cotton ball and put it in a bag. Please do not bring the bottles.
- If you suspect mold, contact our office on how we can test the air quality of your home before your appointment.
- Please refrain from wearing any perfumes or scented products. They are neurotoxic and many of our patients become very ill if someone was wearing them earlier in the day.

- Though not required, reviewing the information at <http://www.bridgestohealthatl.com> and our Facebook page at <http://www.facebook.com/bridgestohealthatl> is strongly recommended in understanding Dr. Ou's approach to health.

If you have any further questions after reading the enclosed information, please call our office. We will be happy to assist you. We look forward to working with you.

In health,

Dave Ou, MD and staff

## Frequently Asked Questions

### What to expect at the initial visit

Please arrive at least 10 minutes before your appointment.

#### Check in (10 minutes)

Welcome to Bridges to Health

Verifying that the forms have been completed and answering any questions about them

Vital signs

#### Consultation with Dave Ou, MD (averages 2 hours depending on complexity of the case)

Complete medical history

Non-invasive Biofeedback testing using Autonomic Response Testing (ART) – averages 1 hours

Initial diagnostic and treatment plan

#### Checkout (15 minutes):

Obtaining nutritional supplement

Payment for services rendered

Scheduling of follow-up appointment. Usually in 4-6 weeks

### Follow ups

Depending on severity of the case, follow ups are recommended every 1-2 months to re-assess and readjust the protocols recommended. As your condition stabilizes, follow ups can be extended to every 3-4 months.

### How long will it take for me to get better?

Healing is a gradual process. Some describe chronic illness as having 16 nails in your foot. If you remove 8 of them, you still feel very bad. It takes time to identify all of the nails causing ill health. I like to think of health as the spokes of a wheel. Over time, it may get bent on many sides through physical, environmental and mental stresses over a lifetime. To fix the wheel, all of the spokes need to be corrected one by one over time. Most people start to notice changes in symptoms in the first few months. For some, it has taken several months or longer. The process can be so gradual that you don't notice the improvements. The symptoms that you want to get rid of first may not be the first ones that change. Sometimes, friends and family will notice improvements if you don't.

Progress is usually not a smooth road. It's often 2 steps forward then 1 step back. The reason is that healing occurs in layers. This is often mistaken for a "new problem," "getting worse," or a "herx." Once one layer is addressed, another layer usually appears and it often announces itself as a new or old symptom. Many patients can be frightened by this process. This is actually a good sign that layers are being moved. Most patients have numerous (hundreds to thousands) layers. One of the main purposes of follow ups is to identify and address the new layers that emerge. This is why medicine is an art as well as a science. Dr. Ou's role is that of a detective. It may take multiple visits over a few years to put all the clues together.

### Should I stop my medications?

Please do not stop your prescription medications without notifying Dr. Ou. Many of them will likely need to be cut back as the program progresses, but only Dr. Ou or your doctor should determine if it is safe enough to do so.

### What about my supplements?

Please bring all your supplements to your first appointment to Dr. Ou. He has found that most people take supplements that actually stress their bodies and blocks the healing process.

### What if I don't see improvements?

This means there is a factor or numerous factors are still blocking the healing process. Usually this means that some aspect of the treatment plan isn't being followed. Over 90% of the time, the following are the top reasons why patients don't see improvements and "drop out". Conversely, the only patients who see improvements are those who are able to minimize their toxic exposures and follow the treatment plan.

- Inability to avoid foods that are harmful to their body. Most of Dr. Ou's patients are found to be sensitive to gluten, dairy, sugar, soy, corn, and eggs.
- Inability to identify or eliminate mold toxins from the home if testing identifies mold as a major toxin in the body. Mold testing and remediation can be costly but a critical step for many people. Healing is nearly impossible if one is not breathing clean air.
- Inability to correct dental causes of illness. The most common are hidden infections from root canals, osteonecrosis of the jaw (NICO), and mercury fillings. Many of Dr. Ou's complex patients who have stumped other doctors have dental issues as a major factor. They often need to be referred to holistic dentists of which there are very few and rarely covered by insurance.
- Inability to decrease electromagnetic radiation exposure from wireless Internet, cordless phones, and cell phones.
- lack of support from family or friends. There have been cases in which family members are strongly tied to ideology of conventional medicine and are uncomfortable looking at the knowledge, wisdom, and science outside of conventional medicine. In other cases, family or friends don't even believe the patient has an illness. This unfortunately can sabotage the healing process.
- high stress levels
- failure to address trauma. Trauma has been shown to turn off genes needed for detoxification.
- not coming in regularly to have treatment protocols adjusted. Healing is a process occurring in layers and as one layer is taken care of, another one will appear.
- Mixing treatments from other health care providers, friends, and the Internet. The treatment protocols from other providers or from the Internet can interfere with Dr. Ou's protocols.
- Trying to obtain or stay on disability. The stress of trying to get disability and proving one is ill focuses one's energy on illness rather than wellness.

### Where do I get the supplements that Dr. Ou recommends?

For your convenience, most of the supplements he recommends are available at his office. Each item that he recommends has been determined by ART during the appointment to be both beneficial and tolerable to you.

### How much will this cost?

Dr. Ou currently charges \$400 per hour for his time. Most initial appointments average 2-3 hours. Most follow up appointments average 1 to 1 ½ hours.

Dr. Ou uses a biofeedback enhanced physical exam called ART at every visit. This is never covered by insurance and costs \$100-250 depending on complexity. There is more information about ART later in this packet.

Dr. Ou has found that the many of his patients' medical problems are caused by damage to the immune system from dental problems such as mercury fillings and root canals. He will frequently make referrals to holistic dentists, sometimes even to out of state dentists for complex cases. Most of their services are not covered by insurance. Dr. Ou has no financial affiliations with any dentists.

Dr. Ou has also found that the some of his patients' medical problems are caused by damage to the immune system by indoor toxic mold. Mold testing at home or work is not covered by insurance. Screening tests cost about \$150. If positive, mold inspections are about \$500 and if remediation is necessary, may run several thousand dollars. Dr. Ou has no financial affiliations with any testing or remediation companies.

Our financial policy is listed later in this packet. Please call our office if you have questions.

### Is Dr. Ou on my insurance plan?

Dr. Ou is out of network in all plans. If you have a PPO plan, then you likely have what is known as "out of network" benefits. Check with your insurance carrier to find out. As a courtesy, we can give you a superbill to file your claim. Insurance will not cover most of the fees. As we do not have a dedicated insurance department, we will be unable to follow up on claims once submitted.

If you have an HMO plan, then it will not cover our services. If you have Medicare or Medicaid, they will not cover our services.

Our financial policy is listed later in this packet. Please call our office if you have questions.

### Can Dr.Ou be my primary care physician?

He is board certified in Internal Medicine, but he does not provide acute care services. His primary focus is to address the roots of chronic health problems. It recommended that you have a local primary care physician for urgent health problems.

### Contacting Us

Our preferred method of communication is E-mail. Go to <http://www.bridgestohealthatl.com> and click "Contact". We will do our best to respond within 1 working day.

You may also call us at 404-418-6010. If no one picks up, it means that Dr. Ou's assistants are busy assisting other patients. Leave a message and we will call you back the same day except for messages left late in the day or after hours. Please do not keep calling every few minutes if we are unavailable to answer your call.

## **Autonomic Response Testing (ART)**

For years, it has been a goal of mine to reliably use a method of biofeedback testing for all of my patients. The history of biofeedback testing goes back thousands of years in Traditional Chinese Medicine in the form of pulse testing. It has been my experience that many of the top clinicians in the world who are successful with managing difficult and complex cases use a form of biofeedback testing. Most of my mentors, such as Drs. Klinghardt, Yurkovsky, and Yu, use a form of biofeedback testing to help guide the management of their complex patients. Over the years, I have tried arm length testing, leg length testing, and machine based testing such as the Asyra and the Avatar. In my hands, I have found that my variation of ART is the system most reliable for my complex patients.

For those who are not familiar with biofeedback testing, it is basically a method of measuring the response of the body to different stimuli. This is very similar to lie detector tests used by law enforcement. With lie detectors, a machine measures changes in heart rate, blood pressure, or sweating in response to questions. Heart rate, blood pressure, and sweating are all controlled by the autonomic nervous system (ANS). The ANS is the part of the body that controls all of your organs at an unconscious level. For instance, you do not need to constantly tell your heart to beat or your lungs to breathe. This is handled automatically by the ANS. Similarly, if you are feeling threatened let's say by a person with a gun, your ANS tenses your muscles and increases your heart rate and breathing so that you can fight or run. This is commonly known as fight or flight. With ART, changes in the ANS are measured through changes in muscle tone.

In a nutshell, I am looking for what things bring the body into or away from balance. For example, if someone has a pneumonia, ART will show that an antibiotic will bring him into balance. If someone has an iron deficiency, iron will bring him into balance. If someone is allergic to gluten, gluten will move him out of balance. If someone has Lyme, anti-Lyme remedies will create balance. Through this process, the treatments which are most likely to be efficacious with the least amount of adverse effects will be identified.

ART was developed by my primary mentor, Dr. Dietrich Klinghardt, to measure the activity of the ANS. He was awarded 2007 Physician of the Year by the Global Foundation of Integrative Medicine and a Lifetime Achievement Award by the Academy of Comprehensive Integrative Medicine. He learned Applied Kinesiology, commonly known as muscle or arm testing, but found that it was not always accurate. With Dr. Louisa Williams, they refined it to minimize false readings and to improve accuracy. Because of ART, he has been treating mercury toxicity and Lyme Disease years before holistic doctors ever heard about it.

His patients have seen on average 23 doctors before seeing him and ART helps him to help most of them. ART has been the winner in international competitions of biofeedback testing techniques. Top ART practitioners are known for their good success rates with treating very complex illnesses.

With my patients becoming increasingly complex, I felt that it was necessary to have a biofeedback testing tool to decide the priority areas of the body to address first. Laboratory tests are helpful, but they only provide so much information. Doctors without such tools have to make educated guesses as to which of the numerous abnormalities to treat and use trial and error to see what helps. They will typically follow protocols which sometimes works or sometimes causes adverse reactions. While no tool, including ART, is foolproof, it helps to give greater precision so there's less guessing and trial and error. Its primary goal is to find treatments that are both effective and well tolerated.

When the pandemic occurred, Dr. Ou noticed that his patients were becoming even more complex and that A.R.T. was not quite detecting all of the important issues. Over a period of years, he made multiple modifications to improve the accuracy of A.R.T. to accurately assess patients post 2020.

For those who wish to learn more, a recording of Dr. Klinghardt's lecture on ART can be found at [http://www.youtube.com/watch?v=L\\_sVBLNyMng](http://www.youtube.com/watch?v=L_sVBLNyMng). At the very minimum, view his demo at the 48 minute mark.

Dr. Ou has written a chapter on his journey with biofeedback testing in "Energetic Diagnosis" by Neil Nathan, MD. It is available at major booksellers such as Amazon.

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Note that ART is not FDA approved nor covered by insurance. It can not be used to make a diagnosis. Current fees, in addition to the office visit fees, are \$100-\$250 depending on the complexity of the case.



## Dr. Ou's approach to restoring optimal health

Dr. Ou has trained with numerous experts in integrative medicine over the last 30 years. He has integrated the best of what he has learned into one unique, synergistic system. He uses the same approach to any condition(s) because this approach identifies and addresses the causes of nearly any illness in the vast majority of cases. His testing system is primarily based on his modification of Dr. Dietrich Klinghardt's Autonomic Response Testing (ART). In essence, Dr. Ou acts as a conductor of an orchestra identifying instruments that are not in harmony with the rest of the orchestra. His goal is to identify and correct what is keeping the body from healing as well as the underlying reasons why supplements or medications are needed. The following is an outline of his current strategy and constantly evolves as new causes and solutions are discovered.

- Identify emotional blocks in the limbic system that will interfere with healing. These blocks because amplified during and after the pandemic. When the body is in a state of fight or flight due to unresolved psychoemotional conflicts, the body give very little resources for healing. This causes decreased blood flow to organs and impedes the vagus nerve which is necessary for detoxification and regeneration. Very few clinicians in the world address these effectively. Dr. Ou has found that specific frequencies developed by Leela Quantum have been very helpful.
- Identify blocks in the energy centers caused by pharmaceutical products that were widely recommended after 2020. Blocks occur even in those who did not receive those products. Very few clinicians in the world are aware of this. Dr. Ou is currently using frequencies from Leela Quantum to help with this.
- Identify any energetic blocks with Autonomic Response Testing (ART) that will interfere with healing. Common energetic blocks include scars and electrical disturbances in the mouth, sinuses, autonomic ganglia, brain, spine, and organs. These are known as interference fields. If these blocks are not cleared, the body will not respond properly to treatments nor will it give accurate information through ART.
- Use ART to identify toxins that are interfering with the healing process. This includes, but is not limited to, mycotoxins, heavy metals (mercury, lead, aluminum, fluoride, cadmium, and others), RoundUp, pesticides, food additives, medications, etc. These can be addressed with herbs, specific blends of fruits and vegetables, and/or frequencies.
- Use ART to identify infections that are causing an inflammatory response in the body. This includes, but is not limited to, Lyme and co-infections, retroviruses, bacteria, viruses, parasites, prions, and mold/yeast/fungus. These can be addressed with herbs, homeopathy, and/or frequencies.
- Use ART to identify airborne and food allergens as they will constantly promote inflammation.
- Use ART to identify imbalances in acupuncture meridians, chakras, hara, and auric field. The auric field contains the "blueprint" for how the body should function and very few clinicians look at this.
- Use ART to identify electromagnetic stress in the body. This can be addressed by minimizing exposure to EMFs (electromagnetic fields) from cell phones, cordless phones, and wifi.
- Use ART to identify an underactive or overactive immune system. This is addressed by herbs and/or homeopathy.
- Use ART to identify weak tissues and organs in the body. This includes organs that relate to immunity, digestion, hormone production, and detoxification. These can be addressed with herbs, homeopathy, and/or frequencies.
- If mercury amalgams in the teeth are found, they should be removed by a qualified biological dentist when the body is strong enough to do so. It usually takes a few months of preparation before most people are ready.
- If cavitations are found in the mouth, he will refer out to qualified biological dentists.
- If mycotoxins are found to be a factor, the source needs to be identified and the exposure needs to be removed. A HERTSMI-2 from Mycometrics can be helpful. ART can also be helpful. Once the source has been found, the two choices are to move out or to professionally remediate. Before remediation, a qualified mold inspector needs to identify the location of all water damage in the building. To date, most attempts at inspection and remediation have failed. Negative air testing is not an acceptable substitute.

- Use ART to identify hormone imbalances or nutritional deficiencies.
- Use ART to identify conditions such as POTS or Mast Cell Activation Syndrome.
- Use ART to check if current supplements and medications are helping or hurting the body. In Dr. Ou's experience, most supplements eventually stress the body even if they were beneficial at first as the body heals. Any medications that need to be discontinued will be done so at a safe and comfortable pace.

# Electromagnetic Fields

Electromagnetic fields (EMF) are energy fields surrounding anything using or creating electricity. Up until a little over 100 years ago, human beings were never exposed to any EMFs. Now our modern life exposes us to them constantly. Our cells use EMFs to communicate with each other so outside sources can interfere with the communication process and therefore the healing process.

Many people in integrative medicine speculate that the exponential rise in the use of wi-fi and cell phones are a primary reason why people are sicker than in the past. Dr. Ou has a special interest in this topic because of his degree in physics. Thousands of studies have shown that that electromagnetic fields cause:

- inflammation. This means increases free radicals and decreased detoxification.
- damage DNA
- damages the body's ability to control hormones
- damages the blood brain barrier. This destroys the protection that brain needs from toxins

For more information, visit [www.bioinitiative.com](http://www.bioinitiative.com) and [www.takebackourpower.net](http://www.takebackourpower.net)

It is highly recommended to make your bedroom EMF free so that your body can maximize healing while you sleep. Many people notice a better quality of sleep when EMFs are removed. There should be nothing plugged in around your bed especially the following:

- Televisions – a very strong source
- Computers especially with CRT monitors - another very strong source. LCD monitors that are "TCO '03" compliant are safer.
- Electric clocks – moderately strong – If you must use one, keep them at least 6 feet from your head. Battery powered LCD clocks are safe.
- Telephones both cordless and cellular – both emit microwave radiation which can interfere with the healing process and the function of DNA. If you use a cellular phone, it is best to use a special hands free kit which uses air rather than wires to carry the sound to the earpiece.
- Cordless phone bases. The 2.2 GHz and 5.8 GHz models constantly radiate microwaves 24 hours per day into the surrounding area even when not in use. When in use, they put out up to 10 times more radiation than cell phones. Keep them at least 2 rooms away from the bedroom. Much better is to replace them with old fashioned corded phones. The safest kind of cordless phones are the old 900 MHz analog types, which might be found on Ebay.
- Wireless Internet or WiFi – they radiate microwaves into the area. Dr. Ou recommends they be eliminated from the home entirely

# Dr. Ou's Nutrition Advice

Everyone agrees that good nutrition is essential for good health, but it seems that every expert has different ideas on what is best. The following is what I personally follow. When my patients follow the suggestions, many of them feel better, have better energy, lower blood pressure, lower cholesterol, and lower blood sugar. As a rule of thumb, eat fresh, natural, unprocessed foods. My most important recommendations are:

- 1) Avoid sugar - Eating sugar puts stress on multiple systems in the body. The body responds to sugar by secreting insulin which tells the body to store fat, interferes with the balance of adrenal, thyroid, male, and female hormones, interferes with brain neurotransmitters, promotes inflammation and free radicals, and slows down detoxification in the liver. Sugar includes desserts, sodas, sweet tea, sports drinks, and *juices*.
- 2) Avoid high fructose corn syrup - This is another commonly used sweetener often used in products such as sodas and sports drinks. Studies indicate that this is even worse than sugar.
- 3) Avoid white flour. The body converts white flour into sugar and is therefore as harmful as sugar. White flour includes pasta, breads, biscuits, etc.
- 4) Avoid artificial sweeteners including saccharin, Nutrasweet, Splenda, and diet sodas. Some studies suggest that they can be toxic and are associated with weight gain, heart disease, and destruction of good gut bacteria. Xylitol is a safer sweetener and can be found in health food stores or at [www.globalsweet.com](http://www.globalsweet.com). Stevia is another good alternative.
- 5) Avoid transfatty acids. This is a fat created by food manufacturers to help keep food from spoiling. They are linked to cancer, heart disease, strokes, and poor cholesterol levels. It is found in many packaged foods including margarine, chips, cookies, and other snacks. Always look at the ingredients and if you see "hydrogenated" or "partially hydrogenated" oils, put it back. Beware of "no trans fats" labels. Because of a loophole in the law, a food can be labeled as having no trans fats even though it does.
- 6) Use only cold-pressed, unrefined oils (olive or coconut) for cooking / Avoid most vegetable oils (soy, corn, sunflower, etc). Be aware that most foods cooked in vegetable oils, which include almost any food at a restaurant or packaged in a box, contain heat damaged oils. Most people are surprised to learn that arterial plaques around the heart are mostly made of heat damaged vegetable oils and trans fats, not saturated fat.
- 7) Eat unlimited nonstarchy colorful vegetables. As a rule of thumb, 50% or more of the food you eat should be vegetables. They contain vital nutrients and antioxidants. They are the primary food group that helps the body to get rid of toxins. The rest of your food can be beans, unprocessed grains, such as brown basmati rice, and nuts
- 8) Eat regularly - Skipping meals puts a lot of strain on many systems of the body. Missing meals causes the body to store fat and can affect neurotransmitters, hormones, and detoxification.
- 9) Get protein at every meal - Protein is necessary for detoxification and regulation of sugar, neurotransmitters, and hormones.
- 10) Avoid GMO (genetically modified) Foods - All GMO foods are sprayed with RoundUp, an herbicide, which growing research shows is harmful to the body. Most soy and corn are GMO.

The following are also very helpful.

1. Avoiding gluten - Gluten is a protein found in wheat, rye, and barley. This includes most flour, breads, pastas and breakfast cereals. It promotes inflammation of the intestines, brain, and other parts of the body in many people so most people feel better avoiding gluten containing foods. I've had countless patients tell me their fatigue, headaches, GI complaints, depression, anxiety and immune conditions improve.
2. Use sea salt instead of table salt. Table salt is chemically processed and bleached. Sea salt contains many minerals which are needed for the body.
3. Avoid cow's milk and cheese - Hormones, chemicals, and the processing of dairy products can cause health problems in many people. The casein in milk can cause inflammation in many, if not most people.
4. When eating red meat, choose grass fed - The fat in red meat is much healthier when cows are fed grass instead of corn. Grass fed cows are also healthier so they generally need much less antibiotics than corn fed cows.
5. Drink plenty of clean water - The standard recommendation is about 8 glasses or half a gallon per day.



Name:

7) List any medications in which you've had negative or allergic reactions and describe the reaction :

8) List any other health care practitioners you are seeing.

9) Family history:

Does your father have any medical problems? If deceased, what was the cause of death?

Does your mother have any medical problems? If deceased, what was the cause of death?

Do you have any siblings with medical problems?

10) How is your energy level when you wake up in the morning?

How is your energy the rest of the day?

Do you wish you had more energy to do things?

Do you use caffeine/coffee or other stimulants for energy?

After eating, does your energy improve, worsens, or remains unchanged?

11) Do you sleep well without the use of sleep aids?

How many hours of sleep do you get a night?

Do you have trouble falling asleep? If so, how long does it take?

How many times do you wake up during the night? How long does it take to return to sleep?

Name:

12) How often do you have bowel movement without the use of fiber or laxatives?

13) Do you eat 3 meals a day everyday?

Do you eat protein (meat, beans, or nuts) at each meal?

Describe what you would eat in a typical breakfast, lunch, dinner, and snack

14)

How often do you eat of the following foods:	None	Weekly	Few times a week	Daily
Meat: Meat, fish, poultry	_____	_____	_____	_____
Dairy: cow's milk, yogurt, cheese	_____	_____	_____	_____
Eggs	_____	_____	_____	_____
GMO corn and soy	_____	_____	_____	_____
Vegetables	_____	_____	_____	_____
Sodas / soft drinks / sweet tea /sports drinks	_____	_____	_____	_____
Sweets: desserts, cookies, ice cream	_____	_____	_____	_____
Artificial sweeteners: diet drinks, Nutrasweet, Splenda	_____	_____	_____	_____
Gluten: bread, pasta, oats, rye, barley, cereal	_____	_____	_____	_____
Starches: potatoes, rice	_____	_____	_____	_____
Fruits and fruit juice	_____	_____	_____	_____
Packaged foods from a bag or box	_____	_____	_____	_____

Name:

15) How many courses of antibiotics have you taken in the past?

Have you taken any prolonged courses (over 2 weeks)?

16) How many metal fillings do you have in your teeth now?

How many have you had in the past?

Have you had any removed?

17) Have you had any root canals? If so, how many?

18) Have you had any teeth removed (including wisdom teeth). If so, how many?

19) Have you had any head injuries or concussions?

20) Do you have a TV in your bedroom?

21) In your house, do you have cordless phones, wireless Internet, or wireless television? Please circle

22) What electric appliances near your bed: clock, radio, phone (corded, cordless, or cell) , wireless Internet? Please circle which ones you have.

23) Do you use a cell phone? How often?

24) Do you use an electric blanket?

25) Do you live in a house, apartment, or condo (circle)? Does it have a crawlspace or basement (circle)? Is there a history of water intrusion into the building?



Name:

26) Any history of shingles?

27) How much stress is there in your life?: mild, moderate, severe

28) What do you do for stress management?

29) Anything else to add?

Name:

# Symptom Inventory

<u>Do you have trouble with the following?</u>	Yes	No	If yes, describe
Headaches	_____	_____	_____
Dizziness	_____	_____	_____
Allergies / sinuses	_____	_____	_____
Vision	_____	_____	_____
Hearing	_____	_____	_____
Breathing	_____	_____	_____
Heart	_____	_____	_____
Hypertension	_____	_____	_____
Diabetes	_____	_____	_____
Pain	_____	_____	_____
Arthritis	_____	_____	_____
Numbness / tingling	_____	_____	_____
Rashes	_____	_____	_____
Swelling / edema	_____	_____	_____
Feeling hot and/or cold	_____	_____	_____
Other	_____	_____	_____

Name:

# Readiness Assessment

In order to improve your health, how willing are you to:

Rate of a scale of 1 (not willing) to 5 (very willing)

Significantly modify your diet.....	1	2	3	4	5
Take several nutritional supplements each day.....	1	2	3	4	5
Modify your lifestyle (sleep habits, work schedule) .....	1	2	3	4	5
Practice a relaxation technique.....	1	2	3	4	5
Have periodic lab tests to monitor your progress .....	1	2	3	4	5
Have regular appointments to monitor your progress.....	1	2	3	4	5

Comments: \_\_\_\_\_

How confident are you of your ability to organize and follow through on the above health related activities?: 1 2 3 4 5

If you are not confident of your ability, what aspects of yourself or your life lead you to question your capacity to fully engage in the above activities?

\_\_\_\_\_

At the present time, how supportive do you think your household will be to your implementing the above changes? 1 2 3 4 5

Have you completed the following forms?:

Health Questionnaire	Y / N
Metabolic Assessment Form	Y / N
Neurotransmitter Assessment Form	Y / N
Registration Form	Y / N
Financial Policy	Y / N
HIPAA Privacy Notice	Y / N
Informed Consent	Y / N

Have you obtained copies of your lab tests from your health care providers you've previously seen? Y / N

Have you read and understand the cancellation policy? Y / N

If you plan to use insurance, did you check to see what your "out-of-network" deductibles and co-insurance are? Y / N

# Metabolic Assessment Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

## PART I

Please list your 5 major health concerns in order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## PART II

Please circle the appropriate number on all questions below.

0 as the least/never to 3 as the most/always.

<p><b>Category I</b></p> <p>Feeling that bowels do not empty completely      0   1   2   3</p> <p>Lower abdominal pain relieved by passing stool or gas      0   1   2   3</p> <p>Alternating constipation and diarrhea      0   1   2   3</p> <p>Diarrhea      0   1   2   3</p> <p>Constipation      0   1   2   3</p> <p>Hard, dry, or small stool      0   1   2   3</p> <p>Coated tongue or "fuzzy" debris on tongue      0   1   2   3</p> <p>Pass large amount of foul-smelling gas      0   1   2   3</p> <p>More than 3 bowel movements daily      0   1   2   3</p> <p>Use laxatives frequently      0   1   2   3</p> <p><b>Category II</b></p> <p>Increasing frequency of food reactions      0   1   2   3</p> <p>Unpredictable food reactions      0   1   2   3</p> <p>Aches, pains, and swelling throughout the body      0   1   2   3</p> <p>Unpredictable abdominal swelling      0   1   2   3</p> <p>Frequent bloating and distention after eating      0   1   2   3</p> <p>Abdominal intolerance to sugars and starches      0   1   2   3</p> <p><b>Category III</b></p> <p>Intolerance to smells      0   1   2   3</p> <p>Intolerance to jewelry      0   1   2   3</p> <p>Intolerance to shampoo, lotion, detergents, etc.      0   1   2   3</p> <p>Multiple smell and chemical sensitivities      0   1   2   3</p> <p>Constant skin outbreaks      0   1   2   3</p> <p><b>Category IV</b></p> <p>Excessive belching, burping, or bloating      0   1   2   3</p> <p>Gas immediately following a meal      0   1   2   3</p> <p>Offensive breath      0   1   2   3</p> <p>Difficult bowel movement      0   1   2   3</p> <p>Sense of fullness during and after meals      0   1   2   3</p> <p>Difficulty digesting fruits and vegetables; undigested food found in stools      0   1   2   3</p> <p><b>Category V</b></p> <p>Stomach pain, burning, or aching 1-4 hours after eating      0   1   2   3</p> <p>Use antacids      0   1   2   3</p> <p>Feel hungry an hour or two after eating      0   1   2   3</p> <p>Heartburn when lying down or bending forward      0   1   2   3</p> <p>Temporary relief by using antacids, food, milk, or carbonated beverages      0   1   2   3</p> <p>Digestive problems subside with rest and relaxation      0   1   2   3</p> <p>Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine      0   1   2   3</p> <p><b>Category VI</b></p> <p>Roughage and fiber cause constipation      0   1   2   3</p> <p>Indigestion and fullness last 2-4 hours after eating      0   1   2   3</p> <p>Pain, tenderness, soreness on left side under rib cage      0   1   2   3</p> <p>Excessive passage of gas      0   1   2   3</p>	<p><b>Category VI (continued)</b></p> <p>Nausea and/or vomiting      0   1   2   3</p> <p>Stool undigested, foul smelling, mucous like, greasy, or poorly formed      0   1   2   3</p> <p>Frequent urination      0   1   2   3</p> <p>Increased thirst and appetite      0   1   2   3</p> <p><b>Category VII</b></p> <p>Greasy or high-fat foods cause distress      0   1   2   3</p> <p>Lower bowel gas and/or bloating several hours after eating      0   1   2   3</p> <p>Bitter metallic taste in mouth, especially in the morning      0   1   2   3</p> <p>Burpy, fishy taste after consuming fish oils      0   1   2   3</p> <p>Difficulty losing weight      0   1   2   3</p> <p>Unexplained itchy skin      0   1   2   3</p> <p>Yellowish cast to eyes      0   1   2   3</p> <p>Stool color alternates from clay colored to normal brown      0   1   2   3</p> <p>Reddened skin, especially palms      0   1   2   3</p> <p>Dry or flaky skin and/or hair      0   1   2   3</p> <p>History of gallbladder attacks or stones      0   1   2   3</p> <p>Have you had your gallbladder removed?      Yes   No</p> <p><b>Category VIII</b></p> <p>Acne and unhealthy skin      0   1   2   3</p> <p>Excessive hair loss      0   1   2   3</p> <p>Overall sense of bloating      0   1   2   3</p> <p>Bodily swelling for no reason      0   1   2   3</p> <p>Hormone imbalances      0   1   2   3</p> <p>Weight gain      0   1   2   3</p> <p>Poor bowel function      0   1   2   3</p> <p>Excessively foul-smelling sweat      0   1   2   3</p> <p><b>Category IX</b></p> <p>Crave sweets during the day      0   1   2   3</p> <p>Irritable if meals are missed      0   1   2   3</p> <p>Depend on coffee to keep going/get started      0   1   2   3</p> <p>Get light-headed if meals are missed      0   1   2   3</p> <p>Eating relieves fatigue      0   1   2   3</p> <p>Feel shaky, jittery, or have tremors      0   1   2   3</p> <p>Agitated, easily upset, nervous      0   1   2   3</p> <p>Poor memory/forgetful      0   1   2   3</p> <p>Blurred vision      0   1   2   3</p> <p><b>Category X</b></p> <p>Fatigue after meals      0   1   2   3</p> <p>Crave sweets during the day      0   1   2   3</p> <p>Eating sweets does not relieve cravings for sugar      0   1   2   3</p> <p>Must have sweets after meals      0   1   2   3</p> <p>Waist girth is equal or larger than hip girth      0   1   2   3</p> <p>Frequent urination      0   1   2   3</p> <p>Increased thirst and appetite      0   1   2   3</p> <p>Difficulty losing weight      0   1   2   3</p>
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<b>Category XI</b>				
Cannot stay asleep	0	1	2	3
Crave salt	0	1	2	3
Slow starter in the morning	0	1	2	3
Afternoon fatigue	0	1	2	3
Dizziness when standing up quickly	0	1	2	3
Afternoon headaches	0	1	2	3
Headaches with exertion or stress	0	1	2	3
Weak nails	0	1	2	3
<b>Category XII</b>				
Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under high amount of stress	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3
<b>Category XIII</b>				
Edema and swelling in ankles and wrists	0	1	2	3
Muscle cramping	0	1	2	3
Poor muscle endurance	0	1	2	3
Frequent urination	0	1	2	3
Frequent thirst	0	1	2	3
Crave salt	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3
Alteration in bowel regularity	0	1	2	3
Inability to hold breath for long periods	0	1	2	3
Shallow, rapid breathing	0	1	2	3
<b>Category XIV</b>				
Tired/sluggish	0	1	2	3
Feel cold—hands, feet, all over	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3
Increase in weight even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression/lack of motivation	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3
<b>Category XV</b>				
Heart palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervous and emotional	0	1	2	3
Insomnia	0	1	2	3
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3
<b>Category XVI</b>				
Diminished sex drive	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3

<b>Category XVII</b>				
Increased sex drive	0	1	2	3
Tolerance to sugars reduced	0	1	2	3
“Splitting” - type headaches	0	1	2	3
<b>Category XVIII (Males Only)</b>				
Urination difficulty or dribbling	0	1	2	3
Frequent urination	0	1	2	3
Pain inside of legs or heels	0	1	2	3
Feeling of incomplete bowel emptying	0	1	2	3
Leg twitching at night	0	1	2	3
<b>Category XIX (Males Only)</b>				
Decreased libido	0	1	2	3
Decreased number of spontaneous morning erections	0	1	2	3
Decreased fullness of erections	0	1	2	3
Difficulty maintaining morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decreased physical stamina	0	1	2	3
Unexplained weight gain	0	1	2	3
Increase in fat distribution around chest and hips	0	1	2	3
Sweating attacks	0	1	2	3
More emotional than in the past	0	1	2	3
<b>Category XX (Menstruating Females Only)</b>				
Perimenopausal	Yes	No		
Alternating menstrual cycle lengths	Yes	No		
Extended menstrual cycle (greater than 32 days)	Yes	No		
Shortened menstrual cycle (less than 24 days)	Yes	No		
Pain and cramping during periods	0	1	2	3
Scanty blood flow	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Acne	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3
<b>Category XXI (Menopausal Females Only)</b>				
How many years have you been menopausal?				_____ years
Since menopause, do you ever have uterine bleeding?	Yes	No		
Hot flashes	0	1	2	3
Mental fogginess	0	1	2	3
Disinterest in sex	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3
Shrinking breasts	0	1	2	3
Facial hair growth	0	1	2	3
Acne	0	1	2	3
Increased vaginal pain, dryness, or itching	0	1	2	3

### **PART III**

How many alcoholic beverages do you consume per week? \_\_\_\_\_

Rate your stress level on a scale of 1-10 during the average week: \_\_\_\_\_

How many caffeinated beverages do you consume per day? \_\_\_\_\_

How many times do you eat fish per week? \_\_\_\_\_

How many times do you eat out per week? \_\_\_\_\_

How many times do you work out per week? \_\_\_\_\_

How many times do you eat raw nuts or seeds per week? \_\_\_\_\_

List the three worst foods you eat during the average week: \_\_\_\_\_

List the three healthiest foods you eat during the average week: \_\_\_\_\_

### **PART IV**

Please list any medications you currently take and for what conditions:

Skip. Asked elsewhere

Please list any natural supplements you currently take and for what conditions:

Skip. Asked elsewhere

# Health Questionnaire (NTAF)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please circle the appropriate number "0 - 3" on all questions below. 0 as the least/never to 3 as the most/always.

## SECTION A

- Is your memory noticeably declining? 0 1 2 3
- Are you having a hard time remembering names and phone numbers? 0 1 2 3
- Is your ability to focus noticeably declining? 0 1 2 3
- Has it become harder for you to learn things? 0 1 2 3
- How often do you have a hard time remembering your appointments? 0 1 2 3
- Is your temperament getting worse in general? 0 1 2 3
- Are you losing your attention span endurance? 0 1 2 3
- How often do you find yourself down or sad? 0 1 2 3
- How often do you fatigue when driving compared to the past? 0 1 2 3
- How often do you fatigue when reading compared to the past? 0 1 2 3
- How often do you walk into rooms and forget why? 0 1 2 3
- How often do you pick up your cell phone and forget why? 0 1 2 3

## SECTION B

- How high is your stress level? 0 1 2 3
- How often do you feel that you have something that must be done? 0 1 2 3
- Do you feel you never have time for yourself? 0 1 2 3
- How often do you feel you are not getting enough sleep or rest? 0 1 2 3
- Do you find it difficult to get regular exercise? 0 1 2 3
- Do you feel uncared for by the people in your life? 0 1 2 3
- Do you feel you are not accomplishing your life's purpose? 0 1 2 3
- Is sharing your problems with someone difficult for you? 0 1 2 3

## SECTION C

### SECTION C1

- How often do you get irritable, shaky, or have lightheadedness between meals? 0 1 2 3
- How often do you feel energized after eating? 0 1 2 3
- How often do you have difficulty eating large meals in the morning? 0 1 2 3
- How often does your energy level drop in the afternoon? 0 1 2 3
- How often do you crave sugar and sweets in the afternoon? 0 1 2 3
- How often do you wake up in the middle of the night? 0 1 2 3
- How often do you have difficulty concentrating before eating? 0 1 2 3
- How often do you depend on coffee to keep yourself going? 0 1 2 3
- How often do you feel agitated, easily upset, and nervous between meals? 0 1 2 3

### SECTION C2

- Do you get fatigued after meals? 0 1 2 3
- Do you crave sugar and sweets after meals? 0 1 2 3
- Do you feel you need stimulants such as coffee after meals? 0 1 2 3
- Do you have difficulty losing weight? 0 1 2 3
- How much larger is your waist girth compared to your hip girth? 0 1 2 3
- How often do you urinate? 0 1 2 3
- Have your thirst and appetite been increased? 0 1 2 3
- Do you have weight gain when under stress? 0 1 2 3
- Do you have difficulty falling asleep? 0 1 2 3

## SECTION 1 - S

- Are you losing your pleasure in hobbies and interests? 0 1 2 3
- How often do you feel overwhelmed with ideas to manage? 0 1 2 3
- How often do you have feelings of inner rage (anger)? 0 1 2 3
- How often do you have feelings of paranoia? 0 1 2 3
- How often do you feel sad or down for no reason? 0 1 2 3
- How often do you feel like you are not enjoying life? 0 1 2 3

- How often do you feel you lack artistic appreciation? 0 1 2 3
- How often do you feel depressed in overcast weather? 0 1 2 3
- How much are you losing your enthusiasm for your favorite activities? 0 1 2 3
- How much are you losing enjoyment for your favorite foods? 0 1 2 3
- How much are you losing your enjoyment of friendships and relationships? 0 1 2 3
- How often do you have difficulty falling into deep restful sleep? 0 1 2 3
- How often do you have feelings of dependency on others? 0 1 2 3
- How often do you feel more susceptible to pain? 0 1 2 3
- How often do you have feelings of unprovoked anger? 0 1 2 3
- How much are you losing interest in life? 0 1 2 3

## SECTION 2 - D

- How often do you have feelings of hopelessness? 0 1 2 3
- How often do you have self-destructive thoughts? 0 1 2 3
- How often do you have an inability to handle stress? 0 1 2 3
- How often do you have anger and aggression while under stress? 0 1 2 3
- How often do you feel you are not rested even after long hours of sleep? 0 1 2 3
- How often do you prefer to isolate yourself from others? 0 1 2 3
- How often do you have unexplained lack of concern for family and friends? 0 1 2 3
- How easily are you distracted from your tasks? 0 1 2 3
- How often do you have an inability to finish tasks? 0 1 2 3
- How often do you feel the need to consume caffeine to stay alert? 0 1 2 3
- How often do you feel your libido has been decreased? 0 1 2 3
- How often do you lose your temper for minor reasons? 0 1 2 3
- How often do you have feelings of worthlessness? 0 1 2 3

## SECTION 3 - G

- How often do you feel anxious or panic for no reason? 0 1 2 3
- How often do you have feelings of dread or impending doom? 0 1 2 3
- How often do you feel knots in your stomach? 0 1 2 3
- How often do you have feelings of being overwhelmed for no reason? 0 1 2 3
- How often do you have feelings of guilt about everyday decisions? 0 1 2 3
- How often does your mind feel restless? 0 1 2 3
- How difficult is it to turn your mind off when you want to relax? 0 1 2 3
- How often do you have disorganized attention? 0 1 2 3
- How often do you worry about things you were not worried about before? 0 1 2 3
- How often do you have feelings of inner tension and inner excitability? 0 1 2 3

## SECTION 4 - ACH

- Do you feel your visual memory (shapes & images) is decreased? 0 1 2 3
- Do you feel your verbal memory is decreased? 0 1 2 3
- Do you have memory lapses? 0 1 2 3
- Has your creativity been decreased? 0 1 2 3
- Has your comprehension been diminished? 0 1 2 3
- Do you have difficulty calculating numbers? 0 1 2 3
- Do you have difficulty recognizing objects & faces? 0 1 2 3
- Do you feel like your opinion about yourself has changed? 0 1 2 3
- Are you experiencing excessive urination? 0 1 2 3
- Are you experiencing slower mental response? 0 1 2 3

# Medication History\*

Please circle any of the following medication you have been or are currently taking.

## Acetylcholine Receptor Antagonist – Antimuscarinic Agents

Atropine, Ipratropium, Scopolamine, Tiotropium

## Acetylcholine Receptor Antagonist - Ganglionic Blockers

Mecamylamine, Hexamethonium, Nicotine (high doses), Trimethaphan

## Acetylcholinesterase Reactivators

Pralidoxime

## Acetylcholine Receptor Antagonist - Neuromuscular Blockers

Atracurium, Cisatracurium, Doxacurium, Metocurine, Mivacurium, Pancuronium, Rocuronium, Succinylcholine, Tubocurarine, Vecuronium, Hemicholinium

## Agonist Modulator of GABA Receptor (benzodiazepines)

Xanax, Lexotanil, Lexotan, Librium, Klonopin, Valium, ProSom, Rohypnol, Dalmane, Ativan, Loramet, Sedoxil, Dormicum, Megadon, Serax, Restoril, Halcion

## Agonist Modulator of GABA Receptors (nonbenzodiazepines)

Ambien, Sonata, Lunesta, Imovane

## Cholinesterase Inhibitors (irreversible)

Echotiophate, Isoflurophate, Organophosphate Insecticides, Organophosphate-containing nerve agents

## Cholinesterase Inhibitors (reversible)

Donepezil, Galatamine, Rivastigmine, Tacrine, THC, Edrophonium, Neostigmine, Physostigmine, Pyridostigmine, Carbamate Insecticides

## Dopamine Reuptake Inhibitors

Wellbutrin (Bupropion)

## Dopamine Receptor Agonists

Mirapex, Sifrol, Requip

## D2 Dopamine Receptor Blockers (antipsychotics)

Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan, Depixol, Navane, Fluanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydys, Seroquel, Geodon, Solian, Invega, Abilify

## GABA Antagonist Competitive binder

Flumazenil

## Monoamine Oxidase Inhibitors (MAOI)

Marplan, Aurorix, Manerix, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid, Rivivol, Popilniazida, Zyvox, Zyvoxid

## Noradrenergic and Specific Sertonegic Antidepressants (NaSSaa)

Remeron, Zispin, Avanza, Norset, Remergil, Axit

## Selective Serotonin Reuptake Inhibitors

Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Seropram, Cipralext, Esteria, Fontex, Seromex, Seronil, Sarafem, Fluctin, Faverin, Seroxat, Aropax, Deroxat, Rextin, Paroxat, Lustral, Serlain, Dapoxetine

## Selective Serotonin Reuptake Enhancers

Stablon, Coaxil, Tatinol

## Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despiramin, Duloxetine

## Tricyclic Antidepressants (TCAs)

Elavil, Endep, Tryptanol, Trepiline, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil, Norpramin, Pertofrane, Prothiaden, Adapin, Sinequan, Tofranil, Janamine, Gamanil, Aventyl, Pamelor, Opipramol, Vivactil, Rhotrimine, Surmontil

\*Please refer to prescribing physician for nutritional interactions with any medications you may be taking.



# Registration Form:

## Dave Ou, M.D., P.C.

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone Carrier: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please indicate which phone(s) you would prefer us to use: \_\_\_\_\_

May we leave messages on your voice mail regarding appointments and to return our call? Y / N

May we leave E-mail regarding appointment reminders? Y / N

May we text appointment reminders? Y / N

Occupation: \_\_\_\_\_ Employer's Name \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status: Married / Partnered / Single / Widowed / Divorced

Spouse's Name (if applicable) \_\_\_\_\_

Please list someone that we may contact if we are unable to reach you:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Responsible Party** (complete only if different from patient or if patient is under 18 years of age)

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Whom May We Thank for Referring You to Our Practice? \_\_\_\_\_



## **Financial Policy**

**Dave Ou, MD, PC  
2200 Century Pkwy NE #120  
Atlanta, GA 30345**

By signing this form, I, \_\_\_\_\_ **[name of patient]** acknowledge that, with respect to services rendered by Dave Ou, MD (“Dr. Ou”) at Bridges to Health, LLC (“Bridges”):

**Extent of Participation in Commercial Insurance Plans.** Dr. Ou does not participate in any plans. He is out of network on all plans. Most of the charges can not be reimbursed by insurance.

I am responsible for payment in full at time of service and charges are determined by Dr. Ou. I also agree to be responsible for costs and expenses, including court costs, attorney fees and interest, should it be necessary for Dr. Ou or Bridges to take action to secure payment of an outstanding balance owed.

### **For your convenience, we accept all the following methods of payment:**

- Cash
- Check (with photo identification)
- Visa
- Master Card
- Debit card

### **Missed Appointments and Late Cancellations**

**We have a two business day cancellation policy.**

- There is no fee if the appointment is cancelled 3 or more business days before the appointment.
- There is a \$400 fee if the appointment is cancelled 2 business days or less before the appointment.
- Further appointments cannot be made until these fees are settled.
- There are no excuses except for extreme circumstances such as being hospitalized or death in the family.

# FEES

## OFFICE VISITS

Initial and Follow-up Visits: \$400 /hour

## PHONE CALLS and EMAIL

Calls and Email that take over 5 minutes will be billed at the same rate as in person appointments.

Autonomic Response Testing: (never covered by insurance) - \$100-\$250 depending on complexity

## FORM FEES

FMLA / Leave of Absence: \$30

DMV Car Placard: \$15

Insurance letters: \$15 per page

Employment Forms: \$30

School Forms: \$15

Disability Forms: \$30

Other letters: \$15 per page

Rush Fee (same day): \$20 + regular fee

**The fees are subject to change.**

I HAVE CAREFULLY READ THIS FORM AND ACKNOWLEDGE THAT I UNDERSTAND IT. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE. If any portion of this form is held invalid, the rest of the document will continue in full force and effect.

Name of Patient (and of Legal Guardian if appropriate)	
Signature of Patient or Legal Guardian	
Date	

## Other Practice Policies

### TELEPHONE AND EMAIL

Appointments for telephone consultations are available for existing patients during regular business hours. In general, there is no charge for brief uncomplicated questions. Calls that take over 5 minutes will be billed at the same rate as in person appointments. For non-urgent matters that would be best attended to during an appointment, we request that you schedule an appointment.

We are available for brief non-urgent questions by email. E-mail which take over 5 minutes to read and reply will be charged at the same rate as in person appointments. Please do not write any urgent e-mail that require same day attention.

### Test Results

Dr. Ou will notify you of any lab tests that require immediate attention. Otherwise, all tests will be reviewed at your next scheduled appointment. It is your responsibility to schedule a follow-up appointment to discuss test results. Results for test kits that are sent to specialized labs have up to a 4 week turnaround time.

### Forms

Because of the time required to complete forms, we charge fees as seen in the fee schedule. We will try our best to accommodate your needs and any extenuating circumstances, but please try to allow at least one week for all forms to be completed.

### No after hours services

Dr. Ou does not offer on call coverage. For this reason, you are encouraged to get established with a primary care provider in case of emergencies.

You may E-mail Dr. Ou after hours via his website and he'll do his best to respond, but can not guarantee a prompt response.

For any urgent medical issues, you are advised to go to your local emergency room. If you need to be hospitalized, then a hospital physician will be assigned to you during your stay. Request that a copy of your records are sent to me when you are discharged.

### Appointment reminders

As a courtesy, our medical records system will send appointment reminders to you via E-mail. If you do not receive the reminders, you are still responsible for keeping your appointment or rescheduling it

### Supplement Refills

Dr. Ou frequently travels for continuing education. It is best to contact us at least 1 week before running out. We can ship them to you or you can stop by the office to pick them up.

### Office Hours

Our office hours are 10 am – 5 pm Monday, Tuesday, Thursday, and Friday. We are closed on Wednesdays.

Office policies are subject to change

## HIPPA PRIVACY NOTICE

DAVE OU, MD, PC  
NOTICE TO PATIENTS

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

A. The General Authorization for Release of Medical Records that you sign authorizes your medical care provider, Dave Ou, M.D. (“Provider”), to disclose the information in your medical records to the extent needed for the following purposes:

1. *For the purpose of providing treatment to you.* This would include, for example, sharing information with employees and contractors of Provider, or with other health care providers who are treating you or consulting in your care.
2. *For the purpose of arranging payment for your care.* This would include, for example, your insurer or other third-party payor who is responsible for paying all or part of the cost of your care.
3. *For the purpose of Provider’s “health care operations.”* This would include such things as internal quality assessment activities, contacting other health care providers regarding treatment alternatives, evaluating provider performance, training providers of care, legal and medical review of care provided, business planning and management, customer service, resolution of internal grievances and the provision of legal and auditing services.
4. *For the purpose of other health care providers’ “health care operations,” to the extent that they have a treatment relationship with you.*

B. A Specific Authorization for Release of Medical Records that you may sign authorizes Provider to make a specific disclosure that is not covered under section A, above. A Specific Authorization will name the party to whom you are authorizing disclosure, and will contain any limitations on the authority to disclose your records.

C. You may revoke any authorization provided to Provider by giving Provider a written notice of revocation. Provider may refuse to treat you if you revoke the General Authorization.

D. Provider may be required by law, in some cases, to make disclosures of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, or requests/surveys by licensure agencies or the U.S. Department of Health and Human Services.

E. Provider may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

F. You have the following rights with respect to your medical records/information:

1. You have the right to request restrictions on the use and disclosure of your medical records/information. The Provider must comply with the requested restriction if: (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. In all other cases, however, Provider is not required to agree to restrictions not guaranteed by law. You will be informed if Provider will not agree to a requested restriction.

2. You have the right to receive confidential communications of your health information and to direct the place and manner of communication.

3. You have the right to inspect and copy your medical records, and to obtain a copy of such information in an electronic format and, if you choose, to direct Provider to transmit such copy directly to an entity or person designated by you in a clear, conspicuous and specific communication (Provider is entitled to charge you a reasonable fee related to the cost of copying your records. If your request is for your information in electronic form, the fee may not be greater than the Provider's labor costs in responding to your request.)

4. You have the right to seek to amend your medical records, and if Provider does not agree with your request, to note your objection in the medical record.

5. You have a right to receive an accounting (list) of disclosures of your medical records/information made by Provider, except for those disclosures that are made to you or with your specific authorization, that fall within the scope of Provider's "health care operations," or disclosures made for payment or treatment purposes (to carry out treatment, payment and health care operations).

6. You have the right to receive a paper copy of this notice.

G. Provider is required by law to maintain the privacy of protected health information, and to provide patients with this notice of its duties and practices, as well as changes to those practices. Patients will be provided with revised notices, as appropriate.

H. If a patient believes that his or her privacy rights have been violated, the patient may complain to Provider, or to the Secretary of the U.S. Department of Health and Human Services. To complain to Provider, please write or call us with the details. Provider will not retaliate in any way against a patient for making a complaint.

I. If you as a patient or guardian believe that your privacy rights have been violated, and wish to notify our practice, please call our office and ask to speak with our designated Privacy Complaints Contact Person: Dave Ou, M.D.

J. Provider reserves the right to change its privacy practices, and to make its new policies effective for all protected health information that provider maintains. If such changes are made, Provider will issue an updated "Notice to Patients" to all of Provider's patients.

Please acknowledge receipt and review of this notice by signing below. For further information, please call Dave Ou, M.D. at 404-418-6010.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient (or legally responsible individual) Date

\_\_\_\_\_  
Description of Authority of legally responsible individual

\_\_\_\_\_  
Witness Date

DAVE OU, MD, PC  
GENERAL AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, patient of Dave Ou, M.D., PC (“Provider”), understand that my signature below gives Provider permission, to the extent necessary, to use my medical record, and to provide access to my medical record, while and after I am treated by Provider, for reasons that follow:

1. For the purpose of providing treatment to me, including release of information to other health care providers with whom I already am in treatment;
2. For the purpose of arranging for payment for my care;
3. For the purpose of Provider’s “health care operations.” This last category includes such things as internal quality assessment activities, contacting other health care providers regarding treatment alternatives, evaluating provider performance, training providers of care, legal and medical review of care provided, business planning and management, customer service, resolution of internal grievances and the provision of legal and auditing services;
4. For the purpose of other health care providers’ “health care operations,” to the extent that they have a treatment relationship with me.

I understand that my permission allows Provider to transmit permissible information through any means that is reasonably secure, including via e-mail, assuming that reasonable protective measures are taken to preserve the confidentiality of the information.

I understand that I may revoke this authorization at any time, but that Provider may refuse to give me further treatment if I do so.

I understand that I have the right to request that Provider restricts how my medical information is used. If I wish to request a restriction, I will initial here: \_\_\_\_\_. In this case, Provider will give me a separate form to fill out, which will also be used for Provider to indicate whether or not Provider agrees to the requested restriction. I understand that the Provider must comply with the requested restriction only if: (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the Provider has been paid out of pocket in full.

I understand that I have a number of rights identified below (and listed more fully on the Patient Notice provided to me by Provider):

\* The right to review, and copy, my medical record (and to obtain a copy of such information in an electronic format and, if I choose, to direct Provider to transmit such copy directly to an entity or person designated by me in a clear, conspicuous and specific communication)

\* The right to request the amendment (changing) of my medical record

- \* The right to grant or deny access to my record to others
- \* The right to decide how information from my record will be conveyed to others
- \* The right to complain about how my records are handled, to the Secretary of the U.S. Department of Health and Human Services, and to Provider
- \* The right to revoke, in writing, any consent that I provide for access to my record
- \* The right to authorize Provider to give information about my care to relatives or close friends, to the extent of their involvement with my care or payment
- \* The right to review a record of access to my medical record

I understand that I have the right to either grant or deny access to my medical record, and that my specific written permission will be sought if access is requested for any reason not set forth above, or, in most cases, for the release of psychotherapy notes.

The provider may decide to change some of the above-stated policies, and I understand that I will be given a revised Notice if this occurs.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient (or legally responsible individual) Date

\_\_\_\_\_  
Description of Authority of legally responsible individual

\_\_\_\_\_  
Witness Date



# Informed Consent

## **Dave Ou, MD, PC**

**2200 CENTURY PKWY NE #120, ATLANTA, GA 30345  
404-418-6010**

### **Documentation of Informed Consent and Assumption of Risk**

By signing this form, I, the undersigned patient, acknowledge that, with respect to services rendered by Dave Ou, MD at Bridges to Health, LLC (the "Center"):

#### **Physician's Role** (check one):

[Note to Patient: Dr. Ou encourages his patients to have another physician as a primary care physician for the reasons listed below. If you wish Dr. Ou to be your primary care physician, please discuss this with him. If the two of you mutually decide to engage in a primary care relationship, please check that box below and ask Dr. Ou to countersign.]

**Physician is providing me with limited primary care.** Dr. Ou is my primary care physician and thus seeing me in a primary treating capacity with the following limitations:

- Dr. Ou does not offer on-call coverage; patients after-hours or when he is out of the office are directed by voice-mail to their local hospital Emergency Room.
- Even if Dr. Ou makes e-mail advice available to patients on an ongoing basis, patients are hereby notified that they cannot expect an immediate response to their medical needs.
- Dr. Ou is not equipped with X-rays, EKGs, or urine tests.
- He does not provide gynecologic care.
- He does not provide primary care to children under 16.

I accept this patient as a primary care patient: \_\_\_\_\_ (initials of Dave Ou, MD)

**Physician is not providing me with primary care. Dr. Ou is only offering** (please check one below):

**Specialized, complementary, alternative or integrative care adjunctive to primary care I am receiving from my primary care physician.**

**Acupuncture Only.**

In either case, I am currently receiving ongoing medical care and treatment for my condition by a medical doctor who is serving as my primary care physician ("PCP") and is responsible for my primary care. PCP's name and contact details are as follows:

Name of Physician		Name of Physician Practice	
Street Address		City, State & Zip	
Office Telephone		E-mail (if available)	

I have asked Dr. Ou to serve in the specialized capacity indicated above, and not in a primary treating capacity. I understand that Dr. Ou is not my primary care physician and that I may not rely on him as such; even if Dr. Ou takes an extensive medical history and evaluation that includes exploration of areas beyond my chief complaint(s), and may include clinical recommendations that address problems other than my chief complaint(s) as part of his holistic approach to care, this does not create a responsibility to diagnose or treat any health condition I may have. Further, my medications are being managed by my PCP and each of my prescribing physician(s), and Dr. Ou is not responsible for following me through routine office visits, physical examination or treatments beyond the chief complaints for which I seek his care. Dr. Ou will make an effort to respond to any ongoing requests for services, but cannot guarantee that he will be available on an emergency or an ongoing basis. I agree that Dr. Ou may withdraw from my care upon reasonable notice, which would generally be considered 30 days notice unless there are extenuating circumstances.

I also understand that even though Dr. Ou has admitting privileges at the local hospital, Dr. Ou has a limited ability to assist me in the event I am in need of or during any hospitalization after hours. Dr. Ou does not offer on-call coverage; patients after-hours are directed by voice-mail to their local hospital Emergency Room. Even if Dr. Ou makes e-mail advice available to patients on an ongoing basis, patients are hereby notified that they cannot expect an immediate response to their medical needs.

**Engagement for Specialized Care:** I have engaged Dr. Ou for advice that integrates his knowledge of innovative, emerging, nonstandard, nonconventional, holistic, or complementary and alternative medical (collectively, “CAM”) therapies and other approaches to wellness, such as functional medicine, energy healing, and other modalities. I have chosen to do this of my own free will because I believe that the biological, holistic approach to medicine that is practiced by Dr. Ou is more in keeping with my philosophy. I also understand that Dr. Ou is a Board Certified Internist, who will employ standard, orthodox drug therapy for medical management, if indicated.

Dr. Ou has described his education, experience, and credentials relating to these therapies, which includes: NES Certified Practitioner, Certified Matrix Energetics Practitioner, Diplomate in FCT, Shoemaker Protocol Certified, training from the Institute of Functional Medicine (IFM), Klinghardt Academy, American Academy of Environmental Medicine (AAEM), American College for Advancement in Medicine (ACIM), International Lyme and Affiliated Diseases Society (ILADS), the Academy of Comprehensive Integrative Medicine (ACIM), Academy of International BioEnergetic Sciences, and registered to practice acupuncture by the State of Georgia.

It is my understanding that there is an alternative approach to medical care practiced by a significant minority of physicians, who emphasize the importance of nutrition, exercise, detoxification, and natural or biological remedies as the mainstays for restoring a patient to his or her optimal state of health. I realize that such therapy is frequently not as rapid as drug therapy; that it requires a great deal more effort from me, the patient, than the simple administration of a medicine for each complaint.

I understand that Dr. Ou may make recommendations for pharmaceuticals for uses not specifically approved by the United States Food and Drug Administration (USFDA) (recommendations which are known as “off-label” uses) and for dietary supplements and nutraceuticals which may not be approved for any medical indications by the FDA. I understand that the care provided by Dr. Ou is highly specialized and based upon information that may not be widely recognized within the medical profession, or in some cases about which there may be disagreement among qualified medical experts. Care rendered may therefore be seen by some medical authorities as outside the standard of care, unproven, ineffective, medically unnecessary, or even unsafe even

though the recommendations may nonetheless be therapeutically appropriate and constitute good clinical care and that the underlying philosophy seems more realistic to me than the simple relief of symptoms.

I also understand that most health insurance plans have clauses, which limit coverage to “usual and customary fees for reasonable and necessary services.” I realize that some of the services provided by Dr. Ou will not fall under this description, and I do not hold him responsible for the possible decision by an insurance company that this form of therapy is not covered under a specific insurance contract.

**Referrals to Other Health Care Practitioners:** I understand that Dr. Ou may also refer me for additional care to one or more allied health or CAM providers, either within or at the Center. I understand that referral to a provider within the Center will have no financial impact on my care, that Dr. Ou has no financial interest in such referrals, and that I am free to see comparable providers outside of the Center.

✓ **Business Practice Location Only:** I further understand that the Center is a business practice location only. This means that other practitioners (such as Terry Horn, LPC) within the Center are separate and independent; the practitioners performing services in this location only share space and are not employees or agents of Dr. Ou, and Dr. Ou is not responsible for their care or their quality of care. Other practitioners renting space within the Center are responsible for their own actions, and neither Dr. Ou nor the Center is liable for the acts or omissions of any tenant. Further, neither Dr. Ou nor the Center makes any claims regarding products or services rendered by any other practitioner or individual at the Center.

**Disclosures and Discussion Regarding My Informed Consent to Diagnostic and Therapeutic Procedures:** Dr. Ou and I will discuss the risks and benefits of including or forgoing the suggested diagnostic and therapeutic approaches, to enable me to decide to include or forgo these approaches in my treatment regimen. I should be aware that some of the diagnostic and treatment options offered:

- may be nonconventional or nonstandard, or may involve a drug or device that is used for off-label purposes or to support my health and well-being using energetic means;
- the safety, efficacy, and mechanisms for some of these therapies may not be completely known even though limited information from clinical trials may exist, and that some of these therapies could adversely interact with medications I am currently taking or that are prescribed by my physician(s) or other health care provider(s), or with procedures such as surgery;
- it may be difficult, given the current state of medical science, to predict results with respect to inclusion of these therapies; and the fact that therapies we have discussed may be emerging therapies that are not uniformly considered proven or acceptable, despite available clinical data;
- it is important to continue my primary medical care through my primary care physician, as appropriate, and to ensure that inclusion of CAM or other therapies recommended does not cause a delay in, or discourage conventional diagnosis of (or care for) any medical condition
- Dr. Ou may refer me to other practitioners, including CAM providers and allied health practitioners to offer helpful therapeutic services, although Dr. Ou cannot guarantee results from their care and is not responsible for the quality of care they may or may not be able to provide.
- It was my independent choice to see Dr. Ou and it is always my choice whether to continue with him. I also understand that Dr. Ou reserves the right, at any time and without cause, to discontinue any patient due to poor compliance with Dr. Ou’s recommended program for any reason.

**On-Site Sales of Dietary Supplements:** I may be able to purchase certain dietary supplements, that Dr. Ou recommends, on-site at the Center. I understand that Dr. Ou or the Center offers these products, some of which are only available through physician's offices, as a service to assure the availability of these high-quality, standardized products to patients. I understand that either Dr. Ou or the Center has applied a usual and customary markup on these products, and that Dr. Ou has a financial interest in this markup. I understand that I am under no obligation to purchase any products and that the quality of the health care services I am offered will not be affected if I choose to either purchase similar products elsewhere or not to follow the recommendations that I take certain supplements.

**Voluntary Consent:** I have been given ample opportunity to ask questions and any questions I have asked have been answered or explained in a satisfactory manner. My consent to using functional medicine, energetic, and other approaches, whether considered conventional or CAM, is given voluntarily, without coercion, and may be withdrawn, and I am competent and able to understand the nature and consequences of my decision.

**Assumption of Risk:** I knowingly, voluntarily, and intelligently assume all risks involved in using CAM or other therapies Dr. Ou recommends. As a result of my assumption of these risks, I agree to release, indemnify, and defend Dr. Ou and his or her agents from and against any and all claims which I (or my representatives) may have for any loss, damage, or injury arising out of the adverse reactions to which I have been given notice or which may arise without the negligence of Dr. Ou, or in connection with use of such therapies, or arising out of or in connection with referral to other practitioners for such CAM therapies. I further acknowledge that it is my responsibility to inform my PCP and any Treating Physician(s) and other health care providers concerning the therapies I receive from Dr. Ou so they can determine, within their professional competence, whether any harmful or adverse effects are possible given their treatment of my medical condition.

**No Guarantees:** I am aware that the practice of medicine is not an exact science, and acknowledge that there are and can be no guarantees as to accuracy or outcomes of any diagnostic approaches or treatment recommendations that I receive from Dr. Ou.

I HAVE CAREFULLY READ THIS FORM AND ACKNOWLEDGE THAT I UNDERSTAND IT. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE. This form will be interpreted under Georgia law, and Georgia will be the forum for any lawsuits filed under or incident to this form. If any portion of this form is held invalid, the rest of the document will continue in full force and effect.

Name of Patient (and of Legal Guardian, if signing for patient)			
Signature of Patient or Legal Guardian			
Street Address			
City, State, Zip			
Landline		Cellphone	
Email			
Date			

**Autonomic Response Testing Consent**

I have specifically sought out the services and perspective of Dr. Ou for the way he practices Alternative Medicine. As part of that service, I understand that he commonly uses a biofeedback enhanced physical exam called Autonomic Response Testing (ART). Dr. Ou has explained to me and I fully understand the following:

- a) The FDA has not approved ART for the treatment or diagnosis of any condition.
- b) The basic principle of ART has been explained in the article “Autonomic Response Testing”. I have received, read, and understand this article.
- c) The procedure is totally non-invasive.
- d) ART is being used for investigational purposes only and is not being interpreted for a diagnosis.
- e) Dr. Ou will design a treatment plan based on ART data, physical exam, medical history, and standard lab tests. Neither the American Medical Association, the American Osteopathic Association, nor any independent medical association recognize or recommend the use of ART. It has not been established through controlled trials that ART is effective for the diagnosis or treatment of any disease or conditions.
- f) The goal of ART is to obtain information on an individual’s energy system based on acupuncture and to balance the meridians. ART is not used for diagnostic purposes.
- g) ART is one of many tools Dr. Ou uses. There are no guarantees of a successful outcome. Dr. Ou believes that a patient’s active and consistent participation in following recommended therapies results in greater and more consistent changes towards better health
- h) I can terminate ART at any time. It was my independent choice to see Dr. Ou and it is always my choice whether to continue with him. I also understand that Dr. Ou reserves the right, at any time and without cause, to discontinue any patient due to poor compliance with Dr. Ou’s recommended program for any reason.
- i) ART is part of Dr. Ou’s overall evaluation process. Insurance does not pay or reimburse for ART. The fees are listed in the ART article.
- j) There are no known risks or discomforts associated with ART.

I have fully read and understand the above information, the elements of my informed consent, my rights and responsibilities, and hereby give consent to ART.

Name of Patient (and of Legal Guardian, if signing for patient)	
Signature of Patient or Legal Guardian	
Date	

## Acupuncture Consent

With respect to acupuncture, our conversation includes my awareness of the following:

### What is Acupuncture?

Acupuncture involves the stimulation of specific points on the body by inserting thin needles, or in some cases by applying manual pressure, small pulses of electric current to the needles or external heat generated by an herb. Although acupuncture has been used in Asia for thousands of years and in Europe as an authentic therapeutic modality, acceptance by the U.S. medical community has only been slowly developing. While it is still considered complementary or alternative by many, the National Institutes of Health (NIH) has recognized acupuncture as a reasonable clinical option for postoperative pain as well as myofascial pain and lower back pain. NIH has also recognized positive clinical reports for treatment of addiction, stroke rehabilitation, carpal tunnel syndrome, osteoarthritis, and headache. Acupuncture is used to treat a much wider variety of conditions, though the scientific evidence for its efficacy for your condition may not yet have been established. Medical acupuncture is a form of acupuncture developed for integration with the medical setting based on at least 200 hours of additional training.

### What is Traditional Oriental Medicine?

Traditional Oriental Medicine (TOM) is an ancient form of healing art arising from Asian sources which includes the arts of Acupuncture and Herbal Medicine and are distinct from conventional medical care. These are ancient arts and natural healing traditions that view health and wellness as dependent upon a balance of *ch'i* or life force energies. TOM is an ancient method of understanding health and illness by attending the breathing; the flow of *ch'i* energy within meridians, or channels of energy throughout the body; and the impact of stagnation or excessive energy in various organs that can be determined by carefully reading the pulses; tongue diagnosis, smell and other clinical examination techniques that are not generally accepted by Western science but which have served as a primary method of care in China and elsewhere for millenia.

### Does Acupuncture Have Risks and Side Effects?

Acupuncture is generally very safe. Serious side effects are rare – less than one per 10,000 treatments.

- Drowsiness occurs after treatment in a small number of patients.
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments.
- Pain during treatment occurs in about 1% of treatments.
- Symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign.
- Fainting can occur in certain patients, particularly at the first treatment.
- In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

Possible risks of acupuncture also include but are not limited to, those related to infection, bleeding, lung puncture, other organ puncture, local bleeding, bruising, burning, pain, swelling, broken needles, and nerve damage including spinal cord trauma. Some patients experience a “healing reaction” in which they feel more ill for a few days as their body readjusts to a new balance of energies. This is generally a positive sign and shows the body is making positive movement. Symptoms may worsen or a period of a flu-like illness with mild fever, chills, dizziness, loss of appetite, or similar symptoms can occur and can signal the body detoxifying. Significant sickness or even death could occur as an extremely remote possibility.

Contraindications for acupuncture include history of bleeding disorder or current anticoagulant therapy, implanted pacemaker or prosthetic valve or pregnancy. It is important to ensure that your acupuncturist understands if these or other significant conditions exist, and you agree not to undergo acupuncture if your practitioner determines treatment is indeed contraindicated. Certain medications or social habits are known to lessen the potential results of acupuncture and these include but are not limited to alcohol, tobacco, steroids, narcotics, recreational drugs. You agree that you will inform your acupuncturist if you are pregnant or could get pregnant during the course of treatment.

### Is There Anything Your Acupuncturist Needs to Know?

- If you have ever experienced a seizure, dizziness, or fainting episode
- If you have a pacemaker or any other electrical implants
- If you have a bleeding disorder
- If you are taking anti-coagulants or any other medications
- If you have damaged heart valves or have any other particular risk of infection

I am aware that TOM/acupuncture may mask an underlying condition and could retard a diagnosis for which other therapy may be known to be indicated. I understand that cure of my condition may not occur with acupuncture and a possible worsening of my condition or new conditions could temporarily or permanently result from treatment. I understand that, like in any treatment, there is no guarantee I will receive benefit, and if I do it usually requires a series of treatments.

Certain medications or social habits are known to lessen the potential results of acupuncture and TOM, and these include alcohol, tobacco, steroids, or narcotics. **By signing this form, I am indicating that I do not take any medications other than as previously disclosed to Physician.**

**Acupuncturists Use Single-Use, Sterile, Disposable Needles.**

### Energy Healing Consent

I understand that Physician includes energy healing modalities such as Matrix Energetics, Reiki, Healing Touch, EFT, NES Health, Theragem, and other techniques.

The common ground in all these modalities, whether employing touch, non-touch contact, tapping the body, applying low-level light filters, transmitting information through a hand probe, or another technique, is they all utilize “energy healing.” Energy healing, while controversial in some medical quarters, has a long traditional history across many cultures, and for which there is some evidence that it can have a healing benefit. It is an approach in which the practitioner, either through his or her consciousness or aided by a product, channels life energy for healing benefit. This is intended to affect the balance and flow of energy in a manner that might be thought of as similar to acupuncture, but without needles. The primary premise of energy healing is that the flow and balance of the body’s more subtle energies (or life energies) are important for overall health, and that energy-based methods help in fostering overall well-being. This means of assisting clients focuses on the mind/body interaction between emotions, thoughts and beliefs with biochemistry and behaviors, in a manner that focuses on subtle energies with roots in a cultural and philosophical understanding that, while researched in part from the Western scientific perspective, is not based upon generally accepted models of mind/body medicine grounded in current professional bodies of knowledge within conventional medical circles.

While energy healing is not used for medical decision-making, it can function in a supportive capacity,

particularly where clinical impressions are a matter of judgment, and the intuitive processes in the “art” as well as science of medicine. Sometimes energy healing can create profound states of relaxation, which can ultimately be helpful in reducing pain or otherwise helping the body heal from trauma.

I understand that energy healing is not an exact science and does not have a sufficient base of medical evidence for any practitioner to accurately describe all the potential risks and benefits; nonetheless, I understand that some clients can experience distressing memories or inner experiences as a result. If at any time I experience significant emotional reactions to this work which persist and give rise to anxiety or concern, I will seek appropriate help.

My consent to using energy healing approaches includes specific consent to the use of touch or other contact rendered as part of energy healing modalities such as Matrix Energetics, NES Health, and EFT. In these techniques, the practitioner simply acts as a facilitator, allowing internal shifts to states of relaxation and balance.

I hereby authorize the energy healing consultation and services described above, and certify that I understand the nature of this health care method, including the risks of possible adverse reactions and choices I may have about other approaches. I understand that no recommendations are being made to me to discontinue any treatment being provided by any other health care professional. I have been adequately informed, and questions that I have asked have been adequately answered. I represent that I am seeking assessment and consultation in order to further my own health and for no other reason and do not represent a third party. I am aware that I may withdraw this consent and discontinue following the recommendations at any time.



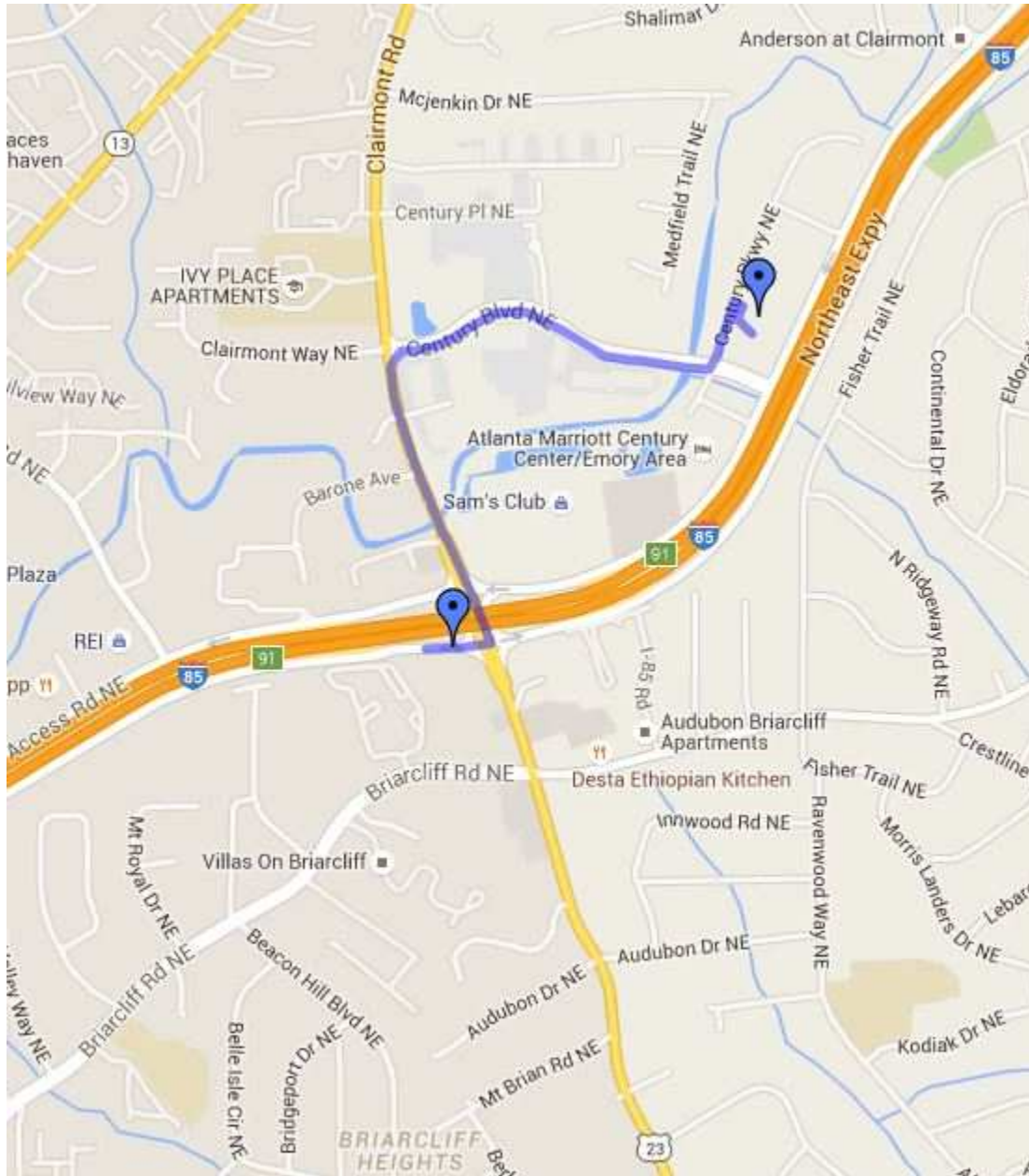
## **Directions to Bridges to Health**

### Going Northbound on I-85:

From I-85, take exit 91 (Clairmont Rd) and make a left turn. After you go under the overpass, drive past the stoplight in front of McDonald's and Sam's Club then make a right at the next stoplight at Century Blvd. At the next stop sign, make a left turn onto Century Parkway then make a right into the parking lot of the white Highwoods building. Enter at the ground level and take the elevator to the 1<sup>st</sup> floor. Make a right out of the elevator then make a left down the hallway. Our office is on the left at the end of the hallway.

### Going Southbound on I-85:

From I-85, take exit 91 (Clairmont Rd) and make a right turn. Drive past the stoplight in front of McDonald's and Sam's Club then make a right at the next stoplight at Century Blvd. At the next stop sign, make a left turn on Century Parkway then make a right into the parking lot of the white Highwoods building. Enter at the ground level and take the elevator to the 1<sup>st</sup> floor. Make a right out of the elevator then make a left down the hallway. Our office is on the left at the end of the hallway.



Dave Ou, M.D PC 2200 Century Pkwy NE #120, Atlanta, GA 30345 404-418-6010  
Email: [info@bridgestohealthatl.com](mailto:info@bridgestohealthatl.com) Website: <http://www.bridgestohealthatl.com>