

# Pre-Application to become a patient of Dr. Ou

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

Phone Number: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Date of Birth \_\_\_\_\_

I have reviewed the website and the new patient paperwork at <a href="http://www.bridgestohealthatl.com/contact">www.bridgestohealthatl.com/contact</a>	Y	N
I have read the information on ART and the ART informed consent (pages 9 & 39 of the new patient paperwork)	Y	N
I have read Dr. Ou's comprehensive protocol on pages 9-10 of the new patient paperwork	Y	N
I have read Dr. Ou's article on Public Health Alert (see link at <a href="http://www.bridgestohealthatl.com/contact">www.bridgestohealthatl.com/contact</a> )	Y	N
I have read Dr. Ou's article as part of the Healing Chronic Illness Series at Well Scent (see link at <a href="http://www.bridgestohealthatl.com/contact">www.bridgestohealthatl.com/contact</a> )	Y	N
I have read the reasons of why some people do not get well (page 5 of the new patient paperwork) and I believe they will not significantly limit me.	Y	N
I have scanned Bridges to Health's Facebook page at <a href="http://www.facebook.com/bridgestohealthatl">www.facebook.com/bridgestohealthatl</a> and I resonate with most of the posts	Y	N
I understand there is a \$400 deposit needed to make an appointment (see <a href="http://www.bridgestohealthatl.com/contact">www.bridgestohealthatl.com/contact</a> )	Y	N
I understand Dr. Ou's financial policy (pages 1, 6, 27-29 of the new patient paperwork)	Y	N
Have you received a COVID vaccine or other EUA product such as Paxlovid, Remdesivir, etc. ? (Note: Dr. Ou's system does not work well in those who have received it)	Y	N
I am making the appointment for myself (unless the patient is a minor)	Y	N

- What are your main health concerns that you'd like Dr. Ou to address?
- Briefly list the types of practitioners and treatments that you have tried so far for these concerns?
- How did you learn about Dr. Ou?
- Are there any specific services that you want such as certain tests, treatments, or protocols (eg. Hormones, antibiotics, Shoemaker protocol, Autonomic Response Testing (ART))?

In the past, we have found that some patients did not read the paperwork carefully enough and were surprised by Dr. Ou's approach. To make sure that you understand the highlights of his approach, please answer the following:

- Have you experienced bioenergetic testing before (ART, EAV, muscle testing, applied kinesiology)?  
--If yes, what type? \_\_\_\_\_
- Most of each appointment will be spent doing ART (Autonomic Response Testing). In the Youtube video (see bottom of ART article on page 8 of the new patient paperwork for the link and time) demo of ART, Dr. Klinghardt pushes on: (circle one)
  - a) The patient's arm (direct testing)
  - b) His assistant's arm (indirect testing as taught by Dr. Omura)
- In Dr. Ou's article, "My Model of Healing for Chronic Illness Recovery", at Public Health Alert, Dr. Klinghardt says there are how many Factors of Illness?
- According to the Frequently Asked Questions in the New Patient Paperwork, progress is usually: (circle one)
  - a) Smooth like riding an escalator
  - b) Resembles 2 steps forward, and one step back
- According to Dr. Ou's protocol (pages 9-10), where does he spend most of this time working on?

# 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
Stop your or other practitioners' supplement protocols if Dr. Ou finds them to be counterproductive to your health...	1 2 3 4 5
Modify your lifestyle (sleep habits, work schedule) .....	1 2 3 4 5
Have regular appointments to monitor your progress.....	1 2 3 4 5
Address emotional trauma if recommended.....	1 2 3 4 5
To see a biological dentist if recommended for findings such as mercury amalgams, root canals, or mixed metal crowns	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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date