



NATURAL, HOLISTIC SOLUTIONS FOR GREATER HEALTH AND WELLNESS

DR. ELIZA KLEARMAN, ND, MSOM, LAC
970 . 328 . 5678

Patient's Name: _____

Mailing Addresses: _____

City, State, Zip: _____

Telephone, daytime: _____ Telephone, evening: _____

May we leave messages at these numbers? Yes No

Email address: _____

Date of Birth: _____ Age: _____ Male Female

Credit Card # _____ Exp. _____ (for missed appointments)

Mother's Name: _____

Father's Name: _____

With whom does the child live? _____

Child's school: _____

Emergency Contact: _____

Relationship: _____ Telephone: _____

Physician's Name and Phone Number: _____

When was your child's last visit to the doctor's office? What was the reason?

Is your child under the care of a medical specialist? If yes, please explain.

Please list all hospitalizations and surgeries with dates and reasons for the procedures:

What is your child's most important health concern?

What are any additional health concerns?

What are your goals and expectations from our clinic? _____

How did you hear about us? _____

Please list any medical conditions that any member of your family has. Then indicate who in your family has had the condition.

Is there any old peeling paint inside or outside the home? _____

Is your child exposed to any toxic chemical in your home or at you work? _____

Are there any smokers in the household or childcare setting? _____

Are there any major stresses in your household or your child's environment?

Notice of Privacy Policy

Dr. Eliza Klearman, LLC uses health information about you for treatment, to help you obtain payment for treatment with your authorization as required (check your state laws), for administrative purposes, and to evaluate the quality of care that you receive.

Dr. Eliza Klearman, LLC will not disclose your information to others unless you tell us to do so, or unless the law requires us to do so.

Dr. Eliza Klearman, LLC may use your information to provide appointment reminders, information about alternative treatments or other health related issues.

Dr. Eliza Klearman, LLC may disclose your health information for public health activities, to funeral directors to enable them to carry out their activities, for organ and tissue donations, research, health and safety, governmental function, and in order to comply with workers compensation laws and regulations. You have a right to request restriction, report and retain a copy of your health records, request a communication of your information by alternative means at alternative locations, or revoke your authorization and request an accounting of your health records.

Dr. Eliza Klearman, LLC must obtain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or at alternative locations, and to obtain your written authorization to use or disclose your health information for any reasons other than those listed above and permitted under law.

If you have any questions or complaints, please contact the Privacy Officer Cheri McNeil and the Department of Health and Human Services at 970-963-6500.

Patient Signature

Date

Thank you for your time and consideration.

Dr. Eliza Klearman ND, MSOM, LAc., earned her Masters of Science in Oriental Medicine and her Doctor of Naturopathic Medicine from the National College of Naturopathic Medicine. She completed the combined degrees in six years which separately consist of a four-year doctorate and three-year masters program. She is board certified as a Licensed Acupuncturist by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and is licensed by the state of Colorado. She is also board certified and licensed as a Doctor of Naturopathy by the Oregon Board of Naturopathic Examiners (2004) and the state of Oregon. She is trained to treat patients using acupuncture, Chinese herbs, Qi Gong, and all naturopathic modalities.

Fee Schedule with Same Day Payment Discount:

Initial Pediatric (to age 15) Consultation is \$95

Follow-up fees are \$75

Cosmetic Acupuncture is \$150 each session for minimum required 10 sessions

Supplements and herbs are billed in addition to the cost of treatment

Dr. Klearman accepts cash, check, Visa, MasterCard, and American Express.

Payment is due at the time of treatment, unless prior arrangements have been made. 24 hour notice is required for cancellation. You will be charged \$50 for each missed appointment if proper notification is not given. A valid credit card number will be recorded at your initial visit and will be automatically charged for a missed appointment.

Eliza Klearman is in full compliance with all the rules and regulations of the Department of Health, using disposable stainless steel needles in the practice of acupuncture and proper sanitation of the acupuncture offices. As a patient, you are entitled to receive information about the methods of therapy, techniques used, and duration of therapy if it can be determined. You may seek a second opinion from another health care professional or may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Division of Registrations in the Department of Regulatory Agencies at: 1560 Broadway, Suite 1545, Denver, CO 80202. Bruce M. Douglas, director of this department, can be reached at (303) 894-2464.

I have read the above information and my signature endorses my understanding of the conditions.

Signature

Date

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