

THE WELLNESS CLINIC OF TUCSON

DR. KYLE NEELEY, N.M.D.



CONFIDENTIAL PATIENT INFORMATION. If you need help, please ask.

Today's date _____ Patient Name _____ Age _____ Birthdate _____
 Home Phone _____ Cell Phone _____ E-mail _____
 Address _____ City _____ State _____ Zip _____ Sex _____
 Marital Status _____ Occupation _____ Employed by _____
 Work address _____ City _____ State _____ Zip _____
 Work Phone _____ SS#(of parent if minor) _____ Referred by _____
 Name of nearest relative not living with you / relationship _____ / _____ Phone _____
 Name of spouse (or parent for minor child) _____ SS# _____
 Occupation _____ Employed by _____ Phone _____
 Work address _____ City _____ State _____ Zip _____
 Whom may we contact in case of emergency? _____ Phone _____

Chief Problem _____
 When did it start? _____
 How did it start/events surrounding (if you know)? _____
 What other health professionals have you seen for it? _____
 Do you have a primary care physician for this problem now? _____ Name _____ Phone _____
 What medications/supplements are you taking for it? _____

<u>Other health problems:</u>	<u>Started when?</u>	<u>Medications/Supplements for it:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

<u>Other Medications:</u>	<u>Reason for taking:</u>

<u>Allergies to:</u>	<u>Reaction Experienced:</u>

Do you have Insurance? _____ Primary Insurance company _____

I understand, have read, and agreed that the practitioners share a common vision of well being for their patients. However, each Health Care Practitioner is an Independent Contractor and is not an employee. All health providers handle their own malpractice insurance and all liability for patients is the responsibility of the healthcare practitioners. By signing, I accept and acknowledge this. By signing this agreement the patient agrees to have any issue of medical malpractice decided by neutral arbitration, and gives up the right to a jury or court trial. However, by signing this agreement the patient does not waive his/her right provided in Arizona health and safety code to bring civil action against the facility for violations of the patient's Bill of Rights Act.

I hereby authorize examination and treatment _____

Signature(patient, parent, or guardian)

**AGREEMENT FOR ARBITRATION
BETWEEN HEALTH PRACTITIONER AND PATIENT**

The Patient and Ft. Lowell Commercial Center, LLC, Bienestar Medical Center, LLC, The Wellness Clinic, LLC, and Dr. Kyle Neeley understand that any dispute as to medical malpractice (that is, whether any medical services rendered under this contract were necessary or unauthorized or were improperly, negligently or incompetently rendered), will be determined by submission to arbitration as provided by Arizona law, and not by a lawsuit or court process, except as Arizona law provides for judicial review or arbitration proceedings. The Patient and the Facility further agree that any dispute arising between them from torts, contracts or otherwise, including any claims for punitive damages and any actions brought on behalf of the Patient by third parties, but excepting claims pertaining to the amount of the Facility's charges, shall be submitted upon the request of either the Patient or the Facility to arbitration as provided by Arizona law.

By signing this arbitration agreement below, the Patient, and/or Legal Representative, and/or Agent, if any, agrees to be bound by the foregoing arbitration provisions. The execution of this arbitration agreement is necessary for admission to the Facility. This legal concept is to reduce treatment costs and to bring both parties together to solve any possible disagreements or legal issues that may arise between the Patient and the Facility.

This arbitration agreement binds the parties hereto, including their heirs, representatives, executors, administrators, successors, and assigns of such parties.

NOTE: BY SIGNING THIS AGREEMENT THE PATIENT AGREES TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION, AND GIVES UP THE RIGHT TO A JURY OR COURT TRIAL. SEE THE FIRST PARAGRAPH OF THIS AGREEMENT. HOWEVER, BY SIGNING THIS AGREEMENT THE PATIENT DOES NOT WAIVE HIS/HER RIGHT PROVIDED IN ARIZONA HEALTH AND SAFETY CODE TO BRING CIVIL ACTION AGAINST THE FACILITY FOR VIOLATIONS OF THE PATIENT'S BILL OF RIGHTS ACT.

Time: _____

Patient

Date: _____

Legal Representative (if any)

Agent (if patient is incompetent)

Facility Representative

HEALTH CHECK LIST

Gastro Intestinal

- Colitis
- Constipation
- Crohn's Disease
- Ulcerative Colitis
- Diverticulitis
- Diverticulosis
- Gall Bladder Disease
- Hemorrhoids
- Fissures/Fistulas
- Liver Trouble
- Cirrhosis
- Rectal Bleeding
- Vomiting Blood
- Cancer
- Family History of Colon Cancer

General

- Headaches
- Insomnia (loss of Sleep)
- Dizziness
- Fainting Spells
- History of Seizures
- Fatigue
- Depression
- Enlarged Thyroid
- Other: _____

Respiratory

- _____ Shortness of Breath
- _____ Chronic Cough
- _____ Vomiting Blood
- _____ Emphysema
- _____ Bronchitis
- _____ Asthma (wheezing)

Muscle & Joint

- Arthritis
- Bursitis
- Low Back Pain
- Neck Pain
- Other Pain: _____
- Swollen Joints

Genito-Urinary

- Kidney Infection or Stone
- Painful Urination
- Prostate Trouble
- Kidney Failure

Skin

- _____ Bruise Easily
- _____ Dryness
- _____ Itching
- _____ Rash

Women Only

- Painful Menstruation
- Last Period _____
- Vaginal Discharge
- Are you Pregnant (Y/N)

Self Insertion (For Hydro-Colon Therapy Only)

- I wish to self insert the speculum
- I do not wish to have a protocol before speculum insertion
- I do not know, please discuss with me

Dietary Habits

- Breakfast: _____
- Lunch: _____
- Dinner: _____
- Snacks: _____
- Liquids: _____

Do you drink liquids with meals? Yes No

This Information is Correct. Please Sign Below:

NOTE:

****Please disregard this page if you are not receiving this treatment****

COLON HYDROTHERAPY

- Colon Hydrotherapy is alternative or complementary to healing arts services licensed by the state.
- The services of Colon Hydrotherapy and the Therapist that provide the services are not licensed by the state.
- The Session of Colon Hydrotherapy includes the following procedures:
 1. The client will insert and retract the speculum.
 2. Warm (temperature and pressure controlled) water will flow into colon softening the fecal material which will be released through normal peristalsis into the sewer.
 3. Your dignity and modesty will be maintained at all times
 4. The session will last approximately 30-45 minutes.
- The theory of colon hydrotherapy treatment is more historical and intuitive rather than scientific, as there have not been any studies to validate the effectiveness of this modality. However, many cultures and societies believe that a clean colon can enhance the health of the individual. This started thousands of years ago with the simple enema and has evolved into the present day colonic. Many people simply report they feel better after a colonic. On the other hand, there are a growing number of health care practitioners that believe in the concept of auto-intoxication, that a sluggish bowel (one that is not regular) allows the body to reabsorb toxins from the colon. This theory may or may not have validity depending on who you listen to, but we know there is an increased level of toxins in our environment and common sense tells us that anything we can do to assist the body in ridding itself of toxins should have some value.

I acknowledge that I have read the above disclosure and have been given a copy of this document. This information was provided to me in a language I can read and understand.

Patient Signature

Date