

## Patient Orientation Packet

Thank you very much for choosing the Medical Practice at Nouriche. At Nouriche, we are striving to offer you a different experience in medical care...one that takes into account the many influences on health. The evolution of each human being is highly dependent on their health and the confidence that radiates from this attribute. Each person holds a vision of their true idea of health. We know our patients are seeking information and consultation regarding their health that will empower them to make their own decisions thereby creating an optimum lifestyle.

We want to help our patients live the longest, most productive life possible and infect their communities with progressive medical ideas and strategies.

Healthy relationships are built on good communication and boundaries. In order to foster the best communication, long term relationship and provide the best medical care, we would like to clarify the services we offer and help you understand what to expect.

Please feel free to offer suggestions anytime. We are dependent on your feedback to improve our processes and procedures. We are continually working towards optimizing our use of technology and your cooperation and understanding is appreciated as we grow and change.

Disclosure: Dr. Cobb and her staff are all trained in conventional medicine but many of the ideas and recommendations we offer are considered more in line with the principles of functional medicine which is a system based approach to health. We recommend exploring the Institute for Functional Medicine's website. In order to fully benefit from these ideas, a patient should enroll in the wellness program which is not covered by insurance.

**PLEASE VISIT OUR WEBSITE – [www.nourichemedspa.com](http://www.nourichemedspa.com)**

Please refer to our website for updates on seminar schedule, specials, patient forms and policies.

A METAGENICS STORE is available through our website for your convenience to purchase supplements

### TEAM Nouriche

Sharon Bell	- Billing questions	Phone: 512-712-4217
Melissa	- Insurance inquiries/patient intake	Phone: 337-456-7303
Stacey	- Scheduling & Medical Records.	Phone: 337-456-7304
Mary Beth Langlinais	- Registered Dietitian, Weight loss coordinator	
Jasmine	- Integrator, LPN, patient messages,	Phone: 337-456-7309
Asia Jones	- Medical Coordinator	Phone: 337-456-7307
Tamara	- MA medical assistant, Diagnostic scheduling, Precertification, and new patient scheduling	Phone: 337-266-9985
Jenn	- LPN, medication refills and precertifications, referrals.	Phone: 337-456-7308
Jennifer Menard Piker	- PAC	
Erica Dugas	- licensed medical aestheticians	
Cassie Fox	- licensed medical aestheticians	
Luci Theriot	- licensed medical aestheticians	Phone: 337-456-7301
Rometa Horton	- Accounting	Phone: 337-456-7312

### WHAT YOU CAN EXPECT AT YOUR FIRST APPOINTMENT

It is our policy that ALL new patients see Jennifer Piker, PAC for their very first visit. Jennifer will orient you to the the clinic, perform a comprehensive exam and history review, review your goals, set a treatment plan, prescribe medications if needed, order lab work/testing and have you schedule a return visit with Dr. Cobb to review labs/testing and followup on treatment plan. Dr. Cobb and her PA work very closely together to offer the best care possible to our patients. It is important to get to know and trust our whole team as we are all working together to help meet all your health care needs.

If you have not been seen in 2 years, you will be considered as a new patient and will need to complete the intake process again. Please complete the basic history and physical form attached. Please add additional surgeries or history that may not be addressed on the form or anything else you feel is important: work environment, pets, food allergies, stress level, travel history, etc .

We need to receive this information 34 days prior to your visit as it allows us adequate time to input your information into our computer and verify your insurance which can facilitate your visit. Our goal is to ultimately provide you with a copy of your medical visit each time either via paper or via the portal and help you develop an up to date personal health record.

If you were referred to Dr. Cobb by another provider, please request a letter be sent to Dr. Cobb outlining that physician's concerns and any pertinent medical history. A release of Information form is included for your convenience. Please forward a copy of it to any medical providers whose records you wish to transfer for review or completeness. Please make every effort to bring these with you to your appointment.

- Please bring the following with you to your appointment:
- Insurance ID Card and Photo ID
- A list of all medications including dosages and directions (supplements, herbs and OTC medications included)
- Any diagnostic testing results (labs, xrays etc) done within the last year
- Medical records from other treating physicians
- Your new patient forms including: (these forms should be submitted to you by fax or mail when your appointment is made. They may also be accessed at [www.nourichemedspa.com](http://www.nourichemedspa.com) or picked up at the office.)
  - Patient Registration, Assignment of Benefits, Living will
  - Authorization to disclose PHI and medical records release
  - Patient Portal Agreement and HIPAA Authorization
  - Health History Profile

**IF FORMS ARE NOT RECEIVED 48 HOURS PRIOR TO YOUR APPOINTMENT, YOUR APPOINTMENT WILL HAVE TO BE RESCHEDULED. PLEASE CALL TO MAKE SURE YOUR FORMS ARE RECEIVED MEDICATION REFILL POLICY**

The following information is designed to assist you with medications refills.

To expedite your refill requests we recommend that you either have your pharmacist submit the request electronically or you submit your request through the patient portal. Using the patient portal has increased efficiency a great deal and we recommend that you utilize it to its fullest.

If you do not have refills left, this may be an indication that you need to be seen by your doctor. Please contact us 1 week before you need your medicine. If you are taking medication for diabetes, high blood pressure, cholesterol or a diuretic among other high risk medications, you will need to have blood work done and office visits every 34 months. You can make a lab only appointment and a subsequent 2 week follow up with the receptionist.

Thyroid hormone adjustments require blood levels at 90 days. Hormone levels should be done yearly if you are stable, more often if not. We require a yearly physical type of appointment to review all of your history and medications.

If you have no medical issues you must be seen at least once per year to maintain a patient physician relationship.

Although we recommend that you use the patient portal to communicate with our office, there may be times that you need to phone us for a request, in that case you will need the following information:

1. Your full name and date of birth and your telephone number.
2. Name of medication (you may want to spell it), strength and dose 3 Name of your pharmacy, location and phone number.

If you use a mail order pharmacy, please contact us immediately after receiving your last filled prescription so we can schedule a followup appointment. We will need to have all the paperwork, fax numbers, etc so we can assist you.

Please try to stick with one pharmacy and alert us if you plan to change so we can update your chart.

Some prescriptions, such as narcotics and amphetamines, cannot be called in unless we have seen you recently or will be seeing you. These will not be refilled after hours. There are NO replacement scripts for lost prescriptions or controlled substances.

**Timeline for receiving refills:**

- For refills submitted electronically or through the portal, please allow 24 hours to process your request.
- For refills faxed in or phoned in, please allow 48 hours to process your request
- For medications requiring a physician signature please call one week in advance to allow for weekends or days when Dr. Cobb may not available to sign your prescription

**CONTROLLED SUBSTANCES**

WE DO NOT PRESCRIBE NARCOTICS ON A LONG TERM BASIS. We will support you while helping you find a pain management physician or a psychiatrist. We do not refill lost narcotic, amphetamine or benzodiazepine scripts on a long term basis. Here is a list of some examples of the medications that will only be prescribed for a short term basis:

Klonopin	Ambien	Norco
Xanax	Lortab	Lunesta
Lortab	Restoril	

## INSURANCE

Bring your current insurance card and a picture ID to every visit. You will be asked to pay your insurance copay or any required coinsurance and deductible amount at the time of your visit. It is advisable to call us or forward your insurance information prior to your visit so we can verify your coverage.

**\*\*Medicare does not cover immunizations or injections. As of January 1, 2016, Medicare will enforce payment of a \$166 yearly deductible. These are not commonly paid by secondary insurance. Please be prepared to pay this amount at your visit.\*\***

If you do not have insurance, you will be expected to pay in full at the time of your visit. We accept cash, personal checks, VISA/MasterCard/Discover/ American Express/ Care Credit. If you have any billing concerns, please ask to speak with Melissa.

**Please be aware there are many services available to you at Nouriche that are not covered by insurance. Some of these are adjunctive tests, treatments or diagnostic procedures that are considered nonconventional but others are routine blood tests (ie: preop labs) .**

You may be given an **advanced beneficiary notice**. This is used to authorize services/labs that the doctor believes you need but the insurance company may feel otherwise (saliva tests, spectracell tests, Medicare testing limit requirements, hsCRP, homocysteine levels, etc) . Most insurance companies will not pay for mental health services at 100%. This includes complaints and diagnoses such as depression, anxiety, attention deficit and insomnia. Some insurance companies may not reimburse for hormone replacement treatment or testing.

**Be aware** of what a **wellness visit** covers. It varies from plan to plan.

**Please be aware that our staff does not know what each insurance company covers. You are responsible for knowing what your insurance plan does and does not cover and understanding your financial obligations. We do not file insurance claims for functional medicine lab tests or motor vehicle related visits.**

## LAB

Labcorp offers phlebotomy services at Nouriche as a courtesy. We prefer you have your labs drawn here as it is easy for us to track the results using our EMR system. All lab draws are scheduled on a first come first serve bases using a number system. Please help us expedite receipt of your results by informing us if you will be using an outside lab as many places do not automatically fax us the results. **We do not benefit financially from Labcorp in any way. Your billing questions should be directed to Labcorp.**

We are a draw site for Spectracell, ALCAT and Genova/Metamatrix. We cannot draw any later than 3 pm for these tests (and not on Fridays) as they need to be sent via fed ex. Note it takes 34 weeks for these results to come in.

## EMERGENCIES

If you have a clinical emergency (chest pain, fracture, fainting, acute SOB, anaphylaxis, etc)during office hours, call 911. Please ask to speak to the doctor or Ms Piker if you have an urgent matter. Depending on the nature of the complaint, you may be seen in the office that day or be referred directly to the ER. If you have a nonemergent issue, a doctor or doctor's representative will respond within 48 hours. If urgent, please state so we may respond that same day.

Same day appointments will always be offered to see Dr. Cobb if she is available or with her physician assistant, Jennifer Menard Piker. One of our team members will be available 24/7 via our answering service. Dr Cobb does not do hospital work currently. We will refer you to LGMC, Heart Hospital or OLOL hospitalist service if admission to a hospital is warranted. f you are seen in an ER or urgent care center, please bring your results and records with you to your follow up appointment along with any new prescription drugs prescribed.

## PHONE & PATIENT PORTAL POLICY

We are so excited to be able to offer our patients a whole new level of communication with our office. We offer you (through a secure website link) a means to request refills, schedule appointments, cancel appointments, send messages directly to individual staff members' mailboxes, and view your lab results and health record. We can also send you a copy of your health summary electronically after the visit and send you messages as well.

### How do I sign up?

You must first sign the portal agreement which explains privacy, usage, etc. Once this is signed a secure username and password will be generated and sent to your email. Once you have logged on to the portal you will be able to change your password to something you may better remember.

### How do I log on?

The easiest way to log on is to go to our website at <http://nourichemedspa.com/> open the "Current Patients" tab and choose "Patient Portal", click on "login" and enter your ID and password.

If you have any problems navigating the portal please contact **Stacie** at **337-456-7304** or at **sguilbeau@nourichemedspa.com**.

## How can I use the portal to aid in my health care?

- Request appointments
- Look up appointment dates and times
- Request medication refills
- Update medical history prior to appointments
- Update medication changes
- Receive copies of results, visit notes, etc.
- Communicate with office staff. The team checks their portal messages frequently throughout the day. It is a much less time consuming way to communicate with you by virtually eliminating the dreaded phone tag!!

## PHONE POLICY

Our clinical team member will return your phone call by the end of the next business day. Leaving multiple messages will not expedite your response; it will only increase the time they are listening to messages and takes away time to answer those messages. If you have a medical emergency, please call 911 ASAP.

If you have to leave a message please make sure you speak clearly and leave the following information:

- Full name as it is on your chart, no nicknames.
- Date of birth
- Phone number where you can be reached
- Name of medication, spelled if you are unsure of how to pronounce it
- Dosage and directions for medication
- Pharmacy name, phone number and address (at least the street name)

## PATIENT RESPONSIBILITY

- 1) Never assume any test was normal. We prefer to review lab and imaging results in person, therefore, you will be scheduled for a return appointment 23 weeks following your testing. However, you will receive your results via the patient portal when they come in with a note from either Jennifer, PAC or Dr. Cobb. **PLEASE USE THE PORTAL!! If there is an emergent or life threatening abnormality, Dr. Cobb or her PA will call you right away.**
- 2) Please alert Dr. Cobb to any developments in your health: hospitalizations, ER visits, new medications, surgeries, consultations with other doctors including chiropractors, naturopaths.
- 3) Keep a copy of all of your medical records
- 4) Medications usually expire because labs need to be drawn or the doctor needs to see you prior to a refill.
- 5) If you would like an assistant present in the room at any time as a witness or to assist with an exam, please let us know.
- 6) If you miss 2 or more appointments without contacting us, we will assume you wish to transfer your care elsewhere and will discharge you from our clinic.
- 7) If we have not seen you in over a year, we will contact you to determine if you wish to continue your relationship with your clinic. Please notify us if you wish to change providers so we may document properly and send your medical records to appropriate clinic. It is Dr. Cobb's policy that you be seen yearly for a review of health issues and for a yearly physical. Please check with your insurance on how we should code this and what they consider to be included at this visit.
- 8) We reserve the right to charge \$25 if you do not give us a 24 hour notice of cancellation of a scheduled appointment. We have a waiting list and can give this appointment to another patient.
- 9) Toradol, Depomedrol and Rocephin shots are given for a fee for 30mg or 60mg if insurance does not cover.
- 10) B12 shots are \$25. Lipo B shots are \$40
- 11) Forms to be filled out will be charged \$25-50 depending on length of form
- 12) Telephone visits are \$50 and need to be scheduled
- 13) Medical Records can be obtained for a fee of \$25

**PATIENT REGISTRATION INFORMATION PATIENT PERSONAL INFORMATION**

Name (First, middle and last ):

Date of Birth:

Gender: Male Female

SS #:

Married Single Divorced

Home Phone #:

Work #:

Cell #:

Email:

Address:

Apt#

City:

State:

Zip:

**PATIENT'S RESPONSIBLE PARTY INFORMATION**

Name(full name):

Date of Birth:

Social Security #:

Home Phone #:

Work Phone #

Cell #:

Address:

Apt#

City:

State:

Zip:

Email:

**PATIENT'S INSURANCE INFORMATION**

*PRIMARY Insurance*

Name:

Address:

City: State: Zip:

Policy #: Group#

CoPay:\$ Insurance Name:

*CONDARY Insurance Name:*

Address: City: State: Zip:

Name of Insured if 2ndary is different from stated above:

Date of Birth:

Relationship to Insured: Self Spouse Child Other

**PATIENT'S REFERRAL INFORMATION (Who may we thank for this referral?)**

Name: Address: Zip:

State:

Phone:

Fax:

Date of Birth:

Relationship to Insured: Self Spouse Child Other

**||||D@5G9`6F-B; `5`7CDMC: `MCI F`-BGI F5B79`75F8G`UbX`8F-J9FB`@79BG9||||**

**D5H9BHB`F9: 9FF5 @-B: CFA5HCB`fk\ c`a Unik Y`h Ub\_`Zf`h Jg`fYZffU3L**

Name: Á Address: Á

Ú@}^K Fax:Á State: Zip:

**D<5FA57M-B: CFA5HCB**

Name: Address:

Phone: Fax: State: Zip:

**EMERGENCY CONTACT**

Name: State: Zip: Relationship:

Address: Work Phone #: Cell #

Home Phone #: PHONE NUMBER:

PREFERRED LAB FAX NUMBER:

**ASSIGNMENTS OF BENEFITS/FINANCIAL AGREEMENT/OFFICE POLICY REGARDING INSURANCE** I hereby authorize Kelly L Cobb MD, APMC to release medical records pertaining to my physical condition and treatment to insurance companies and treating providers .

I authorize the release of information to Kelly Cobb Md, APMC that may be necessary for claim reimbursement from insurance companies to whom claims may be submitted.

I hereby give lifetime authorization for payment of insurance benefits to Dr. Kelly Cobb, APMC and any assisting physicians/PA for services rendered.

**I acknowledge that payment is due at the time of treatment, unless other arrangements have been made.**

If the patient is not the responsible party, I agree that parents, guardians or personal representatives are responsible for all fees and services or items provided to me, to my minor child, or to the patient for whom I have legal responsibility.

I understand that filing a claim with my insurance company does not relieve me from my responsibility for the payment of all charges.

**As of January 1, 2016, Medicare requires a \$166 deductible be paid yearly before they will cover any service. This is not being picked up by secondary insurances.**

This authorization and assignment may be revoked by me at any time by a written notice.

**I understand that I am financially responsible for all charges whether or not they are covered by insurance. Insurance is covering less and less. Please be aware of what your insurance covers. We can not know what every policy covers and even a precertification is not a guarantee of payment.** In the event of default, I agree to pay all costs of collections, and reasonable attorney's fees. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Motor vehicle related visits must be separate visits. These are not billed to insurance.

Signature of responsible party

Signature of patient:

Date

## ELECTRONIC PAYMENTS

Insurance plans are getting more and more complicated as to how they determine what a medical practice can collect and what the you the patient actually owes. It is our goal to reduce and minimize expenses as much as possible. After the insurance pays, the patient owes their deductible, coinsurance, copay or any noncovered service.

In our effort to make our policies and symptoms more cost effective for everyone, we are asking that all patients have a credit, HSA, or debit card on file. Your information will be stored in our secure electronic medical record system (EMDs). Similar to how credit cards are stored on Amazon or PayPal. Your on file card will not be charged until the Explanation of Benefits (EOB), contractual writeoff and payment are reflected on your account from your insurance company. Our business office will contact you to inform you of the amount that will be charged to your card on file. This amount is the PATIENT RESPONSIBILITY per the insurance company. This policy will reduce the cost of multiple statements and reduce the amount of collection attempts.

We appreciate your cooperation and understanding.

**AUTHORIZATION TO CHARGE MY CREDIT CARD, HSA CARD OR DEBIT CARD FOR THE PATIENT RESPONSIBILITY PORTION PER THE INSURANCE COMPANY FOR SERVICES RENDERED.**

I authorize Dr. Kelly Cobb, M.D. to charge my credit card, HSA card or debit card with the balance due (patient responsibility) per my insurance EOB. I understand that the office will contact me prior to charging my card for verbal approval. I understand that I can dispute the charge at any time with my credit card company, however, the actual amount of the charge can only be disputed with my insurance company if I feel that the patient responsibility portion on the EOB is incorrect. Any change in the EOB by the insurance company must be sent to Dr. Kelly Cobb's office prior to any credit or additional charge being made to my credit, HSA, or debit card.

Patient Name:

Date of Birth:

Patient Signature:

Date:

**AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION (PHI)**

To comply with HIPAA guidelines, we need your permission to leave messages concerning your medical care. We always prefer to use patient portal as this is HIPAA compliant and all communication is automatically saved to your chart. Nouriche email is not encrypted at this time.

Please check the appropriate lines that apply.

Leave message on answering machine on any phone number listed in your chart

Leave message on cell phone or by SMS text.

Leave message with spouse: (Name)

Leave message with child: (Name)

Leave message with other person: (Name)

Do not leave message. Speak only with me.

Please check what information can be left.

Appointment time and date Lab results

XRay results

Physical therapy information

Any medical information including appointments scheduled by this office for you with other doctors.

No information can be left.

Patient Signature:

Date:

I understand that I may revoke this authorization in writing by sending a letter to the health care provider.

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

Patient Name:

Date of Birth:

NAME OF DOCTOR (s)/FACILITY AND PHONE NUMBER MEDICAL RECORDS BEING REQUESTED FROM:

Previous Primary care Provider:

Other Physicians:

Physician to receive records: Dr Kelly Cobb

Please bring in previous test results including the following:

- 1). Cardiac Workup
- 2). Imaging Studies
- 3). Lab History
- 4). Colonoscopy
- 5). Bone Density

Dates of service Health Information is covered by this authorization:

Start Date

End Date

Receipt of pertinent test results and/or records prior to your appointment will help the physician to access your needs and avoid duplicate testing.

Health Information related to the patient to be released under this authorization:

Complete Health Record
Immunizations
Lab Tests

Radiology Reports
Specific Physician:
Other:

A photocopy/facsimile of this authorization may serve as an original.

Patient Signature:

Date:

Patient Representative:

Date:

STATE OF LOUISIANA DECLARATION

Declaration made this day of I, (month, year), being of sound mind, willfully and voluntarily make known my desire

that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare: If at any time I should have an incurable injury, disease or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life sustaining procedures are utilized and where the application of life sustaining procedure would serve only to prolong artificially the dying process, I direct (initial one only):

That all life sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

That life sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively. I further direct that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

I choose to have Blood/Blood Products withheld or withdrawn (Initial only if applicable.) In the absence of my ability to give directions regarding the use of such life sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed:

City, Parish and State of Residence:

Witness

Witness

The declarant has been personally known to me and I believe him or her to be of sound mind.

State of Louisiana

I, being of sound mind, do hereby designate to serve as my attorney in fact for the purpose of making treatment

decisions for me should I be diagnosed and certified as having a terminal and irreversible illness and be incompetent or be in a continual profound comatose state with no reasonable chance of recovery, or otherwise mentally or physically unable to make such decisions myself.

Signed:

Date:

City and Parish of Residence:

The declarant has been personally known to me and I believe him or her to be of sound mind.

Witness:

Witness:

Sworn and subscribed before me, this

day of

**Notary Public My commission**

## FORMULARY BENEFITS DATA CONSENT FORM

Formulary Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

By signing below I give permission for Kelly L. Cobb, MD to access my pharmacy benefits data electronically through RxHub. This consent will enable

**Kelly L. Cobb, MD to:**

1. Determine the pharmacy benefits and drug copays for a patient's health plan.
2. Check whether a prescribed medication is covered (in formulary) under a patient's plan.
3. Display therapeutic alternatives with preference rank (if available) within a drug class for nonformulary medications.
4. Determine if a patient's health plan allows electronic prescribing to Mail
5. Order pharmacies, and if so, eprescribe to these pharmacies.
6. A historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub.

Please understand that this service eliminates the time consuming task of medication prior authorization, therefore if you refuse to consent this office will not perform any prior authorizations for any medications that are denied by your health insurance.

Patient Name (PRINTED)

Date of Birth:

Patient/Guardian Signature:

Date:

Dr. Kelly Cobb provides this site in partnership with eMDs for the exclusive use of her established patients. The patient portal is designed to enhance patient physician communications. All users must be established by a previous office visit.

We strive to keep all of the information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. Additionally, by using the patient portal, the user agrees to provide factual and current information.

The information on the patient portal is maintained by Dr. Kelly Cobb at the current physical facility 605 Silverstone, Ste 100, Lafayette, LA 70508. For questions about this site, contact Stacie @4567304 sguilbeau@nourichemedspa.com.

The patient portal does provide the following

- services: Medication refill requests
- Communication of laboratory results from staff to patient
- Review Patient's medical summary, medication list, treatment history and visitation dates
- Schedule requests
- Limited communication regarding ongoing treatment
- Patient communication and requests to any member of the staff

Refer to staff directory in the packet in order to choose the appropriate staff member for your needs.

**The patient portal is not intended to provide Internet based diagnostic medical services. Also, the following limitations apply:**

- No internet based triage or treatment requests. Diagnosis can only be made and treatment rendered after the patient schedules and SEES the doctor.
- No emergent communications or services. Any emergent conditions should be seen by Urgent Care, Emergency Department, or 911.
- No request for narcotic pain medication will be accepted.
- No request for refill medication not currently being prescribed by the physician will be accepted

**IMPORTANT PATIENT PORTAL INFO LOGGING OFF****ALWAYS EXIT COMPLETELY OUT OF YOUR BROWSER WHEN LOGGING OUT OF YOUR PATIENT PORTAL TO PREVENT ANYONE ELSE THAT MAY COME BEHIND YOU AND CLICK ON THE BACK ARROW.**

The patient portal is required by Dr. Cobb for all patients in order to better serve your healthcare needs in the most private and efficient manner possible. This will be Dr. Cobb and her staff's primary way to contact you regarding your health and should be your primary way to contact any member here at Dr. Cobb's office. You as a patient will find this service useful when trying to obtain information from the office or communicating with any member of the staff. It will eliminate problems we have had in the past such as: phone tag, busy phones, voice messages, etc. The portal will allow you to send messages securely to Dr. Cobb or any member of her staff and will allow us to share your labs and medical records with you as well.

The patient portal is provided in partnership with eMDs, our EHR software vendor and provider. The data is stored at Dr. Kelly Cobb's office. The data is on HIPAA compliant VPN with high level encryption that exceeds the HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. To the extent that it is possible, Dr. Kelly Cobb has undergone rigorous IT implementation and security standards exceeding industry recommendations.

Please read our HIPAA policy for information on how private health information (PHI) is used at Dr. Kelly Cobb's office. If you do not recall having signed a HIPAA agreement form, or need to reacquaint with our HIPAA policy, a print or electronic copy in PDF format will be provided to you for your review.

Once you have signed the Patient Portal User Agreement and have provided Dr. Kelly Cobb with a legitimate email address that is secure, you will be given our system generated unique user identification and password. The site may be accessed in two ways:

1. Directly by going to this URL; <https://www.gotomyclinic.com/nourichemedspa>
2. Visiting or website: <http://nourichemedspa.com/> and clicking on the "Current Patients" tab then choosing the "Portal" tab.

Upon acceptance by our patient portal system you will receive an email that will contain your unique user id and password along with a Patient Users Guide.

**Patient Acknowledgement and Agreement:**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with online communications between my physician and patient, and consent to the conditions outlined herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Dr. Kelly Cobb should I decide against using the patient portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for online communications. All of my questions have been answered with clarity.

Signature

Print Name

Date

Patient

Email Address

**SELLING NUTRITIONAL & HERBAL SUPPLEMENTS**

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201(g)(1), the term drug is defined as an "article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease." Technically, vitamins, minerals, trace elements, amino acids, herbs, or homeopathic remedies are not classified as drugs. However, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient's diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all of your health care providers fully informed about all medications and nutritional supplements, herbs, or hormones you may be taking.

Sale of Nutritional Supplements at Nouriche  
*You are under no obligation to purchase nutritional supplements at our clinic.*

As a service to you, we make nutritional supplements available in our office. We purchase these products only from manufacturers who have gained our confidence through considerable research and experience. We determine quality by considering:

- (1) the quality of science behind the product;
- (2) the quality of the ingredients themselves;
- (3) the quality of the manufacturing process; and
- (4) the synergism among product components. The brands of supplements that we carry in our facility are those that meet our high standards and tend to produce predictable results.

While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability (ability to be properly absorbed and utilized by the body), and effectiveness. The chief reason we make these products available is to ensure quality. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

If you have concerns about this issue, please discuss them with our staff. I,

have read and understand the above statement on

witnessed by

Date:



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Number of Children \_\_\_\_\_

Marital Status:     Single             Partner             Married             Separated             Divorced             Widow(er)

Are you recovering from a cold or flu? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Reason for office visit \_\_\_\_\_ Date began \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List current health problems for which you are being treated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What types of therapies have you tried for these problem(s) or to improve your health overall:

- Diet modification     Fasting     Vitamins/minerals     Herbs     Homeopathy     Chiropractic     Acupuncture     Conventional drugs
- Other \_\_\_\_\_

Do you experience any of these general symptoms on a regular basis?

- Debilitating fatigue             Shortness of breath             Insomnia             Constipation             Chronic pain/inflammation
- Depression             Panic attacks             Nausea             Fecal incontinence             Bleeding
- Disinterest in sex             Headaches             Vomiting             Urinary incontinence             Discharge
- Disinterest in eating             Dizziness             Diarrhea             Low grade fever             Itching/rash

Current medications (prescription or over-the-counter): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Laboratory procedures performed (e.g., stool analysis, blood and urine chemistries, hair analysis):

\_\_\_\_\_

\_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

Major hospitalization, surgeries, injuries. Please list all procedures, complications (if any), and dates:

Year	Surgery, illness, or injury	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle the level of stress you are experiencing on a scale of 1 to 10 (1 being the lowest):    1    2    3    4    5    6    7    8    9    10

Identify the major causes of stress (e.g., changes in job, residence or finances): \_\_\_\_\_

Do you consider yourself:     Underweight             Overweight             Healthy weight            Your weight today: \_\_\_\_\_

Have you had an unintentional weight loss or gain of 10 pounds or more in the last three months? \_\_\_\_\_

Is your job associated with potentially harmful chemicals (e.g., pesticides, radioactivity, solvents) and/or life threatening activities (e.g., firefighter, police officer, etc.)?

What are your current health goals: \_\_\_\_\_

\_\_\_\_\_

Any medication allergies? \_\_\_\_\_

\_\_\_\_\_

Other Current Medical Providers? \_\_\_\_\_

\_\_\_\_\_

## Medical History

- Arthritis
- Allergies/hay fever
- Asthma
- Alcoholism
- Alzheimer's disease
- Autoimmune disease
- Blood pressure problems
- Bronchitis
- Cancer
- Chronic fatigue syndrome
- Carpal tunnel syndrome
- Cholesterol, elevated
- Circulatory problems
- Colitis
- Dental problems
- Depression
- Diabetes
- Diverticular disease
- Drug addiction
- Eating disorder
- Epilepsy
- Emphysema
- Eyes, ears, nose, throat problems
- Environmental sensitivities
- Fibromyalgia
- Food intolerance
- Gastroesophageal reflux disease
- Genetic disorder
- Glaucoma
- Gout
- Heart disease
- Infection, chronic
- Inflammatory bowel disease
- Irritable bowel syndrome
- Kidney or bladder disease
- Learning disabilities
- Liver or gallbladder disease (stones)
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological problems (Parkinson's, paralysis)
- Sinus problems
- Stroke
- Thyroid trouble
- Obesity
- Osteoporosis
- Pneumonia
- Sexually transmitted disease
- Seasonal affective disorder
- Skin problems
- Tuberculosis
- Ulcer
- Urinary tract infection
- Varicose veins
- Other \_\_\_\_\_

## Medical (Men)

- Benign prostatic hyperplasia
- Prostate cancer
- Decreased sex drive

- Infertility
- Sexually transmitted disease
- Other \_\_\_\_\_

## Medical (Women)

- Menstrual irregularities
- Endometriosis
- Infertility
- Fibrocystic breasts
- Fibroids/ovarian cysts
- Premenstrual syndrome (PMS)
- Breast cancer
- Pelvic inflammatory disease
- Vaginal infections
- Decreased sex drive
- Sexually transmitted disease
- Other \_\_\_\_\_
- Date of last GYN exam \_\_\_\_\_
- Mammogram + -
- PAP + -
- Form of birth control \_\_\_\_\_
- # of children \_\_\_\_\_
- # of pregnancies \_\_\_\_\_
- C-section \_\_\_\_\_
- Age of first period \_\_\_\_\_
- Date of last menstrual cycle \_\_\_\_\_
- Length of cycle \_\_\_\_\_ days
- Interval of time between cycles \_\_\_\_\_ days
- Any recent changes in normal menstrual flow (e.g., heavier, large clots, scanty) \_\_\_\_\_
- Surgical menopause
- Menopause

## Family Health History (Parents and Siblings)

- Arthritis
- Asthma
- Alcoholism
- Alzheimer's disease
- Cancer
- Depression
- Diabetes
- Drug addiction
- Eating disorder
- Genetic disorder
- Glaucoma
- Heart disease
- Infertility
- Learning disabilities
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological disorders (Parkinson's, paralysis)
- Obesity
- Osteoporosis
- Stroke
- Suicide
- Other \_\_\_\_\_

## Health Habits

- Tobacco:
- Cigarettes: # /day \_\_\_\_\_
- Cigars: # /day \_\_\_\_\_
- Alcohol:
- Wine: # glasses/d or wk \_\_\_\_\_
- Liquor: # ounces/d or wk \_\_\_\_\_
- Beer: # glasses/d or wk \_\_\_\_\_
- Caffeine:
- Coffee: # 6 oz cups/d \_\_\_\_\_
- Tea: # 6 oz cups/d \_\_\_\_\_
- Soda w/caffeine: # cans/d \_\_\_\_\_
- Other sources \_\_\_\_\_
- Water: # glasses/d \_\_\_\_\_

## Exercise

- 5-7 days/wk
- 3-4 days/wk
- 1-2 days/wk
- 45 minutes or more duration per workout
- 30-45 minutes duration per workout
- Less than 30 minutes
- Walk: #days/wk \_\_\_\_\_
- Run, jog, other aerobic - #days/wk \_\_\_\_\_

- Weight lift: #days/wk \_\_\_\_\_
- Stretch: #days/wk \_\_\_\_\_
- Other \_\_\_\_\_

## Nutrition & Diet

- Mixed food diet (animal and vegetable sources)
- Vegetarian
- Vegan
- Salt restriction
- Fat restriction
- Starch/carbohydrate restriction
- The Zone Diet
- Total calorie restriction

## Specific food restrictions:

- dairy  wheat  eggs
- soy  corn  all gluten
- Other \_\_\_\_\_

## Food Frequency

- Number of servings per day: \_\_\_\_\_
- Fruits (citrus, melons, etc.) \_\_\_\_\_
- Dark green or deep yellow/orange vegetables \_\_\_\_\_
- Grains (unprocessed) \_\_\_\_\_
- Beans, peas, legumes \_\_\_\_\_
- Dairy, eggs \_\_\_\_\_
- Meat, poultry, fish \_\_\_\_\_

## Eating Habits

- Skip meals (which ones) \_\_\_\_\_
- \_\_\_\_\_
- One meal/day
- Two meals/day
- Three meals/day
- Graze (small frequent meals)
- Generally eat on the run
- Eat constantly whether hungry or not

## Current Supplements

- Multivitamin/mineral
- Vitamin C
- Vitamin E
- EPA/DHA
- Evening primrose/GLA
- Calcium, source \_\_\_\_\_
- Magnesium
- Zinc
- Minerals (describe) \_\_\_\_\_
- Friendly flora (acidophilus)
- Digestive enzymes
- Amino acids
- CoQ10
- Antioxidants (e.g., lutein, resveratrol)
- Herbs
- Homeopathy
- Protein shakes
- Superfoods (e.g., bee pollen, phytonutrient blends)
- Liquid meals
- Other \_\_\_\_\_

## I Would Like to:

### Energy, Vitality

- Feel more vital
- Have more energy
- Have more endurance
- Be less tired after lunch
- Sleep better
- Be free of pain
- Get less colds and flu
- Get rid of allergies
- Not be dependent on over-the-counter medications like aspirin, ibuprofen, antihistamines, sleeping aids, etc.
- Stop using laxatives and stool softeners
- Improve sex drive

### Body Composition

- Lose weight
- Burn more body fat
- Be stronger
- Have better muscle tone
- Be more flexible

### Stress: Mental and Emotional

- Learn how to reduce stress
- Think more clearly and be more focused
- Improve memory
- Be less depressed
- Be less moody
- Be less indecisive
- Feel more motivated

### Life Enrichment

- Reduce my risk of degenerative disease
- Slow down accelerated aging
- Maintain a healthier life longer
- Change from a "treating-illness" orientation to creating a wellness lifestyle