



Patient Acceptance Policy

Date: _____

Name (last, first) _____

Address _____

City, State, Zip _____

Phone (home) _____ Phone (work) _____

Sex _____ Age _____ Date of Birth _____ Spouse/Partner's Name _____

Children (ages, names) _____ Occupation _____ Employer/School _____

Whom may we thank for referring you to our office? _____

In order to best serve you, the *Patient Acceptance Policy* should be carefully reviewed. It is Dr. Fenske's opinion that you should be well informed on our expectations and clinical procedures. To prevent any misunderstandings or confusion on what to expect, Dr. Fenske would appreciate that you read the below steps and provide your signature. This would simply imply that you have read the *Patient Acceptance Policy* and understand what is expected of you.

PRIOR TO FIRST APPOINTMENT:

- 1. Completion of the following forms:** Patient Acceptance Policy, Patient Health History, Nutritional Assessment Questionnaire, Diet and Lifestyle Diary, Health Goals, Request for Records. These forms were developed to gather important information about your body. They will help Dr. Fenske more quickly "zero" in on the probable causes of your health problems. It is **VERY** important for you to carefully and thoroughly complete all of these forms and questionnaires prior to your first consultation with Dr. Fenske.
- 2. Medical Records** (see Request for Records form) from all physicians since you were **first diagnosed** with your health condition **MUST** be obtained prior to your initial appointment. This includes lab reports.

FIRST APPOINTMENT:

- 3.** At your initial appointment Dr. Fenske will review your case with you and provide a **detailed written report** based on the information you have provided. The cost for the one-hour appointment as well as Dr. Fenske's time for studying your forms / medical records is **\$200**.

BETWEEN FIRST AND SECOND APPOINTMENT:

- 4.** Based on your initial appointment and review of all your medical information, it may be necessary to complete **in-office** (urine/saliva-based) labs **and/or comprehensive blood chemistry labs**. These labs help uncover underlying weaknesses in the body that may result in disease. In-office labs include tests such as those for mineral and vitamin insufficiencies, malabsorption, and adrenal stress, among others. The blood chemistry test would include:
 - Comprehensive Executive Metabolic Panel, which includes 24 important disease markers such as SGOT, SGPT, GGT, Bilirubin (Liver), BUN, Creatinine, Uric (Kidney), Alkaline Phosphatase (Bone)
 - Cardiovascular Panel: Cholesterol, Triglycerides, LDL, HDL, Cholesterol/HDL Ratio, LDL/HDL Ratio
 - Thyroid Panel: T3, T4, and TSH
 - CBC differential: White Blood Cells and Red Blood Cells, Platelets
 - Inflammatory markers: Sedimentation Rate and C-Reactive Protein

5. Based on your medical history, questionnaires, medical records and initial consultation, it may be necessary to order additional, more **specialized medical laboratory tests**. You will be presented with detailed information on the specific tests recommended. The cost for your initial laboratory tests will be discussed at that time.

SECOND APPOINTMENT:

6. The time it takes to receive the results of your tests varies based on individual test processing time as well as on when you choose to initiate the test. When results are available our staff will call to schedule your second appointment. This appointment usually takes approximately one hour. You will be presented with a written report **detailing the results of your tests, the possible causes of your health problem and the recommended treatment protocol**. It is recommended that you have your spouse or a supportive family member attend this appointment to help process what is often a lot of information. The fee for this second appointment is **\$180.00 for 60 minutes**
7. Your treatment may consist of **dietary and lifestyle changes** as well as recommended **nutritional supplements**.
8. After this second appointment, you will meet with our **patient educator** to discuss implementation of specific recommendations.
9. **A progress questionnaire** will be given to you at your second office visit to complete prior to your third office visit. Completion of this questionnaire is important to monitor your progress.

AFTER SECOND APPOINTMENT:

10. Follow-up consultations will be scheduled every **3, 6 or 12 weeks** allowing you the opportunity to discuss your progress and any concerns with Dr. Fenske. Dr. Fenske will at this time determine what direction to take to help you continue your progress. Your cooperation in taking **“personal responsibility”** in your health care will go a long way in getting better. Consultations can be conducted either by phone or in person (at the office). The fee for follow-up consultations is based on the time required for the appointment (typically **\$60.00 to \$140**).
11. **Abnormal laboratory tests** will need to be re-evaluated. The success of your treatment will not only be measured on the reduction or elimination of your physical symptoms, but on abnormal laboratory tests returning to a normal status. Laboratory fees can vary depending on what needs to be re-tested.

Our goal at Fenske Holistic Healthcare Center is to provide high quality, personal service that is responsive to the healthcare needs of our patients. We require **payment for services at the time they are provided**. Insurance companies do not cover Functional Medicine consultations, nutritional supplements, or preventative lab services. Any specific questions you may have about coverage for our services should be directed to your insurance provider. Note: prices are subject to change without notice and the duration of each visit is approximate. Prices not only reflect the time spent with each patient but also the time studying your case between visits and the advanced training, expertise, and effort required to treat complex health conditions. We accept payment by cash, check, or credit card (Mastercard and Visa).

I have read and fully understand the **Patient Acceptance Policy**.

Patient (Parent/Guardian) Signature

Date

(The signature of Parent/Guardian hereby authorizes Dr. Nicole Fenske to provide care for the minor child listed as Patient).