

ADVANCED ALLERGY THERAPEUTICS

PATIENT INFORMATION

Last name _____ First name _____ Date _____

Address _____

Telephone Home _____ Work _____ Cellular _____

Email address _____

Age _____ DOB _____ Occupation _____

Who to reach in case of emergency and phone _____

How did you hear about AAT? _____

Are you currently receiving health care of any kind? With whom? _____

If yes, name of physician or other health care practitioners: _____

Conditions being treated: _____

What are your most important health concerns?

Please list tested or suspected allergies and related symptoms. Use the back of this page if necessary.

Foods _____

Seasonal _____

Drug/Other _____

Current medications. Please list any prescription or over the counter medications you are taking with daily dosages.

Do you have a current medical condition (e.g. epilepsy, pregnancy)? _____

Do you smoke? Please circle Yes No

Please read the New Patient Information form. Sign below when you have finished.

Yes, I have read and understand the items listed on the New Patient Information form.

Signature (Parent or Legal Guardian if under age 16) _____ date _____

NEW PATIENT INFORMATION AND FINANCIAL POLICIES

In order to receive the best possible results, it is important to read and understand the following information.

- Some cases may require treating preliminary items that are contained within a substance, such as vitamins, minerals, phenolics and/or sugars. For example, sugar may need to be addressed before proceeding with alcohol, grains or fruit.
- After addressing any preliminary items, patients may choose in which order remaining items are treated.
- It is sometimes possible to treat numerous items in one session if they are all part of the same family. For instance, dairy products (milk, cheese and yogurt) and calcium might be treated together. But dairy and wheat, or tomatoes and pollens may not be addressed in the same session. If they are, the treatment will not be successful.
- We cannot guarantee how many sessions each substance will require to reduce the symptoms associated with that substance.
- When addressing a condition, rather than sensitivity to a single substance or family of substances, multiple items may be contributing to that condition or set of symptoms. Therefore such a condition may require multiple sessions to relieve the symptoms of the condition.

Please adhere to the following guidelines.

- As a courtesy to our other patients who may have strong sensitivities, please do not smoke or wear perfume or fragrances prior to coming in to the clinic.
- Do not eat or chew gum during the session.

FINANCIAL POLICIES

- **The clinic has a 24-hour cancellation policy. Late cancellations or no-shows will incur the charge of the session missed and will be payable at the following session or within 30 days.**
- **Please arrive on time to your appointment. Late arrivals may be rescheduled and will be considered a no-show if the office schedule does not allow enough time for the appointment. Please call if you are running late to find out if you can be accommodated.**
- **Payment is due at the time services are rendered and may be made in the form of cash, check, Visa, MC or Discover.**

I have read and agree to all the above guidelines and policies.

Signature of patient or parent _____ Date _____