Suzanne Peppell, N.D.
Phone: 610.759.7001

1457 Hildenbrandt Road
Wind Gap, PA 18091

Name _____ Date _____

Address _____ Phone (home) _____

_____ Phone (work) _____

E-mail _____ Phone (cell) _____

I prefer to be contacted: ☐ at home ☐ at work ☐ cell phone ☐ doesn't matter

Emergency contact _____ Phone _____

Date of Birth _____ Age _____ Sex _____ Occupation _____

Primary Care Doctor _____ Date of Last Visit _____

Please list your current health concerns.	How long have you had this problem?	How are you currently treating this problem? Include both doctor-prescribed & self treatments.
1.		
2.		
3.		

Who may I thank for referring you? _____

Name _____ Date _____

List all food, drug, and environmental ALLERGIES you have.

_____
_____
_____
_____
_____

List all HOSPITALIZATIONS and SURGERIES. Include dates.

_____
_____
_____
_____
_____

List ALL prescription & over-the-counter MEDICATIONS you are currently taking.

Medication	Amount

Do you . . .

Feel safe at home?	Yes	No
Have a gun in the house?	Yes	No
Use recreational drugs?	Yes	No
Enjoy your work?	Yes	No

When was the last time you saw a . . .

Primary care doctor? _____
Dentist? _____
Eye doctor? _____
Gynecologist? _____

Is there a FAMILY HISTORY of the following?

	Who?		Who?
Cancer	_____	Diabetes	_____
Heart disease	_____	Mental illness	_____
Stroke	_____	Allergies/Hayfever	_____
Alcoholism	_____	Thyroid disease	_____
Liver disease	_____	Gallbladder disease	_____
Arthritis	_____	High blood pressure	_____
Anemia	_____	Kidney disease	_____

Healthy Living Questionnaire

Patient Name: _____ **Date:** _____

Age:_____ **Gender:** ❑ **Male** ❑ **Female**

Current Weight: _____

Do you consider yourself:
❑ **underweight** ❑ **overweight** ❑ **just right**

Unintentional weight loss or gain of 10 pounds or more in the last three months: Yes ❑ **No** ❑

Recent changes in your ability to:
❑ **see** ❑ **hear** ❑ **taste**
❑ **smell** ❑ **feel hot/cold sensations**

1. Check the Following Statements That Apply:
- ❑ Occasionally or frequently skip meals
- ❑ Suffer from fatigue
- ❑ Currently overweight
- ❑ Crave sweets or carbohydrates
- ❑ Crave stimulants, such as caffeine or soft drinks
- ❑ Suffer from chronic pain
- ❑ Suffer from headaches

2a. Activity Level – Check Your Current Level of Work or Lifestyle:
- ❑ **Level 1 – Very Light Work:** Sitting, standing, driving, reading, computer, etc.
- ❑ **Level 2 – Light Work:** Light housework, labor, childcare, mechanic, some sitting, etc.
- ❑ **Level 3 – Moderate Work:** Heavy gardening, housework, labor, no sitting, etc.
- ❑ **Level 4 – Heavy Work:** Heavy manual labor, construction, digging, etc.

2b. Exercise Level – Check Your Current Level of Exercise:
- ❑ **None**
- ❑ **Level A – Light Exercise:** 1-3 times per week, easy pace, stretching, walking, etc.
- ❑ **Level B – Moderate Exercise:** 2-3 times per week, moderate pace, some weights, etc.
- ❑ **Level C – Heavy Exercise:** 3-4 times per week, vigorous pace, weights, fast running, etc.

3. Balance Eating – Check Which Apply:
- ❑ 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 of:
  - ❑ dairy ❑ wheat ❑ eggs
  - ❑ soy ❑ corn ❑ all gluten
- ❑ Other_____

Servings per day:
Fruits (citrus, melons, etc.)_____
Dark green or deep yellow/orange vegetables_____
Grains (unprocessed)_____
Beans, peas, legumes _____
Dairy, eggs_____
Meat, poultry, fish_____

4. Eating Frequency – Check Which Apply:
- ❑ Skip breakfast or other meals_____
- ❑ Three meals/day
- ❑ Two meals/day
- ❑ One meal/day
- ❑ Graze-small frequent meals (how many/day) _____
- ❑ Generally eat on the run

5. Exercise Frequency and Schedule – Check Which Apply:
- ❑ 5-7 days per week
- ❑ 3-4 days per week
- ❑ 1-2 days per week
- ❑ 45 min or more duration per workout
- ❑ 30-45 min or more duration per workout
- ❑ Less than 30 min
- ❑ Use of personal trainer
- ❑ Member of fitness club
- ❑ Own exercise equipment
- ❑ Walk: days/week _____
- ❑ Run, jog, jump rope, other aerobic: days/week_____
- ❑ Weight lift: days/week_____
- ❑ Stretch: days/week_____
- ❑ Yoga: days/week_____
- ❑ Other_____ days/week_____

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6. Stimulant Use Habits – Check Which Apply:

❑ Tobacco:
- Cigarettes: #/day_____
- Cigars: #/day_____
- Pipe: #/day_____

❑ Alcohol:
- Wine: # glasses/day or week_____
- Liquor: # ounces/day or week_____
- Beer: # glasses/day or week_____

❑ Caffeine:
- Coffee: # of 6 oz cups/day _____
- Tea: # of 6 oz cups/day _____
- Soda w/caffeine: # of cans/day _____
- Soda w/o caffeine: # of cans/day _____
- Other sources_____

❑ Water:
- # glasses/day _____

7. Stress Habits – Check Which Apply:

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

Is your job associated with potentially harmful chemicals, pesticides, radioactivity or solvents: Y ❑ N ❑
Do you suffer from insomnia/sleep disorders? Y ❑ N ❑
Do you often abruptly awake from sleep? Y ❑ N ❑
Do you suffer from depression/mood swings? Y ❑ N ❑

8. Supplement Use Habits – Check Which Apply:

❑ Multivitamin/mineral
❑ Vitamin C
❑ Vitamin E
❑ EPA/DHA
❑ GLA (Evening primrose)
❑ Calcium, source_____
❑ Magnesium
❑ Zinc
❑ Minerals, describe_____
❑ Friendly flora (acidophilus)
❑ Digestive enzymes
❑ Amino acids
❑ CoQ10
❑ Antioxidants (lutein, resveritol, etc.)
❑ Herbs – teas
❑ Herbs – extracts
❑ Chinese herbs
❑ Ayurvedic herbs
❑ Homeopathy
❑ Bach flowers
❑ Superfoods (bee pollen, phytonutrient blends)
❑ Liquid meals (Ensure)
❑ Other_____

9. Energy – Vitality

I'd like to:

❑ Have more energy
❑ Have longer endurance
❑ Have more motivation
❑ Sleep better
❑ Be less tired after lunch
❑ Feel more vital
❑ Regain vitality and vigor of my younger years
❑ Get less colds and flu
❑ Get rid of allergies
❑ Not use so many over the counter drugs
❑ Stop using laxatives
❑ Be free of pain

10. Longevity – Life Enrichment

I'd like to:

❑ Reduce my risk of degenerative disease
❑ Slow down accelerated aging
❑ Monitor biomarkers of aging
❑ Have less facial wrinkles
❑ Maintain a healthier life longer
❑ Change from a "treating-illness" orientation to a creating wellness lifestyle

11. Body Composition – Fat/Muscle

I'd like to:

❑ Be stronger
❑ Be thinner
❑ Be more muscular
❑ Burn more body fat
❑ Be more flexible
❑ Lose weight

12. Stress Reduction – Mental/Emotional

I'd like to:

❑ Be happier
❑ Be less depressed
❑ Be less moody
❑ Be less indecisive
❑ Be more focused
❑ Think more clearly
❑ Improve my memory
❑ Learn how to reduce stress
❑ Learn how to meditate

COMMENTS

Suzanne Peppell, N.D.
1457 Hildenbrandt Road
Wind Gap, PA 18091
(610) 759-7001

Informed Consent

Name _____
(please print)

1. This is to acknowledge that I have been informed and understand that:

   a) Suzanne Peppell, N.D. is not a licensed health care provider, and does not diagnose or treat disease. Only licensed health care providers can diagnose and treat disease in Pennsylvania.

   b) Any recommendations or advice provided to me as a client of Suzanne Peppell, N.D. is not mutually exclusive from any treatment or advice that I may be receiving now or in the future from any health care provider.

   c) I am at liberty to seek or continue medical care from a physician, surgeon, or other health care provider.

   d) I understand that Suzanne Peppell, N.D. is not recommending that I refrain from seeking or following the advice of any licensed health care provider.

   e) I understand that the recommendations provided might be different from those usually offered by licensed health care providers.

2. I agree to pay for consultations, supplements, and other services.

3. I understand that Suzanne Peppell, N.D. does NOT offer 24-hour, emergency care, and if I need emergency care I must call 911 or proceed to the nearest emergency room.

4. I have been given a copy of current office policies and understand that it is my responsibility to read these policies.

5. I have had my questions regarding this consent form and naturopathic medicine answered to my satisfaction.

Name (printed) _____

Signature _____ Date _____

Witness _____ Date _____

Office Policies for Clients

Emergencies

- Suzanne does NOT offer 24-hour emergency care.
- Call 911 or proceed to the nearest emergency room if you are experiencing a medical emergency. **Any serious medical condition or emergency should be treated by an emergency room doctor.**

Cancellation & No-Show Policy

- Please notify the office at least 24 hours in advance if you need to cancel or reschedule an appointment.
- Clients who fail to show or call 24 hours in advance to reschedule or cancel an appointment are billed $20.00.

Phone

- Calls from established clients for clarification on current plans are welcome. However, please keep calls to 5 minutes or less.
- If you have many questions, new health concerns, or you anticipate a lengthy phone call, please schedule an office appointment. Phone calls during office hours that are longer than 5 minutes are subject to a fee at the usual, office visit rate.

Payment

- Payment is expected at the time of service.
- MasterCard, Visa, AMEX, and Discover are accepted, as well as personal checks.
- There is a $20.00 charge for returned checks.

Supplements

- Suzanne does not carry multi-level marketing products, or expect or demand that supplements be purchased through her. Local health food stores carry many homeopathic remedies, botanical medicines, and vitamin and mineral supplements.
- A limited selection of supplements are available because:
  - some clients are unable to find or chose appropriate supplements.
  - certain specialty products are unavailable locally.
  - clients with immediate health concerns need immediate access to supplements.
- If you need to reorder supplements, please notify the office at least **10 days** in advance of when you will need them.
- All supplement orders require prepayment.
- Special order and non-stock supplements are **non-returnable**.
- All other supplements are returnable within 7 business days as long as they are in the same condition as when sold (undamaged, unopened, unused).

These policies are subject to change.
Effective 01/ 2007.