



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

Dear Patient,

Welcome to Restoration Health! As Naturopathic Doctor's, we are determined to modernize the medical field by taking an integrative approach to provide the highest quality patient care and education. We treat a variety of conditions from acute to chronic, and everything in between. We will work with you to understand the problem at hand, and dig deeper to get to the root cause. We embrace and care for the whole family; babies, children, adults and seniors.

Please complete the following forms and bring them, as well as your insurance card and driver's license (or photo ID) to your appointment. You are encouraged to bring copies of medical records and lab results to your visit.

Your appointment time is reserved for you. We do not overbook appointments. If you must cancel or change this appointment, kindly notify us two days in advance.

Feel free to contact our office at 203-239-3400 with any questions. We look forward to meeting you!

Sincerely,

Restoration Health Staff

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473

info@restorationhealthPLLC.com

Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400

Fax: 203-239-4900



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

PATIENT INFORMATION (Please Print)

Name _____ DOB ____/____/____ Age _____

Address _____ City _____ ST _____ Zip _____

Phone: Cell: _____ Home: _____ Email: _____

Occupation _____ Hobbies _____

Name of Employer _____ SS# _____ - _____ - _____

Work Address _____ # _____

Name of Spouse/Partner _____ Phone _____

If Minor, Name of Parent/Guardian _____ Phone _____

Emergency Contact _____ Relationship _____

Address _____

Cell _____ Home _____ Work _____

How did you find out about us? _____

May we tell your doctor(s) you are being seen at Restoration Health and communicate with him/her regarding your care?

YES / NO

Doctors name _____ Phone _____

Address _____

Insurance Information - Please give us your insurance card and ID to copy

Name of Insurance Company _____

ID# _____ Plan name & Group # _____

Name of insured (if different from patient) _____

Address of Insured _____

DOB: _____ SS# _____ Employer _____

I authorize any holder of medical information about me to release to my insurance company and its agents, or any other supplier of medical benefits, any information needed to determine those benefits, or the benefits payable for related services. I request that payment of authorized benefits be made on my behalf to Shannon Homkovics N.D. / Robert Lee N.D. for any services furnished to me.

SIGNATURE _____ **DATE** _____

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473

info@restorationhealthPLLC.com

Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400

Fax: 203-239-4900



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

Symptoms

NAME _____ DATE _____

What is your major complaint? _____

Are you coming in for any specific therapy? (i.e. homeopathy, acupuncture, nutritional counseling, "anything that works") _____

This survey will help us evaluate you. Please make a check mark next to the symptoms you identify with NOW or have experienced in the PAST. Include all the complaints that are familiar to you. If you need to go into deeper detail with the doctor, please CIRCLE the symptom. For additional notes or comments use the other side.

NOW PAST GENERAL SYMPTOMS

- ___ ___ Tired, weak, lack of energy
- ___ ___ Depression, melancholy, moody
- ___ ___ Worry, anxiety, nervousness, irritable
- ___ ___ Sleeplessness or sleep too much
- ___ ___ Frequent colds or other illness
- ___ ___ Headaches
- ___ ___ Don't sweat enough
- ___ ___ Sweat too much
- ___ ___ Night sweats
- ___ ___ Loss or gain of weight

OTHER: _____

NOW PAST EYES

- ___ ___ Near/far sightedness
- ___ ___ Blurry or failing vision
- ___ ___ Eyes water excessively
- ___ ___ Bloodshot or puffy eyes
- ___ ___ Eyes sensitive to light
- ___ ___ Night blindness

OTHER: _____

NOW PAST EARS

- ___ ___ Earaches
- ___ ___ Lots of wax
- ___ ___ Noises or ringing in ears
- ___ ___ Loss of hearing
- ___ ___ Ear discharges

OTHER: _____

NOW PAST SKIN AND HAIR

- ___ ___ Skin rashes
- ___ ___ Acne or pimples
- ___ ___ Hives
- ___ ___ Face flushes
- ___ ___ Stretch marks
- ___ ___ Athletes Foot
- ___ ___ Skin ulcers or sores
- ___ ___ Moles warts or skin tags
- ___ ___ Hair loss or thinning
- ___ ___ Sunburn easily
- ___ ___ Cuts heal slowly or scar badly
- ___ ___ Hands or feet numb/tingling
- ___ ___ dryness, roughness or scaling skin
- ___ ___ Nails weak, rigid, or split easily
- ___ ___ Brown spots or bronzing on skin

OTHER: _____

NOW PAST NOSE AND THROAT

- ___ ___ Sinusitis, runny nose
- ___ ___ Nosebleeds
- ___ ___ Dry mouth or nose
- ___ ___ Sore throats, tonsillitis
- ___ ___ Dry or chapped lips
- ___ ___ Cracks in corners of mouth
- ___ ___ Cold sores or herpes
- ___ ___ Inability to smell or taste
- ___ ___ Lots of cavities
- ___ ___ Hoarseness
- ___ ___ Bleeding gums

OTHER: _____

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473

info@restorationhealthPLLC.com

Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400

Fax: 203-239-4900



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

NOW PAST GASTROINTESTINAL

- Loss of appetite
- Bloating
- Constipation
- Gagging, difficulty swallowing
- Nausea or vomiting
- Can't eat fats
- Bad breath
- Food cravings
- Metallic or bitter taste
- Heartburn
- Indigestion
- Heaviness after eating
- Belching or gas
- Symptoms relieved by eating
- Symptoms worse after eating
- Headache, dizzy or irritable if meal skipped
- Diarrhea or loose stools
- Change in bowel movements
- Light or greasy stools
- Dark stools or blood in stool
- Feeling of incomplete evacuation
- Undigested food in stool
- Foul odor of stool or gas
- Hemorrhoids

OTHER: _____

NOW PAST URINARY

- Difficulty urinating
- Urinate frequently at night
- Bedwetting
- Incomplete urination/dribbling
- Pain while urinating
- Bladder infections
- Lower back pain
- Kidney stones

Other _____

NOW PAST MALE

- Prostate problems
- Difficult/unusual urination
- Pain or discomfort in genital area
- Low sex drive/uninterested
- Excessive sexual desire
- Difficulty maintaining erection

OTHER: _____

NOW PAST RESPIRATORY

- Cough frequently
- Asthma
- Spitting up blood/mucus
- Difficulty breathing
- Chest pains

OTHER: _____

NOW PAST MUSCULO-SKELETAL

- Muscle pain/stiffness
- Swollen/Pained joints
- Bone pains
- painful feet, ankles, calves
- Tremors/Twitches
- Loss of strength
- Hernia
- Muscle wasting

OTHER: _____

NOW PAST CARDIOVASCULAR

- Varicose veins
- Fast heartbeat/irregular
- Discomfort at high altitude
- Chest tightness
- Low blood pressure
- High blood pressure
- Dizzy/weak upon standing
- Leg pain while walking
- Tendency to anemia
- Swollen feet, legs, ankles
- Cold hands/feet
- Hands or feet turn blue
- Blue fingernails

OTHER: _____

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473

info@restorationhealthPLLC.com

Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400

Fax: 203-239-4900



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

- | <u>NOW</u> | <u>PAST</u> | <u>FEMALE</u> |
|------------|-------------|--|
| ___ | ___ | Irregular menstruation |
| ___ | ___ | Pain before or with periods |
| ___ | ___ | Depressed, tense or irritable around periods |
| ___ | ___ | Hot flashes |
| ___ | ___ | Diminished sexual desire |
| ___ | ___ | Excessive sexual desire |
| ___ | ___ | Painful or swollen breasts |
| ___ | ___ | Lumps in breasts |
| ___ | ___ | Difficulty having orgasms |
| ___ | ___ | Vaginal discharge |
| ___ | ___ | Inability to conceive |
| ___ | ___ | Discharge from breast(s) |
| ___ | ___ | Pain, itching or discomfort in genital area |
| ___ | ___ | Symptoms occur in monthly pattern |

OTHER: _____

Date of last period _____
 # of days _____ length of cycle _____
 Date of last PAP smear _____ Mammogram _____
 Any abnormalities? _____
 Current birth control method: _____
 Have you ever used birth control pills or an IUD? _____
 What type and for how long? _____
 Pregnancies? _____ Number of children? _____ Ages? _____
 Miscarriages? _____ Abortions? _____

Have you ever been hospitalized or had surgery, a serious illness or accident?

WHAT/WHEN/INJURIES/SURGERIES

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473

info@restorationhealthPLLC.com

Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400

Fax: 203-239-4900



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

Is your diet?

- Typical American Fast Food
- Kosher Low Fat
- Vegan Macrobiotic
- Vegetarian Other

Do you use any of the following?

- Cigarettes/Tobacco pack per day
- Coffee/Black Tea cups per day
- Marijuana or other drugs times per week

Do you get regular exercise?

What? _____ How Often? _____

Are you allergic to anything? Include meds, foods, plants, pollens, insects, MSG, etc.

PLEASE list any vitamins or medications you are taking. Use back of page if necessary

VITAMINS/MINERALS

Prescription Meds

HERBS/FOOD SUPPLEMENTS

OTC MEDICINES

Have you or anyone in your family had any of the problems on this list?

Please name all family members who a condition has effected (self, children, mother, father, siblings, grandparents, etc.)

ISSUE RELATIONSHIP

- Thyroid issues
- Diabetes
- Tuberculosis
- Hypoglycemia
- Stroke
- Heart Attack
- Epilepsy
- Cancer
- Asthma
- Allergies
- Migraines
- Mental Illness
- Hepatitis
- Heart disease
- Birth defects
- High BP
- Gallbladder disease
- Alcoholism/Addiction
- Arthritis
- OTHER _____

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473
 info@restorationhealthPLLC.com
 Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400
 Fax: 203-239-4900



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

OFFICE POLICY

Welcome, and thank you for Restoration Health PLLC as your new home for your health care needs! We hope your time with us is all you wish it to be. We encourage your feedback! Your well-being and health is our top priority and we strive to offer the best care possible.

- **Office Hours**

Monday: 8AM-6PM

Tuesday, Thursdays and Fridays are: 9AM – 6PM

Wednesdays we are **closed**.

- **Cancellation Policy and Missed Appointments**

Your scheduled appointment is a time we have reserved and prepped just for you. We try to never overbook in order to provide all of our patients the best care possible and to ensure we will have sufficient time to adequately help you. We make every effort to accommodate your schedule and needs. Therefore, we ask that you help us by keeping your scheduled appointment times, arriving on time, and if you are unable to do so, notifying us of the conflict at least forty-eight (48) hours in advance. Failure to comply with this policy will necessitate the assessment of the following fees.

- **First Missed Appointment** – Our staff will call to ensure you are alright and to reschedule your appointment. There will be no charge for this.
- **Second Missed Appointment** – You will be notified by staff that this is your second missed appointment and will receive a missed appointment fee of \$60

- **Telephone Calls**

Our staff is knowledgeable and available to answer and help with most questions. If we are busy with patients, our telephone will be answered by an automated system. Please leave us a message and your call will be returned as soon as possible. If you are ill or in pain please say so when you leave the message/speak to staff member so we can determine if you need to be seen immediately. There is an emergency number on our answering machine. Please only use it in case of a true emergency, and please head to the emergency room if necessary.

Please sign and date below that you read and understand this policy.

Patient Signature _____ Date _____

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473

info@restorationhealthPLLC.com

Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400

Fax: 203-239-4900



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

Financial Policy

We make every effort to keep down the cost of your health care. Payment is expected at the time of your visit. Any lab test and medications from our inventory that you and your doctor decide are beneficial/necessary to your health are in addition to your visits charge. They must be paid for when you receive them. We accept VISA, MasterCard, Discover, and cash or checks. There is a \$25.00 fee for returned checks. If your account becomes delinquent (over 90 days past due) you would be subject to a 20% finance fee, as well as a \$10.00 billing fee for each one we send you. We reserve the right to seek outside counsel for any unpaid bill.

Most insurance companies cover naturopathic medical services. If we do not participate with your insurance company, it does not necessarily mean that you are not covered. We encourage you to contact them for benefit information. If your policy covers out-of-plan providers, or is a point-of-service plan, and allows you to choose your doctor, it's likely that you will be reimbursed by your insurance company when you send in your claims. Payment is required at the time of your visit. You may submit the receipt we give you for out-of-plan coverage, as it provides all the information your insurance company needs.

Restoration Health PLLC/Modern Doctor LLC/ Awakening Center LLC are all participating providers for CT Anthem Blue Cross/Blue Shield, Cigna, Aetna, Connecticare and United Health Care. We will submit your insurance claims and accept the amount allowed by your insurance company for covered services. Should any of the services be denied by your insurance company, we will make every effort to appeal your claim on your behalf. Please understand any deductibles, co-pay/co-insurances, and non-covered services are your responsibility. It is also your responsibility to know your insurance coverage; we encourage you to call your insurance company with any benefit questions. Usually, the insurances that we participate with will cover in full excluding your copayment. Medicare/Medicaid/Husky and other federal programs do not cover Naturopathic care, but we offer a discounted rate for patients with these programs. Also, Blue Cross/Blue Shield policies differ from state to state, so it is extremely important to check your policy. Please note that any service not reimbursed from individual insurance companies must be paid in full within 15 business days or you are subject to a 15% increase for each missed payment.

"I have read and understood the information provided above. I hereby authorize Dr. Shannon Homkovics and Dr. Robert Lee and their designated assistants to examine and treat me. I understand and agree that I am responsible for payment in full on my account."

Name of Patient _____ Date _____

Patient Signature _____

Signature of Responsible Party _____

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473

info@restorationhealthPLLC.com

Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400

Fax: 203-239-4900



RESTORATION HEALTH PLLC

Naturopathic & Integrative Medicine

HIPAA Policy

Your health care information is confidential and access is limited. We use your health care information about you for diagnosis and treatment, to consult with other health care practitioners when necessary and with your permission, to obtain payment for treatment, for administrative services, and to evaluate the quality of care you receive. We will not disclose health information for other reasons without your signed permission unless it is required by law. You have the right to examine your records and to have copies for a reasonable fee. You may request a change in your records if you believe they are incomplete or incorrect. If you are concerned we have violated your privacy rights you may complain to us or directly to the US Department of Health and Human Services.

We are required by law to protect the privacy of your information and to provide you with this information. More complete rules and regulations are available on request.

I understand my rights under the Health Insurance Portability and Accountability Act of 1996.

Patient Signature _____ Date _____

Restoration Health

12 Village Street, Suite 3, North Haven, CT 06473

info@restorationhealthPLLC.com

Inside of Village Medical Center www.restorationhealthPLLC.com

Phone: 203-239-3400

Fax: 203-239-4900