| Confidential Patient Health Record | Date: | | | |
|---|--------------------------|--------|----------|--|
| Personal Information | | | | |
| Name: | | | | |
| Address: | | | | |
| City: | State: | | Zip: | |
| According to HIPAA guidelines, please only provide info | rmation about where we m | ay con | tact you | |
| Mobile Phone Number: | _OK to leave a message? | Υ | N | |
| Additional Phone Number: | _OK to leave a message? | Υ | N | |
| Email: | | | | |
| NA/les message the self-few metamines are | | | | |
| What brings you in: | | | | |
| Other doctors seen for this: | Who: | | | |
| Type of treatment received: | _ Results: | | | |
| List medications you take: | | | | |
| List supplements you use: | | | | |
| Are you CURRENTLY under the care of a doctor for any | condition: Y N | | | |
| If yes, for which conditions: | | | | |
| Past Health History | | | | |
| Please check and describe if you have had any of the fo | ollowing: | | | |
| [] Major Surgery | | | | |
| [] Hospitalization | | | | |
| [] Cancer or major disease | | | | |

Alternative and Complimentary Health Care Disclosure and Consent Form

I, Dr Lisa Giusiana, have some great news for you. But in order for me to help you improve your health, legally, we both need to acknowledge the following:

Dr Lisa Giusiana, a Doctor of Chiropractic, Certified Traditional Naturopath and Holistic Health Practitioner, offers a natural and alternative approach to supporting your health. She does so without the use of drugs or surgery. She is not a medical doctor. If you feel you need drugs, surgery or medical intervention, you are encouraged to seek that type of care. If, at any time, she feels medical intervention is necessary, you will be referred to a medical facility or medical practitioner.

When working with you on your health issues, she does not attempt to treat or cure any disease. Instead, she will be coaching you on nutrition and lifestyle changes that will support your body. The nature of traditional naturopathy and holistic health care is based on the idea that the body, when given the proper nutrition and environment, naturally makes every attempt to heal itself. Her goal is to assist and support you through this process. So, rather than diagnosing and treating a disease or medical condition, the goal is to balance and support the systems of the body through nutritional counseling, nutritional supplementation, and/or lifestyle changes.

A thorough attempt is made to detect underlying causes of your body's state of health (or lack of). It is only through eliminating these underlying causes that optimal health can be achieved.

Regarding the use of natural and nutritional supplementation, there is always the possibility of an adverse reaction. Everyone reacts differently and there is no way to anticipate all possible complications. Nor is there any guarantee that a diet or nutritional supplement will help your body achieve the desired result 100% of the time.

Although Dr Lisa Giusiana does hold a license as a Doctor of Chiropractic in the state of California, she will not be treating you with chiropractic practices or care. She may, however, use that license to order lab testing if needed.

There is no licensing body in the state of California for Traditional Naturopaths or Holistic Health Practitioners. However, the California Legislature enacted California Senate Bill SB-577, affirming the Right of citizens to obtain Alternative and Complimentary Health Care from practitioners other than licensed Physicians and Surgeons.

Based upon a comprehensive report by the National Institute of Medicine and other studies, the Legislature has determined it is evident that millions of people are presently receiving a substantial volume of health care services from complementary and alternative health care practitioners. As a result, the Legislature intends to allow access to complementary and alternative health care practitioners who are not providing services that require medical training and credentials. The Legislature further finds that these nonmedical complementary and alternative services do not pose a known risk to health and safety. (Great news!)

That being stated, it must also be noted that upon rare occasion, some individuals may have reactions to foods and/or nutritional supplements. However, the occurrence is far less frequent and the effects are generally far less dangerous than the side effects associated with pharmaceutical drugs or other medical procedures. If YOU have any adverse reactions, it is your responsibility to stop consuming the food or using the natural product and consult the office. If you feel that you need medical attention, it is your responsibility to seek the services of a medical doctor, go to the emergency room or call 911. It is also your responsibility to stay in contact with Dr Lisa Giusiana, keeping her informed of your progress so she can best guide you on your journey back to health.

By signing this form, I state that I have been informed of and weighed the risks involved with undergoing nutritional counseling, and I give my consent to care by Dr Lisa Giusiana, Doctor of Chiropractic, Naturopath, Holistic Health Practitioner.

| I, | | , have read and understand the above and agree to thes | se terms |
|----|--------------|--|----------|
| , | (print name) | - | |
| | | | |
| | | | |
| | (signature) | (date) | |

Acknowledgement of Notice of Privacy Practices for Patient Use

By signing this form, you acknowledge review of the Notice of Privacy Practices from Dr Lisa Giusiana. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. You may obtain a current copy on request form our staff or by visiting our website at:

http://www.thehealthdimension.com/notice-of-privacy-practices-for-patient-use/

By signing this form, I acknowledge receipt of the Notice of Privacy Practices from Dr Lisa Giusiana, DC, CTN, HHP.

| Print name: | | |
|-------------|------|------|
| | | |
| | | |
| Signature: | | |
| | | |
| | | |
| Date: | | |