



Karen Benton, N.D.
"Feel Better for Life – Naturally"
Boise, Idaho
Phone: (208) 344-1459

New Patient Information

Name _____ Date of Birth _____ Age _____ Sex _____

Parent/Guardian Name *if you are under 18* _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work phone _____ Cell phone _____

Marital Status _____ Occupation _____

Children?	Name _____	Birthdate _____
	Name _____	Birthdate _____
	Name _____	Birthdate _____
	Name _____	Birthdate _____

Most Important Health Concern(s) _____

What do you think causes you most important health concerns? _____

Emergency Contact
Name _____ Relationship _____

Telephone Numbers _____

If you have INSURANCE, which covers naturopathic services, please provide your insurance card, so we can photocopy the important information. (In Idaho very few insurance companies cover naturopathic services.)

If you are not the insured, please provide the insured's :

Name _____ Birthdate _____.

Specifically, how did you choose Dr. Benton? _____

Yes, here's my e-mail address. _____ Please add me to your mailing list so I can receive information on upcoming classes, newsletters and promotions. (see page 2)

Please identify any symptom you currently experience or have experienced in the past six months:

- | | | | |
|---------------------|--------------------|---------------------|-----------------------|
| Fever or chills | Hot flashes | Unusual hair growth | Weight change |
| Skin eruptions | Joint pain | Numbness/tingling | Loss of libido |
| Gas/bloating | Heartburn | Abdominal pain | Diarrhea/constipation |
| Nausea/vomiting | Headache | Dizziness | Vision changes |
| Sinus congestion | Hearing loss | Fainting | Chest pain |
| Shortness of breath | Heart palpitations | Cough | Wheezing |
| Frequent urination | Painful urination | Incontinence | Anxiety |
| Depression | Insomnia | Appetite Change | Fatigue |
- Other _____

Sexually active? yes no _____

It is helpful to understand how you feel/think about your current state of health. Please rate your current health on the following scales:

- | | | | | | | | | | | |
|--------------------------------|-------------------|---|---|---|---|---|---|---|---|---------|
| Mental/Emotional Health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Needs improvement | | | | | | | | | Optimum |
| Physical Health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Needs improvement | | | | | | | | | Optimum |
| Spiritual Health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Needs improvement | | | | | | | | | Optimum |
| Sleep | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Needs improvement | | | | | | | | | Optimum |
| Stress Management | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Needs improvement | | | | | | | | | Optimum |
| Relationships | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Need improvement | | | | | | | | | Optimum |

What are you willing to do to improve your overall health?

- Not much, I'm too busy
Please give me an herb or remedy
to fix me now
- I don't know
you tell me
- Maybe a few changes
just don't tell me to eliminate
my favorite foods
- I'm willing to listen and
make many changes
- Anything

TERMS AND CONDITIONS OF TREATMENT

To be treated by Dr. Benton, she respectfully asks you agree to the following terms and conditions of treatment:

Information Release. If medical or other medically-related information is necessary to process an insurance claim, I authorize its release. I also request payment of government benefits to either myself or to the party who accepts assignment herein.

Terms of Payment. If you do not have naturopathic insurance coverage, payment in full is expected at the time of service. If you have difficulty with this, please discuss with your provider before your office visit. Our past due accounts are periodically turned over to a collection agency. If your account is assigned, I agree to pay all costs necessary to collect the amount due.

Consent to Treat. Naturopathic medical treatment relies primarily upon using natural remedies and I agree to relay any pertinent that may impact selection of these treatments. I agree to be treated by Dr. Benton, a naturopathic physician who maintains her primary care naturopathic physician's license from the state of Washington, although she is a resident of Idaho and subject to any Idaho laws with respect to the practice of naturopathic medicine. (Idaho is currently an unlicensed state for the recognition and practice of naturopathic medicine.)

Receipt of Privacy Practices. Dr. Karen Benton has provided me with a copy of her Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand I am entitled to receive updates upon request, if amendments or changes are made to this Notice. If I have questions or complaints I may contact Dr. Benton.

Signed _____ Date _____
Patient

Signed _____ Date _____
Parent of Minor



THANK YOU!