Stram Center for Integrative Medicine

Client Contact Information

(office use:) MR#_____

Name:_____

Address:_____

City:_____ State: _____ Zip:_____

Date of Birth: _____ Age: _____ Gender:_____

Phone: (day) _____(evening)_____(cell)_____

E-Mail Address:_____
Are you interested in receiving newsletters and updates? ____Yes _____No

Place of Employment: _____
Address: _____

Emergency Contact:_____
Emergency Contact Phone_____
Emergency Contact Relationship:_____

Primary Care Physician _____
Health Insurance Company _____ID#_____
Health Insurance Phone Number_____

Referred By (check one):
__friend; __doctor; __print ad; __radio ad; __internet; __tel book; __walk-by

STATEMENT REGARDING CRISIS MANAGEMENT and EMERGENCY MEDICAL CARE
As a Stram Center patient, I understand that the Stram Center for Integrative Medicine does not provide physical or mental health crisis management. I understand if I am experiencing a physical or mental health crisis, I must obtain services that are appropriate to the type of crisis I am experiencing. If I am experiencing severe acute symptoms or a feel of life-threatening illness, I will call:

- 911
- My local hospital emergency room
- My local police or fire department
- Albany County Mobile Crisis Team 518-447-9650 (mental or emotional distress)

FINANCIAL AGREEMENT
As a Stram Center patient, I understand that I am responsible for the payment of services received through Stram Center. I agree to keep my account current and will pay at the time of service.

I will notify the office 24 hours in advance if a cancellation is necessary, otherwise I will be responsible for a missed appointment fee of $50 for a medical visit, and the full cost of the visit for acupuncture or massage.

Client Signature: _____ Date: _____

Ronald Stram, M.D., Founder, Medical Director
530 Main Street, Bennington, VT 05201 • phone 802-445-3152 • fax 802-445-3155 • www.stramcenter.com

Stram Center for Integrative Medicine

Name: _____ MR#_____(office use)

To provide the best possible healthcare, we the doctors need to completely understand the patient's physical, mental and emotional condition. By providing us with this information, we will be able to understand and assist you with your health needs and goals. Please print your answers to each question as completely as possible and either mark or leave blank any questions you are unsure of.

When did you last go to a doctor's office, medical clinic or hospital? _____

What was the reason? _____

_____

_____

What are your most important health concerns? _____

_____

_____

Please list any hospitalizations and surgeries you have had:

_____

_____

_____

_____

Do you have any allergies to foods, drugs, or other allergens in your environment (cats, mold, dust)? If yes, please explain:_____

_____

_____

_____

Please mark any of the following that you are taking:

___Pain relievers (aspirin, Tylenol, ibuprofen)
___Cortisone (cream or pills)
___Sleeping pills
___Laxatives
___Blood pressure medication
___Blood Thinner (coumidin, plavix, aspirin)
___Diet Pills/Appetite suppressants
___Thyroid Medication
___Antacids (Rolaids, Tums)
___Tranquilizers
___Heart medication
___Antidepressants

Ronald Stram, M.D., Founder, Medical Director
530 Main Street, Bennington, VT 05201 • phone 802-445-3152 • fax 802-445-3155 • www.stramcenter.com

Please list any herbal supplements that you are currently taking:

_____

_____

_____

_____

Please mark if you or family members have experienced the following (please indicate which family member ie: self, mother, brother etc)

___Cancer:_____

___Diabetes:_____

___Heart Disease:_____

___Blood Pressure:_____

___Mental Illness:_____

___Lung Condition:_____

___Allergies:_____

___Other:_____

Please list issues you may have regarding each category or leave blank if not applicable:

Skin:_____

_____

Head/Neck:_____

_____

Respiratory:_____

_____

Cardiovascular:_____

_____

Gastrointestinal:_____

_____

Urinary:_____

_____

Female Reproductive:_____

_____

Ronald Stram, M.D., Founder, Medical Director
530 Main Street, Bennington, VT 05201 • phone 802-445-3152 • fax 802-445-3155 • www.stramcenter.com

Male Reproductive:_____

_____

Musculoskeletal:_____

_____

Neurologic:_____

_____

Psychiatric:_____

_____

What are your main interests and hobbies?_____

_____

_____

Do you exercise? ___Yes ___No
How often? _____

What types of exercise?_____

_____

_____

Do you eat three meals a day? ___Yes ___No
Awake rested? ___Yes ___No
Sleep well? ___Yes ___No
Average hrs/night of sleep?_____
Spend time outside? ___Yes ___No
Take vacations? ___Yes ___No
Television - _____hrs/day
Reading - _____hrs/day
Use tobacco? ___Yes ___No
Use illegal drugs? ___Yes ___No
Have you ever been treated
For substance abuse or any kind?
(alcohol, drugs) ___Yes ___No

Weight_____ Weight 1yr ago_____

Maximum Weight _____ When?_____ Height_____

What is/are your support system(s)?_____

_____

_____

Ronald Stram, M.D., Founder, Medical Director
530 Main Street, Bennington, VT 05201 • phone 802-445-3152 • fax 802-445-3155 • www.stramcenter.com

What is your occupation and do you enjoy it?_____

_____

_____

What are the major stresses in your life?_____

_____

_____

_____

What do you do to relax/recreate/socialize/cope with stress?_____

_____

_____

_____

When are you happiest, what gives you joy?_____

_____

_____

_____

_____

Client Signature:_____ Date:_____

Thank you for your effort.
Welcome to the Stram Center, we look forward to helping you feel your best.

Ronald Stram, M.D., Founder, Medical Director
530 Main Street, Bennington, VT 05201 • phone 802-445-3152 • fax 802-445-3155 • www.stramcenter.com

Stram Center for Integrative Medicine

Personal Medication History

Date Last Updated:

Name:	**Birth Date:**
Pharmacy – Name and phone number	**Doctor(s):**
Allergic to: (also describe your reaction)	

******List all prescription and over-the-counter (non-prescription) medications (Example: St. John's Wort, Vitamins). Please include prescription medications taken as needed (Example: Nitroglycerin, pain medication, inhalers, aspirin, eye drops).

Name of Medication	**Dose**	**Time(s) taken**	**Reason for Medication**	**Date stopped**

Office Use Only:	**Date**	**Result**	**Date**	**Result**	**Date**	**Result**	**Date**	**Result**	**Date**	**Result**
Pap Smear										
Mammogram										
Hemocult										
Colonoscopy										
Dexascan										

Immunization Record (include date given)		**Additional Notes:**
Tetanus:	**Hepatitis:**	
Pneumonia:	**Flu:**	

** **Keep this list with you.** **

Bring this list to your doctor visits, the hospital and all medical tests.

✓ Update this form when medications change.

Ronald Stram, M.D., Founder, Medical Director
530 Main Street, Bennington, VT 05201 • phone 802-445-3152 • fax 802-445-3155 • www.stramcenter.com

Stram Center for Integrative Medicine

New Office Policy

Effective Date: August 13, 2012

Dear Patient,

We would like to inform you of recent updates to our office policy. The following are helpful guidelines and information that will allow us to better assist our patients. Please read carefully.

Missed Appointments

If you are unable to keep your scheduled appointment, please notify us at least 24 hours in advance so that we can accommodate our other patients with a vacant appointment. You may also reschedule your appointment at that time. Failure to provide our office with 24 hour notification will incur a $50 charge for a medical visit and the full cost of the visit for an acupuncture or massage appointment. Being more than 15 minutes late will result in needing to reschedule your appointment.

Notification of Lab Results

Patients are asked ***not*** to call the office for results of lab work and imaging. If you are getting lab work, it is best to schedule a follow-up appointment at the time of your visit**. Reports are not given over the phone.** Please allow ample time for laboratories to report test results in full and for your medical practitioner to review your labs when complete. If the results of your labs require consultation, our office staff will contact you in order to schedule a follow-up appointment. In the event that we receive critical laboratory results, a practitioner or office staff will contact you directly. If you are concerned that you did not have your lab work done in time for your appointment, please let us know so that we can reschedule the appointment if needed.

Prescription Refill

Please try to request new prescriptions or refills at the time of your appointment, when possible. To aid in getting your prescription filled on time, please call for refills at least 3 days prior to taking your last dose in order to give us ample time to review your medical chart and write/call-in the script. We cannot guarantee a script will be filled the same day the request is made. Please have your pharmacy's phone number available. We are not able to prescribe new medications over the telephone, as an office visit is needed for an accurate diagnosis. Also, we cannot provide refills by phone for patients who have not had an appointment within the last 12 months or at the practitioner's discretion.

Letters/Forms

Disability forms, social security forms, etc. are very complex and require time. There may be a $20 fee for completing such forms. Please try to request letters relating to work and/or school from your provider at the time of your visit, when possible, and allow up to 2 weeks for turnaround. For release of medical records, please allow 7-10 days from the time your written request is received by our office for your request to be processed and completed. This request must be signed by you, authorizing us to release medical information. Please note, we only send medical information originating in our office, ie. Your practitioner's medical office notes and/or ordered labs.

Ronald Stram, M.D., Founder, Medical Director
530 Main Street, Bennington, VT 05201 • phone 802-445-3152 • fax 802-445-3155 • www.stramcenter.com

Patient Responsibilities

The care a patient receives depends partially on the patient. Patients have a responsibility to provide accurate and complete information concerning his/her present complaints, past medical history, and other matters relating to his/her health. The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.

Financial Responsibilities

Most insurance plans require a co-pay that we are legally required to collect at the time of your visit. Please come to your visit prepared to pay your co-pay. Patients paying out-of-pocket for services are responsible for handling their own reimbursement issues with insurance companies. If further information is needed such as procedural codes or diagnostic codes, we will be happy to provide that. For additional resources, please call Healthcare Advocates, Inc. at (215)-735-7711, or visit their website: www.healthcareadvocates.com.

Questions for your Practitioner

We understand you may have questions for your practitioners. As practitioners are seeing scheduled patients during the day, there is not always ample time for them to take your calls directly. Please leave a detailed message with one of the office staff who will give your message to your practitioner. Please allow us 24-48 hours to return your call answering routine questions. **If it is an urgent matter during business hours, do not leave a voice message but rather communicate your needs directly to office staff.** Our regular office hours for phone calls are 8:30am-4:30pm Monday through Thursday and 9am-3pm on Fridays. After regular office hours, please utilize our voice mail system following the instructions given.

Thank you for your understanding and cooperation. Please contact Sarah Warren, our Bennington Office Manager, at (802)445-3152 with any questions or concerns.

Ronald Stram, M.D., Founder, Medical Director
530 Main Street, Bennington, VT 05201 • phone 802-445-3152 • fax 802-445-3155 • www.stramcenter.com

Stram Center for Integrative Medicine

CIHH Therapeutic Agreements

STATEMENT OF COLLABORATION

As a Stram Center practitioner, I agree to use my knowledge, skill and experience to the best of my ability in the best interest of the people who I work with. I believe it is my responsibility to:

Assess each person's situation based on the information they provide
Assist them to sort through their health-related challenges
Provide information and options about treatment modalities that are available
Support them to make conscious decisions regarding their health
Develop, implement and support a plan of care that will promote physical, mental and spiritual health
Evaluate the effectiveness of a plan of care
Make referrals to community resources as appropriate

As a Stram Center patient, I agree to use my knowledge, skill and experience to the best of my ability in the best interest of my own physical, mental and spiritual health. I believe it is my responsibility to:

Provide my Stram Center practitioner(s) with information that is relevant to my health
Be willing to sort through my health-related challenges
Ask questions related to treatment options and information that is provided
If supplements are mutually agreed as part of my treatment plan , take them only according to directions given to me and discontinue use if side effects ensue and report this to my Stram Center practitioner(s)
Work together with my Stram Center practitioner(s) to develop a plan of care that incorporates goals that are meaningful to me and will promote my physical, mental and spiritual health
Make conscious decisions to nurture intrinsic healing and promote balance in my life
Evaluate the effectiveness of my plan of care
Participate in all scheduled treatment sessions

CONFIDENTIALITY STATEMENT

As a Stram Center patient, I understand that what I discuss with my Stram Center practitioner(s) will be treated confidentially in accordance with law and recognized professional standards. I understand that only I can give up my right to privacy by signing a release of information.

I understand that if my safety or the safety of someone else is at risk, my Stram Center practitioner(s) are legally obligated to respond by sharing this information with the appropriate resources. For example:

- Licensed Social Workers, Nurses and Physicians are mandated by New York State Law to report any suspicion of child abuse to the New York State Registry
- Inform someone close to the client if they feel the client might harm him/herself or anyone else

Stram Center practitioners believe that the concept of integrative medicine works best when Stram Center practitioner discuss their work in team meetings, peer review, and/or supervision. This allows each client to benefit from the combined insight, knowledge, skill and experience of Stram Center practitioners and those who supervise them. I understand that discussions of this nature would not include identifying information beyond a "need to know" basis, and such discussions would have the same privilege of confidentiality as sessions with each individual practitioner.

Finally, I have read and understand the Office Policy dated August 13, 2012

Client Signature:_____ Date: _____