

Catherine Stack N.D.

JOURNEY II HEALTH, LLC (est. 2007)

716-703-0626

journeyiihealth@gmail.com

www.journeyiihealth.com

NEW PATIENT FORM

Welcome! We are excited to assist you in achieving better health or overcoming current health issues.

HOW CONSULTATIONS (Bioidentical & Wellness) WORK (this does not apply to colonics)

1. Schedule a "New Patient" appointment in a time slot that works best for you (90min). Give yourself about a month to do labs prior to appointment. If nothing works for you, you may want to consider an "E-Consult". If hormone testing is desired email us first so we can arrange for kit to be sent out.
2. Fill out and sign all paperwork. Send back to us via email or bring with you to first appointment.
3. Once we have this paperwork in hand, Catherine will review your history and may recommend specific labs. (This may sound like a long process but the initial appointment is FAR more productive with results available).
4. Purchase and do hormone test as directed if applicable. Turn around time is approximately 2-3 weeks.
5. After your appointment, an extensive summary will be emailed to you within 24-48 hours.
6. Supplements are listed on the summary for you to purchase. (via **FULLSCRIPT**)
7. A follow-up will be scheduled for approximately 3 months. (If necessary). "E-Follow-ups" are available for those with scheduling issues or out of town patients.

FEE SCHEDULE

1. INITIAL CONSULTATION (90 min) \$325.00 (Not COLONICS)
2. INITIAL COLONIC (90 min) \$100.00
3. FOLLOW-UP COLONIC (60 min) \$90.00 (\$80.00 if monthly)
4. FOLLOW-UP CONSULTATION (60 min) \$100.00
5. E-CONSULT \$325.00
6. E-FOLLOW-UP \$100.00

**All fees are due at time of the appointment. Missed appointments will be charged \$80.00 in established patients. Appointments will not be rescheduled until fee is paid.*

A 24-hour minimum notification is required to cancel or change appointments. **“No Shows” or Late Cancellations will NOT be rescheduled unless payment is pre-paid with \$100.00 inconvenience fee.**

IMPORTANT NOTES

Dr. Catherine Stack is not a medical doctor; she does not service medical emergencies. **If you have a medical emergency, you must contact your primary care physician or dial 911!** Please contact the office at 716-703-0626 or journeyiihealth@gmail.com if you are not clear on any of our policies or procedures.

COMMUNICATION

Email is the preferred and quickest way to communicate with Journey II Health/Catherine Stack ND. All summaries are sent via password protected **“FULLSCRIPT”**. Once you are an established patient, you will have direct access to Dr. Catherine Stack. Emails are typically answered in 24 hours or less.

At the current time, our phone messages are picked up 4-5x per week. 716-703-0626 (Voice to Txt)

Email: journeyiihealth@gmail.com (BEST)

Informed Consent of Naturopathic Medical Care

Welcome to JOURNEY II HEALTH, LLC. This clinic utilizes the principles of naturopathic medicine, helping identify obstacles to healing & promoting the body's own ability to achieve its natural state of health.

Naturopathic Medicine offers a customized approach to health care. Naturopathic Doctors assess the whole person, and recommendations are tailored to suit individual needs. Gentle, non-invasive techniques are generally used to stimulate the body's inherent healing capacity. Therapies used by a Naturopathic Doctor may include: Clinical nutrition, botanical medicine, homeopathic medicine, lifestyle counselling, hydrotherapy, and physical medicine. Under current New York State law, Naturopathic Medicine is not deemed the practice of medicine, and is not regulated by state law. However, Naturopathic Medicine is considered a complement to traditional allopathic medicine.

Clinical nutrition examines the relationship between diet and health. Special diets may be recommended. Other recommendations may include nutritional supplements such as vitamins, minerals, enzymes and other nutraceuticals.

Botanical medicine (herbal medicine) uses plant substances for their healing effects and nutritional value. Plant substances may be prescribed as teas, tinctures, capsules or decoctions (strong teas) to be taken internally or used externally as a wash, poultice, or salve.

Homeopathic medicine is based on the principle of "like cures like" and uses minute amounts of natural substances to stimulate the self-healing abilities of the body.

Lifestyle counseling involves identifying risk factors and helping patients to make informed choices to reach and maintain optimal health.

Hydrotherapy refers to the use of water applications to the body.

Physical Medicine includes the use of hands-on techniques to manipulate the spine, joints and soft tissues. Therapeutic use of light, heat and cold, massage and ultrasound may also be incorporated into treatment.

Your Naturopathic Doctor will take a thorough case history. Assessment of each patient's physical, mental, emotional, spiritual and environmental well-being is required to facilitate this work. A basic/complaint-oriented physical exam and specific urine and/or blood laboratory tests and/or reports may be used as part of the work-up.

THE FOLLOWING MUST BE READ, INITIALED AND BROUGHT OR FAXED BACK PRIOR TO, OR AT INITIAL APPOINTMENT.

Declaration and Consent to Treatment I understand that Dr. Catherine Stack is not a Medical Doctor. If a medical diagnosis or treatment is required, it must be obtained from a licensed medical doctor. _____ (Initials)

I understand that New York does not currently regulate Naturopathic Medicine, but that Dr. Catherine Stack holds current licenses in the state New York for Midwifery.

Naturopathic Physicians are unable to fill the role of a primary care provider in New York. Dr. Catherine Stack asks that you maintain a relationship with a licensed primary care physician and can provide a list of physician referrals if needed. _____ (Initials)

I understand that the form of medical care provided at this clinic is based on Naturopathic Medicine and other supportive principles and practices. I recognize that even the gentlest therapies may cause complications in certain physiological conditions such as pregnancy, lactation, very young children, very elderly patients, those on multiple medications, or those with specific diseases such as heart, liver, kidney or diabetes. I therefore confirm that I will inform, and will continue to inform, my Naturopathic Doctor fully of my medical history, family history, medications and/or supplements I am currently taking (prescription and over-the-counter), or was previously taking. If female, I will advise my Naturopathic Doctor immediately if I am pregnant, suspect I am pregnant, am trying to become pregnant, or if I am breastfeeding, and will continue to do so. _____ (Initials)

I understand that health risks associated with naturopathic medical treatment include, but are not limited to: • Aggravation of pre-existing symptoms. • Allergic reactions to supplements or herbs. _____ (Initials)

I understand that a health record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medical record at anytime and can request a copy of it by paying the appropriate fee. I understand that information from my medical record may be analyzed for research and treatment purposes, but that my identity will be protected and kept confidential. _____ (Initials)

I understand that my Naturopathic Doctor will answer any questions that I have to the best of her ability. I understand that, as with any type of treatment, results can not be guaranteed. I do not expect my Naturopathic Doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to the assessment and therapeutic procedures mentioned above, except for (please list any exceptions): _____ (Initials)

I acknowledge that I have been informed and I understand that: • Any treatment or advice provided to me as a patient is not mutually exclusive from any treatment or advice that I may now be receiving, or may in the future receive, from a licensed health care provider. • I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in New York. • No employee or other practitioner under Journey II Health direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider. • The treatment and therapies rendered or recommended by Dr Catherine Stack may be different than those usually offered by a medical doctor or other licensed health care provider. _____ (Initials)

I have read and understand the above stated policies and information. I have received a full and complete explanation of the treatment and services that I may receive under the care of Catherine Stack N.D.

I hereby authorize and consent to treatment. I intend this consent form to cover the entire course of treatment I receive at Journey II Health. I also confirm that I may revoke this authorization for treatment at any time but will be financially liable for all treatment rendered.

I also represent that I am not an agent of any private, local, county, state or federal agency attempting to gather information without so stating. Patient Name (Please print.):

First

Middle

Last

Date of Consent: _____

Signature of Patient (or Parent or Legal Guardian)