

Welcome to Integrative Osteopathy

Thank you for scheduling an appointment with Dr. Lisa Butler.

Your appointment is scheduled _____

Please allow 1.5 hours for the first appointment.

We ask that you arrive 15-20 minutes early to complete paperwork unless you are bringing it to the office already completed.

If you are scheduling for osteopathic manipulation, please bring or wear comfortable clothing. Yoga clothing is ideal. Please do not wear heavy jeans, skirts or dresses and please refrain from wearing any hairspray, perfume or cologne.

New patient for osteopathic manipulation 1st Visit charges are ***\$190.00 per hour.***

New patient for complex medical issues 1st visit charges are ***\$250.00 per hour.***

Follow-up visits are 30 mins - 1hr avg cost is ***\$95/ 30 minutes.***

We accept cash, Visa/MC and checks and payment is expected at time of visit.

Cancellation policy: cancellation must be made 24 hours in advance. If you need to cancel please call 970-231-0822.

Dr. Butler is an Out-of -Network Provider.

That means that she is NOT A PROVIDER for any insurance company, Tricare or Medicare Please be familiar with your OUT OF NETWORK BENEFITS.

No out of network benefits are available for Dr. Butler's services for Tricare/Medicare

Dr. Butler cannot see any patients who have Medicaid. Please do not schedule with Dr. Butler if you have Medicaid. Medicaid fines non-participating providers who provide services for Medicaid insured patients even if they do not know the patient has Medicaid.

FINANCIAL / OFFICE POLICY

Thank you for choosing us as your health care provider. We are committed to providing the best possible care for you, and we want you to completely understand our financial policies. **Please read and initial the following:**

_____ Payment is expected in full at the time of service rendered unless previously arranged. We accept Cash, MC/VISA and Checks with proper ID.

_____ Dr. Butler is not a participating provider of any insurance company, HMO or Medicare for any services provided at this facility. Most insurance companies have provisions for consulting physicians out-of-network and will cover services in part or in full.

_____ Please remember that medical insurance is not a substitute for payment. Your insurance policy is a contract between you and the medical insurance company you choose. We are not a party to it. It is possible that our services may not be a covered benefit of your policy and that our fees are different from your company's fee schedule, as these vary from company to company. We do not bill your insurance company for you. It is your responsibility to obtain reimbursement from your insurance company.

_____ You are responsible for all charges associated with your care, regardless of insurance companies' reimbursement.

_____ We do NOT accept workers comp or Industrial Commission Association.

_____ **If you are a Medicare/TriCare patient you cannot submit for any type of reimbursement and will be asked to sign a government required contract detailing this.**

_____ Returned checks will be subject to a \$25.00 service charge.

_____ Our charges have been set according to national averages for Osteopathic Manipulative Medicine.

APPOINTMENT CANCELLATION

Our appointments are much longer than most offices, giving us more time with our patients. A cancellation can disturb the schedule leaving 40 to 60 minutes of down time. Because the time reserved for your appointment is valuable and could be used to meet the needs of other patients, we ask that 24hour notice be given for canceled appointments. **The first missed appointments or those not canceled 24 hours in advance are subject to a \$50.00 charge. The second and subsequent missed appointments will be billed the full amount of the visit.** This charge is your personal responsibility and it will be expected to be paid in full before your next visit. Please do your best to keep your appointment.

Patients arriving late will be treated up until the next scheduled appointment. **We do our best to stay on schedule as an important courtesy to our patients.** Thank you for understanding that this is our way of containing the ever-rising cost of health care. We appreciate your trust and the opportunity to serve you.

I have read and understand the above financial/office policy. I agree to abide by the terms and that payment for treatment is my responsibility.

What are the health and wellness concerns that have lead you to make an appointment?

What are your secondary health concerns?

What are your goals for resolving your concerns?

What was going on in your life at the time this concern began?

What was your first symptom?

How have your symptoms evolved over time?

What ongoing health conditions do you have for which you receive treatment (eg. Diabetes, hypertension)?

What medicines do you currently take?

What supplements do you currently take?

	Medication	Environmental	Food
Allergies:	_____		

What is a typical day's diet for you?

If you are seeking care for nutritional concerns, please complete a 3-7 day food diary of everything you eat and drink. If you use a free diet tracking app such as Calorie Count or My Fitness Pal, Dr. Butler can link to your log.

What exercises do you currently do?

Exercise	How often	Duration	Intensity
Eg. Walk	3x/week	30 min	moderate

Besides your exercise program, how physically active are you during the day?

Constantly moving, never sit down

- Move > 50% of the time
- Sit most of the day
- Other

What treatments have you sought previously?

- Medications
 - PT
 - Massage
 - Chiropractic
 - Naturopathy
 - Acupuncture
 - Trigger point injections
 - Epidural injections
 - Dry needling
 - Other: please specify _____
-

What medical physician specialists have you seen previously for this problem? And when?

What diagnostic studies have been done for this problem?

What have you done to try to relieve the concern?

Please fill out the remaining pages as apply to your areas of concern. For example, if you do not have concerns with pain or athletic performance, feel free to skip that page.

Pain and Performance

Where is your pain?

What is your pain level?

At rest _____

With normal daily activity _____

During exercise _____

After exercise _____

What makes your pain worse?

What makes your pain better?

Is your pain:

Constant

Intermittent

Both

If constant, does the intensity of your pain change?

How does the pain affect you?

Is your pain associated with other symptoms?

Numbness or tingling

Weakness

Un-coordination

Soreness

Tightness

Poor recovery

Burning

Aching

Pressure

Nausea

Other: please specify _____

What do you do to try to make the pain better? Does it work?

If your concern is with athletic or job performance, how is your performance limited?

How is this different than your performance was previously?

What do you think causes your concern with performance?

Is the altered performance always a problem or just in certain situations?

Do you follow a specific or special diet? Why?

Gluten Free

Dairy Free

Vegetarian

Modified Vegetarian

Vegan

Raw

Other: please specify _____

Have you ever had an eating disorder? What kind?

Do you desire to change your weight?

Lose

Gain

Remain the same

What is your general sense of your diet?

Very healthy

Healthy

Could use work

Poor

Do you feel that you absorb nutrients well?

Do you have digestive problems?

Constipation

Diarrhea

Blood in stools

Abdominal pain

Reflux or heartburn

Get full easily

Irritable Bowel

Crohns disease

Ulcerative Colitis

Ulcers

Gastric bypass

Other: Please specify _____

What is your concern regarding your diet / weight / digestion?

What do you hope to change as a result of working with Dr. Butler?

When did this become a concern?

What was going on in your life at the time this concern began?

Online Communications Informed Consent

Please fill this out if you wish to be able to use email or other online communications (diet logs) with Dr. Lisa Butler of Integrative Osteopathy.

Instructions for Using Online Communications

You agree to take steps to keep your online communications to and from me confidential including:

- Do not store messages on your employer-provided computer; otherwise personal information could be accessible or owned by your employer
- Use screen savers or close your messages instead of leaving them on the screen for passersby to read.
- Keep your password safe and private
- Do not allow other individuals or third party access to the computer(s) upon which you store medical messages or other personal medical information
- If you have or learn of an personal email addresses that I use, you will not use them for medical communications
- All messages need to have a subject in the subject line. Subjects should not be your name or "hey" or "hello."

Charges for Using Online Communications

My office may charge for certain online communications. You will be informed in advance when/if these charges apply and you will be responsible for payment of these charges if you accept and use any fee-based service.

Conditions of Using Online Communications

The following agreements and procedures relate to online communications:

- My office will print out a copy of all medically important online communications and/or electronically include it in your medical record. This means that appropriate members of my staff will have access to these communications as a part of our medical records keeping, treatment, and billing.
- You should print or store a copy of all online communications that are important to you.
- I will not forward online communications with you to third parties except as authorized or required by law.
- You agree to follow the procedures that I implement that allow me to verify your identity in connection with online communications and you acknowledge that failure to comply with these procedures may terminate our online communications.
- Online communications will be used only for limited purposes.
 - Online communications cannot be used for emergencies or time-sensitive matters.
 - Online communication does not replace an office visit.
 - Diagnosis and treatment decisions will not be made via email.
 - Online communication should not be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases or addiction treatment.
 - If there is other information that you do not want transmitted via online communications, you must tell me.
- I will make every attempt to respond within the timeframe I have designated. However, there may be times when this is not feasible and you understand and agree to accept variations in response times. You also agree to

use other forms of communications with my office and me if online responses are not satisfactory to you. All urgent requests should occur via telephone.

- While I will take reasonable precautions to protect your information, I am not liable for improper disclosure of confidential information unless it was caused by my intentional misconduct.
- Follow up is your responsibility. You are responsible for scheduling any necessary appointments and for determining if an unanswered online communication wasn't received.
- You are responsible for taking steps to protect yourself from unauthorized use of online communications, such as keeping your password confidential. I am not responsible for breaches of confidentiality caused by you or an independent third party.
- I will not engage in any illegal online communication, including illegally practicing medicine across state lines.

Access to Online Communications

The following pertains to access to and use of online communications:

- Online communication does not decrease or diminish any other ways in which you can communicate or see me. It is an additional option and not a replacement. You are encouraged to contact my office via telephone, mail, or in person, as always, if you have any questions or needs.
- I alone will decide which medical topics are appropriate for online communications and with whom I communicate online.
- I may stop providing online communications with you or change my online services provided at any time without prior notification to you.

Risks of Using Online Communication

All medical communications carry some level of risk. While the likelihood of risks associated with the use of online communications, particularly in a secure environment, is substantially reduced, the risks are nonetheless real and very important to understand. It is very important that you consider these risks each time you plan to communicate with me, and communicate in such a fashion as to mitigate the potential for any of these risks.

These risks include, but are not limited to:

- Online communication may travel much further than you planned. It is easier for online communications to be forwarded, intercepted, or even changed without your knowledge.
- Online communication is easier to falsify than handwritten or signed hard copies. A dishonest person could attempt to impersonate you to try to get your medical records.
- It is harder to get rid of an online communication. Backup copies may exist on a computer or in cyberspace, even after both of us have deleted our copies.
- Online communications are admissible as evidence in court.
- Online communications may disrupt or damage your computer if a computer virus is attached.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of online information between my physician and me and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that my physician may impose to communicate with patients via online communications. I have had a chance to ask any questions that I had and to receive answers. I have been proactive about asking questions related to this consent agreement. My questions have been answered and I understand and concur with the information provided in the answers.

Patient Name:

Patient Signature:

Date:

Withdrawal of this Informed Consent must be done by written online communications or in writing to my office.

PHILOSOPHY

Dr. Butler is Board Certified in Family Practice and Osteopathic Manipulative Medicine. She is dedicated to providing finest in Osteopathic Manipulation and Integrative Medical care. Dr. Butler focuses on the diagnosis and osteopathic treatment of soft tissue injuries, headache, back pain, chronic fatigue syndrome, fibromyalgia, herniated discs, numbness, tingling, nerve pain, overuse injuries, muscle spasms, joint stiffness and pain, and other musculoskeletal problems. In addition, Dr. Butler provides an Integrative Medicine approach to menopausal symptoms, hormone imbalance, nutritional deficiencies, digestive concerns / inflammatory bowel, food sensitivities, and inflammatory conditions. Her goal is to help patients understand their medical problems and develop ways to optimize their health.

FIRST VISIT

The first visit is used for history taking and biomechanical physical exam. A treatment plan is formed, and osteopathic manipulation is performed in the time remaining. First visits are usually 1.5 hours. **Follow-up visits are usually 45- 60 minutes.** Appropriate laboratory tests and diagnostic radiographs may be ordered if necessary. Medication may be prescribed, exercise programs instituted, and appropriate referrals made.

TREATMENT RISKS

Osteopathic manipulation is very safe and gentle, but is not completely without risks. There are rare reports in medical literature of instances where patients have suffered worse pain after treatment, numbness or weakness, fractures, dissemination of preexisting conditions such as undetected malignancy, breaking loose a blood clot, and vertebral artery tears. These complications are extremely rare, however patients should be aware that such rare events happen and that some of these complications may be serious. Dr. Butler has excellent training in manual and physical medicine techniques and every reasonable precaution shall be taken to assure patients experience only positive outcomes from the treatments. If you have any specific concerns, please feel free to address them with Dr. Butler.

FOLLOW-UP CARE

Patients may be scheduled for follow-up treatments on an individual basis. Patients may have a “flare” the day after treatment, which is normal. This is different from pain and feels more like muscle soreness following a workout or flu-like muscle aches. For problems that require more than one treatment, follow-up visits are usually scheduled at 3 –10 day intervals. The treatment intervals generally decrease as the patients’ symptoms improve. No specific results are guaranteed.

CONSENT FOR TREATMENT

I understand the above and agree to be treated.

Patient Signature

Date

Print Name: _____

I understand the above and agree to have my child treated.

Parent/Guardian

Date

PATIENT REGISTRATION FORM

PLEASE PRINT

APPOINTMENT DATE _____ PATIENT’S DATE OF BIRTH _____/_____/_____

SEX: M or F MO DAY YR

PATIENT’S NAME

FIRST MI LAST

ADDRESS _____
STREET CITY ZIP

MAILING ADDRESS (if different) _____
STREET CITY ZIP

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

BEST NUMBER TO CONTACT _____ **MARITAL STATUS** _____

EMPLOYER _____
NAME STREET CITY ZIP PHONE

OCCUPATION _____ SOCIAL SECURITY#(last 4 digits only) _____

Please answer ALL of the following:

ARE YOU OF MEDICARE AGE? YES NO

ARE YOU MEDICARE DISABLED? YES NO

ARE YOU BEING SEEN FOR AN ACCIDENTAL INJURY? YES NO AUTO WORK

EMERGENCY CONTACT – Please give us the Name, Address and Phone Number of 2 people we may discuss your medical condition with, in case of an emergency.

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE NUMBER _____ PHONE NUMBER _____

Please be aware that you are, at all times, responsible for all payments and fees.

I attest that the information given is correct.

Patient's Signature

Signature of Guardian

The services provided by Dr. Butler are intended for consultation, diagnosis, and treatment of chronic or complex medical conditions and osteopathic manipulation. Her services do not include primary care services. All patients are required to have a primary care physician for all health maintenance needs (annual physical examinations, mammograms, colonoscopies, skin cancer screening, bone density, prostate, and all other screening). Upon request, I will provide a list of PCPs or specialists that are willing to work with the integrative philosophy.

Dr. Butler does not offer emergency care. Patients should seek care for acute emergencies and after hours care from their primary care physician or the emergency department of the local hospital.

I have read and understand that Dr. Butler is not responsible for screening, health maintenance care, emergency care, after hours care, or acute health crises. I agree to have a primary care physician to meet those needs.

My Primary Care Physician is:

Name

Address

Phone Number

Patient's Signature

Signature of Guardian

I acknowledge that I read and/or received a copy of the Integrative Osteopathy Patient Notice of Privacy Practices effective August 29, 2018.

Signature: _____ Date: _____ Patient
(or Guardian, if applicable)

Please submit all requests in writing to our Medical Records Department, at Lisa Butler D.O. Integrative Osteopathy 2629 Redwing Road, Suite 116, Fort Collins, CO 80526. There may be a charge for transferring medical records.

If you have any questions regarding this notice or the HIPAA privacy policies please contact Lisa Butler, D.O at 970-231-0822 or through email at DrButler@io-health.com.