Summit
natural wellness center

A NOTE REGARDING YOUR CHILD'S ATTENDANCE

DURING FIRST OFFICE VISITS.

The first office visit is dedicated to comprehensive information gathering. The length of the first office visit is typically 1 to 1 1/2 hours long. For everyone's benefit, it is best for the doctors and parents to discuss the child's case without interruption. We ask that you bring your child to following appointments.

Under certain circumstances, (i.e. acute health concerns), the doctor may request that the child be present at the first visit. This will be determined when you schedule your child's appointment. We thank you in advance for your understanding.

Dr. Nicholas J. Parasson • Dr. Julieann Flynn • 1680 Akron Peninsula Road, Suite 103, Akron OH 44313
ph: 330.928.6685 • fx: 330.928.6690 • www.snwcenter.com

Summit
natural wellness center

Welcome to Summit Natural Wellness Center.

Congratulations on taking this important step toward improving your health. We are dedicated to providing you personalized health care with an emphasis on science-based natural therapies.

If this is your first visit to a Naturopathic doctor, it is important that you understand our health care philosophy and how we differ from conventional medical practices. If you have not done so already, please review the content of our website (www.snwcenter.com) as it discusses in detail everything you need to know about our center, the doctors and other general information regarding your appointment.

Included in this document, please find our comprehensive Health Questionnaire/Intake form, which we ask that you complete in advance of your initial visit. We ask this because much of the information required on the form is readily available to you at home. Completing the form prior to your appointment will ensure that we have all the information necessary to provide you the best care possible.

Also included in this document is our Informed Consent/Financial Policies form.
Please carefully review and sign the document prior to your appointment.

If you have any questions or concerns regarding either of the aforementioned forms,
please contact us.

Along with the forms, please also remember to bring the following items to your initial appointment.

- Recent Lab Results
- Pathology Reports
- Current Medications
- Current Supplements

Once again, we appreciate you having entrusted us with your health care needs, and are excited that you are taking this very important step toward achieving your health goals.
We are looking forward to seeing you.

Yours In Health,

Dr. Nicholas J. Parasson

Dr. Julieann Flynn

Summit
natural wellness center

Regarding Insurance Reimbursement

Most health insurance coverage is limited to those states that offer licensure to Naturopathic Doctors. Currently, Ohio is not a licensed state and therefore it is unlikely your insurance provider will cover services rendered by a Naturopathic Doctor. However, as demand for complementary and alternative medicine increases, more insurers are providing coverage.

Summit Natural Wellness Center provides the following information **for you to submit** to your insurance provider for **possible** reimbursement.

Some of the information required by insurance companies is provided on your invoice. This includes CPT codes for consultations and/or laboratory work performed and an ICD-9 code. Other information that may be required is provided in this document.

Please do not ask Summit Natural Wellness Center for additional information or to submit claims on your behalf as we have no involvement with any insurance providers.

Please contact your insurance provider to ask what information they need regarding claims.

Please retain this document for future use.

Doctors' Names:
Nicholas Parasson, ND
Julieann Flynn, ND

Degree:
Doctor of Naturopathic Medicine

Federal Tax ID Number (or TIN) & Medical License Numbers:
Please have your insurance company call or fax our office for this information if necessary.

Phone: (330) 928-6685
Fax: (330) 928 6690

HCPC (Healthcare Provider Code):
ND175F00000X

Summit
natural wellness center

Informed Consent and Financial Policies

This form provides important information regarding Summit Natural Wellness Center's services and financial policies. Please read it carefully and sign at the bottom indicating you read, understand and agree to its content. Please ask questions if you would like clarification or additional information. A copy of this form is available should you request.

Doctors Parasson and Flynn are graduates of Bastyr University in Seattle, Washington. They are both trained and licensed as primary care physicians in the state of Washington. At this time, the state of Ohio does not license Naturopathic physicians and has not adopted any educational or training standards for Naturopaths or Naturopathic physicians. This statement of credentials is for informational purposes only.

Under Ohio law, a Naturopath or Naturopathic physician may not provide a medical diagnosis, prescribe medical treatments or recommend discontinuance of these treatments. Therefore, our services are not to be misconstrued as directly or indirectly dispensing medical advice for the cure or mitigation of any disease or condition. Nor is it an attempt to diagnose or prescribe, being that Nicholas J. Parasson, N.D. and Julieann Flynn, N.D. are not licensed M.D.s, D.O.s, chiropractors, nurses, dietitians, physical therapists or any other type of licensed practitioner in the state of Ohio. If a client desires a diagnosis or service from one of these licensed practitioners, the client may seek or continue such services at any time.

The client understands that our recommendations and services are primarily that of an educator, consultant or "coach" in regard to the utilization of natural methods for building and maintaining health. The client agrees to hold harmless and waive any claim of present or future liability or negligence against Nicholas J. Parasson, N.D., Julieann Flynn, N.D., and / or Summit Natural Wellness Center for recommendations, services rendered or products purchased. The client understands that the recommendations and services rendered by Summit Natural Wellness Center may differ from those usually offered by a conventional medical doctor or other health care provider.

The client is aware that Naturopathic health care is not an exact science and acknowledges that no guarantees have been made as to the results of services and accepts no responsibility for their outcomes.

Confidentiality: All information provided on the health questionnaire/intake form or during office visits is confidential. Information will only be released outside of our center with the patient's written and signed request.

Fees and Payment: Fees for office visits and phone consultations are based on a rate of $120.00 per hour. Summit Natural Wellness Center requires payment in full at time of service for office visits, supplements and/or products sold. Payment methods include cash, checks and major credit cards.

Insurance: Most insurance coverage is limited to those states that offer licensure to Naturopathic doctors. Currently, Ohio is not a licensed state and therefore it is unlikely your insurance provider will cover services rendered by a Naturopathic doctor. However, as demand for complementary and alternative medicine increases, more insurers are providing coverage. Therefore, it is worthwhile to contact your insurance provider and ask if Naturopathic care is covered. If so, your invoice will provide the appropriate information for submission to your insurance provider for possible reimbursement. Summit Natural Wellness Center does not bill insurance providers.

Cancellation Policy: Summit Natural Wellness Center requires that cancellations for scheduled appointments be received 24 hours in advance during regular office hours (M-F, 9am-5pm). We reserve the right to charge for missed or canceled appointments that do not follow this policy. Fees are based on a rate of $120.00 per hour.

I fix my signature to certify that I,

_____
(Print Name)

am voluntarily seeking the services of Nicholas J. Parasson, N.D.,, Julieann Flynn, N.D. and/or Summit Natural Wellness Center and have read, understand and agree to the above statements and policies.

_____
(Signature)

_____
(Date)

Dr. Nicholas J. Parasson • Dr. Julieann Flynn • 1680 Akron Peninsula Road, Suite 103, Akron OH 44313
ph: 330.928.6685 • fx: 330.928.6690 • www.snwcenter.com

Summit
natural wellness center

Child Acute Intake

For children ages 10 years and under

Date: _____

Child's Last Name:_____ Child's First Name:_____ MI: _____

Nickname:_____ Birthdate:_____ Sex: _____

Mother's Name:_____ Father's Name: _____

Sibling(s):_____

A NOTE TO OUR PATIENTS: Please complete this two-sided form as thoroughly as possible to aid in your diagnosis and treatment. This is a confidential record and will not be released, except when you have provided us with written authorization to do so. Thank you.

Besides mother and father, does anyone else take care of the child? ☐ No ☐ Yes Who? _____

Has the child received healthcare elsewhere? ☐ No ☐ Yes Where? _____

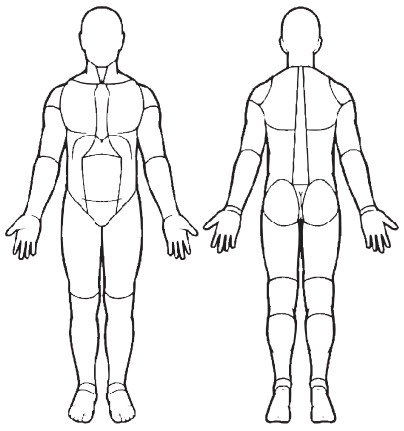
Has the child been immunized? ☐ No ☐ Yes Which ones? _____

How would you rate this child's health in general? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you have concerns about the child's behavior or development? ☐ No ☐ Yes: _____

Do you have any concerns about the child's nutrition or growth? ☐ No ☐ Yes: _____

Date of last physical/annual exam:_____ Date of last blood tests: _____

Please list most important health concerns in their order of significance.	**Prior diagnosis of this problem? If so, what?**	**Indicate painful or distressed areas:**
1.		
2.		
3.		
4.		

What goals do you have for your visit at the clinic today? _____

_____

Do you have any questions about our clinic or care? _____

_____

Dr. Nicholas J. Parasson • Dr. Julieann Flynn • 1680 Akron Peninsula Road, Suite 103, Akron OH 44313
ph: 330.928.6685 • fx: 330.928.6690 • www.snwcenter.com

Please list any prescription medications, over the counter drugs, supplements, vitamins, herbs, homeopathic remedies, etc that the child is currently taking with dosages: _____

_____

Please list any allergies to medication or life threatening allergies: _____

FAMILY HEALTH HABITS
Please check

How often does the child use a seatbelt (car seat)? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

How often does the child use a helmet when riding a bicycle? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Does your home have smoke detectors? ☐ Yes ☐ No Do you feel that you live in a safe place? ☐ Yes ☐ No

Does anyone the household smoke? ☐ Yes ☐ No

Does the child currently smoke cigarettes? ☐ Yes ☐ No. If yes, how many? _____

Does the child follow any particular diet regimens or restrictions? ☐ Yes ☐ No. If yes, please describe: _____

_____

PAST HISTORY
Please check those that apply to child

☐ Frequent Ear Infections
☐ Allergies, Hay Fever
☐ Eczema, Psoriasis
☐ Anemia
☐ Heart Murmur
☐ Vision Problems
☐ Kidney or Bladder Infections
☐ Seizures
☐ Broken Bones
☐ Hearing Problems
☐ Bed Wetting
☐ Injury or Abuse
☐ Asthma
☐ Pneumonia, Bronchitis, Persistent Cough

FAMILY MEDICAL HISTORY
Please check the 'yes' box next to each condition that applies to the child's mother, father or other family members. Please note whether the condition is in the past or currently by denoting a 'P' for past, or 'C" for current. Indicate who had the condition in the 'Relation' column.

	Yes	**Relation**	**Date Resolved** Past (P) Current (C)		**Yes**	**Relation**	**Date Resolved** Past (P) Current (C)
Alcoholism/ Drug Addiction				Headaches			
Allergies				Heart Disease			
Anemia				Hepatitis			
Arthritis				High Blood Pressure			
Asthma				Kidney Disease			
Cancer				Mental Illness			
Depression				Stroke			
Diabetes				Tuberculosis			
Eczema				Other			
Epilepsy							