

Synchronicity Health Centre

Carolyn Humphreys, ND

206 N. Acacia Ave Solana Beach, CA 92075 P: 858.847.0922 F: 858.847.0923

The 7 Principles of Naturopathic Medicine

1. The Healing Power of Nature (Vis Medicatrix Naturae)

The healing power of nature is the inherent self-organizing and healing process of living systems. Naturopathic medicine recognizes this healing process to be ordered and intelligent. It is the naturopathic physician's role to support, facilitate and augment this process by identifying and removing obstacles to health and recovery, and by supporting the creation of a healthy internal and external environment.

2. First Do No Harm (Primum Non Nocere)

Naturopathic physicians utilize methods and medicinal substances which minimize the risk of harmful effects, and apply the least possible force or intervention necessary to diagnose illness and restore health. Whenever possible the suppression of symptoms is avoided as suppression generally interferes with the healing process.

3. Treat The Cause (Tolle Causam)

Every illness has an underlying cause, often in aspects of the lifestyle, diet or habits of the individual. A naturopathic physician is trained to find and remove the underlying cause of a disease.

4. Doctor as Teacher (Docere)

The original meaning of the word "doctor" is teacher. A principal objective of naturopathic medicine is to educate the patient and emphasize self-responsibility for health. Naturopathic physicians also recognize and employ the therapeutic potential of the doctor-patient relationship.

5. Treat The Whole Person

Health or disease comes from a complex interaction of mental, emotional, spiritual, physical, dietary, genetic, environmental, lifestyle, and other factors. Naturopathic physicians treat the whole person, taking these factors into account.

6. Preventive Medicine

The naturopathic approach to health care can prevent minor illnesses from developing into more serious diseases. Patients are taught the principles with which to live a healthy life and by following these principles, they can prevent major illnesses.

7. Wellness

Establishing and maintaining optimum health and balance. Wellness is a state of being healthy, characterized by positive emotion, thought, and action. Wellness is inherent in everyone no matter what dis-ease(s) are being experienced. If wellness is really recognized and experienced by an individual, it will more quickly heal a given dis-ease than direct treatment of the dis-ease alone.

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Office Policies

Welcome to SHC!

Please review and initial each paragraph, then sign and date below.

Missed Appointment Policy

Appointments are a commitment on the part of both client and practitioner. Because we reserve a specific time in our schedule just for you, please provide at least 24-hour notice if you need to reschedule or cancel your appointment. Any appointment cancelled with less than 24 hours notice or is missed altogether is subject to a \$75 dollar charge.

_____ Initials

Notice of Privacy Policy

Initial below to acknowledge you have received a copy of the Notice of Privacy Policy that explains in detail the policy regarding how your health information can be used and disclosed.

_____ Initials

Our Practitioners

SHC is made up of a group of legally separate practitioners who share space. Your care and the results of your care are the responsibility of the practitioner who provided that care. All other practitioners and the entities of Inner Wisdom Wellness Center/Synchronicity Health Centre are not responsible for any issues, financial or otherwise, that may arise with the practitioner who provided the services.

_____ Initials

Consent

I have read the information above and fully understand my responsibilities. I understand that my express consent is required to release any information relating to testing, diagnosis or other health care. I also understand that a photocopy of this form is as valid as the original. Please sign below that you understand and agree to the above office policies and willingly give your consent for treatment.

Patient Signature

Date

Patient's Name (printed)

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Exchange Agreement

Fees & Payment

All payment is due at the time of service, in the form of cash, check, VISA or MasterCard.

Naturopathic Medical Care

First appt	\$245	90 mins
Follow up	\$195	60 mins

Craniosacral Therapy

\$90 1 hr session

NAET – Allergy Elimination Technique

First appt	\$155	60 mins (includes treatment)
Follow up	\$75	30 mins

NAET: Children rates are \$125 and \$65

B-12 Injections

\$25 Other vitamin combos available; prices vary

Insurance

Naturopathic services may be covered by your insurance as an out-of-network benefit verses an in-network benefit. To find out if you have out-of-network benefits, call the customer service number on the back of your insurance card.

If you are eligible and desire the option of submitting to your insurance company, please let me know *before* your appointment. For ‘insurance appointments’, specific criteria must be met during the appointment in order to be compliant with insurance specifications.

Please note that even if you do have out of network benefits, insurance companies have chosen **not** to provide coverage for all services offered here at SHC. This includes but is not limited to Kinesiology, NAET (allergy treatments) and nutritional counseling.

Submitting to insurance is the responsibility of the individual, not that of SHC. At the end of an ‘insurance appointment’ you’ll be given a ‘superbill’ with the insurance codes that you may submit to your insurance company for reimbursement.

Insurance is known for being a little confusing at times, so if you have any questions, just ask!

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N.A.E.T.

General Information

NAET (Namputipad's Allergy Elimination Technique) was developed by Dr. Devi Namputripad, MD, DC, Lac, & PhD. The NAET treatment process re-educates your immune system to eliminate the allergic reaction or hypersensitivity to the allergen being treated. This process utilizes kinesiology (muscle testing), *acupressure* and craniosacral therapy.

What Allergens can be Treated?

This technique can be used for a wide number of substances that produce an allergic reaction or hypersensitivity. Some examples are listed below.

Environmental allergies: trees, pollen, flowers, weeds, grasses, dust, mold, etc

Pets & Animals: cats, dogs, domestic birds, guinea pigs, horses, bug bites, pet food or litter.

Food: all

Beverages: all

Prescription Medications: to help manage side effects and many times increase their efficacy

Over-the-Counter medications: to help manage side effects and many times increase their efficacy

Supplements: to help manage adverse reactions and many times increase their efficacy

Inhalants: perfumes, colognes, gasoline, cleaners, pesticides, formaldehyde (the 'new' smell in clothes, carpet, furniture, etc), essential oils, chemicals in salons, nail shops, etc.

How Long Does an Appointment Last?

The first NAET appointment is 60 minutes during which an initial assessment is taken about your allergies and its history followed by the first NAET treatment. Follow up appointments are around 30 minutes.

What Happens During a NAET Treatment?

The NAET process uses Kinesiology (muscle testing), *acupressure* and craniosacral therapy. Kinesiology is used to help determine the order in which the allergens are treated and to assess treatment progress. Acupressure is used to re-educate the immune system via the meridians. Craniosacral therapy further integrates the information and helps remove blockages stored in the body. On occasion, other treatments may be suggested for more deep seated allergens.

How Many Appointments Will I Need?

This cannot be precisely known at your first appointment. However, it is recommended to start with the 'Top 10'. The 'Top 10' are the building blocks (e.g. egg) that create the foundation on which more complex allergens can be successfully treated (e.g. wheat & dairy). Typically each substance is treated one by one. But there can be times when a combination will be used.

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N.A.E.T.

Understandings & Agreements

There are a few aspects to the NAET treatment process that are important to know before we begin. Some of which include simple things you can do before and after your treatment to more quickly and smoothly move through the Allergy Elimination Treatments. Please review and initial after each paragraph.

I understand there is a sequence of treatments that are required in order to achieve the best results. In most cases, this means I likely will not start with an allergen I have in mind e.g. wheat, or dairy. The sequence of treatments is based on a building block style by starting with simpler allergens moving to more complex allergens. Just as we learn the ABC's before we learn how to write full words.

_____ Initials

I understand that some allergies or hypersensitives I have may be deep seeded and require more than one treatment and still will be charged for the session at the usual price. I also understand that Dr. Humphreys cannot predict which substances will be more or less difficult for me to 'clear' and may require more than one treatment.

_____ Initials

It is important to avoid contact with the allergen being treated for the following 25 hours. Contact includes, eating, drinking, being exposed to the allergen (breathing in, picking up treated allergen at the grocery store, preparing food for others, etc). To best prepare yourself, read ahead in The NAET Guidebook (complimentary book at your first appointment) for what food items need to be avoided. This is not necessary for your first treatment.

_____ Initials

It is also important not to have any other energetic treatments which may disrupt the re-education given during the NAET treatment. This includes acupuncture, craniosacral therapy, massage therapy, Reiki and other similar treatments. There may be times of exception, and will be considered for each person and for each modality in question. Please plan accordingly for your first treatment.

_____ Initials

There is not just one treatment for one condition (e.g. allergy) that works for everybody, every time. We have all heard something to that effect, in part on wishful ears hoping for a panacea and the other hearing the truth in it. Dr. Humphreys uses the NAET treatment process as a point of entry to understand and treat allergies. Know that 99% of your appointments will include NAET and at some point, other treatments and/or lab testing likely will be recommended. Other treatment EX's: salt water bath, 10 min journal session, extra walk, flower essence, allergy testing, GI function and infection testing, etc.

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N.A.E.T.

Highly Recommended Reading

These books can be of support through your NAET treatment process and provide many guidelines to allow you to more quickly and smoothly integrate the treatments.

- The NAET Guidebook You will receive a complimentary book at your first appointment. Use this book as a reference; it contains many specific recommendations for self pre- and post NAET care. Following these guidelines will enable you to more quickly and smoothly move through the treatment process.
- Say Goodbye to Illness This is considered the basic NAET book, detailing its development, testimonials and various ways this technique is used. This is available for purchase on the NAET website (www.naet.com) as well as other places that sell books.
- For even more information please see the official website www.naet.com.

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Patient Information

Patient Profile

Date: ___/___/___

Name:		Date of Birth:	Age: <input type="checkbox"/> M <input type="checkbox"/> F
Address:		Apt:	
City:		State/Zip:	
How did you hear about this clinic?	<input type="checkbox"/> Ad: SD Nat'l Health Guide Other:	<input type="checkbox"/> Friend: Who?	<input type="checkbox"/> Practitioner: Who?
	<input type="checkbox"/> NAET website:	<input type="checkbox"/> Lab Website: Which one?	<input type="checkbox"/> Other: Please indicate

Contact Information

Phone Numbers: Check the box next to the phone number(s) below where a message can be left that may contain confidential health information. If none, please mark here _____ (initials)		
<input type="checkbox"/> Home #:	<input type="checkbox"/> Work #:	<input type="checkbox"/> Cell #:
E-mail address: (used minimally for announcements)		
Occupation:	Employer:	
Emergency Contact:	Relationship to you:	
Emergency Contact Phone #:		

Other

Have you ever seen a naturopathic doctor?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you seen any kind of alternative practitioner?	<input type="checkbox"/> Y <input type="checkbox"/> N

OFFICE USE ONLY

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Name _____ Date of Birth _____ Today's Date _____

INTENTION

Please indicate briefly state your interest for NAET treatments *and* the time (mo/yr) they started:

REACTIONS

What are the allergic symptoms you experience? _____

Have you ever had an anaphylactic reaction? To What? _____

Do you have an Epi pen? ___Y___N___

Have you ever been told by a health care provider you need an Epi pen? ___Y___N___

AVOIDANCE

Are they any allergens you are purposely avoiding to some extent? What?

Yes	No	Maybe	Please list specifically for each category: (if you have lab results, skip this box)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foods/Beverages	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets/Animals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fragrances	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medications	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over-the-Counter	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaners	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemicals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beauty Products	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others	

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Name _____ Date of Birth _____ Today's Date _____

HISTORY

Family members (blood relatives) who have allergies? __mom__ __dad__ __sib#__ __others__ _____
At what age did you *first* develop allergies? _____
Is there an age / year your allergies seem to noticeably worsen? _____

LABS / TESTING

Have you had any allergy testing done? If yes and you have a copy of the results, please bring them in. Otherwise fill out the **Medical Records Request Form** (last page) and either give it to your doctor's office or it can be faxed from this office; the results are not necessary for your first appointment.

Please list year test was done, and if the entire test results were negative, indicate so.

Skin Scratch _____
Blood Draw _____
Elimination Diet _____
Experimentation _____
Other _____

ALLERGY TREATMENTS

Have you had allergy shots? ___Y___ N___ Dates of treatment? _____ Effectiveness _____
Previous NAET treatments? ___Y___ N___ Dates of treatment? _____ Effectiveness _____

Any other allergy treatments *used in the past*? ___Y___ N___ Please describe _____

Please describe any *current* allergy treatments (including prescriptions, over-the-counter, or supplements of any kind) _____

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REQUEST FOR MEDICAL RECORDS

Patient Name _____ Date of Birth _____
Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

I hereby authorize (Clinic/Doctor Name) _____
Address _____ Ste# _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____

To release the following information:

__XXX__ Labs Results (list years test dates were done) _____

Please Fax Records to 858-847-0923 or Mail to:

Synchronicity Health Centre
Dr. Carolyn Humphreys, ND
206 N. Acacia Ave, Solana Beach, CA 92075
P: 858.847.0922 F: 858.847.0923

CONSENT FOR RELEASE of MEDICAL RECORDS

I hereby authorize Dr. Carolyn Humphreys, ND at 206 N. Acacia Ave, Solana Beach, CA to release the above information to:

I hereby authorize (Clinic/Doctor Name) _____
Address _____ Ste# _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____

Minor, age 13 and older: A minor patient's signature is required in order to release the following information: (1) conditions relating to the minor's reproductive care including, but not limited to, contraception, pregnancy and pregnancy termination, sterilization, and sexually transmitted diseases (age 14 and older). (2) Alcohol and/or drug abuse (age 13 and older) and, (3) mental health conditions (age 13 and older).

If my medical records contain information regarding diagnosis or treatment of mental illness, drug and/or alcohol abuse, HIV (AIDS virus), or sexually transmitted disease, I give my specific authorization for these records to be released, unless I specifically exclude certain information in writing.

I release Carolyn Humphreys, ND from all legal responsibility or liability that may arise from the release of this information. I understand that I may revoke this consent at any time, except when action has already been taken. This release expires 90 days from the date below, however this consent form maybe revoked at anytime prior unless action has already been taken.

Patient or Guardian _____ Date _____