

## 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

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#### **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

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### 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

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#### 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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### 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: <b>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)</b>		
<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 had Craniosacral Therapy before?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you seen any kind of alternative practitioner?	<input type="checkbox"/> Y <input type="checkbox"/> N

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**OFFICE USE ONLY**

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Please state the main reason(s) for today's visit:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Health Concern 1

- When did the condition begin?
- Describe the area of the body affected (e.g. head)
- Does it radiate to any other areas?
- How would you describe the problem (i.e. dull, achy pain?)
- How would you rate the severity on a scale of 1 to 10 with 10 being the worst?
- When does it occur (i.e. constantly, only the morning etc)?
- Does it only occur with certain activities (i.e. sleep)?
- What makes it better?
- What makes it worse?

## Health Concern 2

- When did the condition begin?
- Describe the area of the body affected (e.g. head)
- Does it radiate to any other areas?
- How would you describe the problem (i.e. dull, achy pain?)
- How would you rate the severity on a scale of 1 to 10 with 10 being the worst?
- When does it occur (i.e. constantly, only the morning etc)?
- Does it only occur with certain activities (i.e. sleep)?
- What makes it better?
- What makes it worse?

## Health Concern 3

- When did the condition begin?
- Describe the area of the body affected (e.g. head)
- Does it radiate to any other areas?
- How would you describe the problem (i.e. dull, achy pain?)
- How would you rate the severity on a scale of 1 to 10 with 10 being the worst?
- When does it occur (i.e. constantly, only the morning etc)?
- Does it only occur with certain activities (i.e. sleep)?
- What makes it better?
- What makes it worse?

# Synchronicity Health Centre

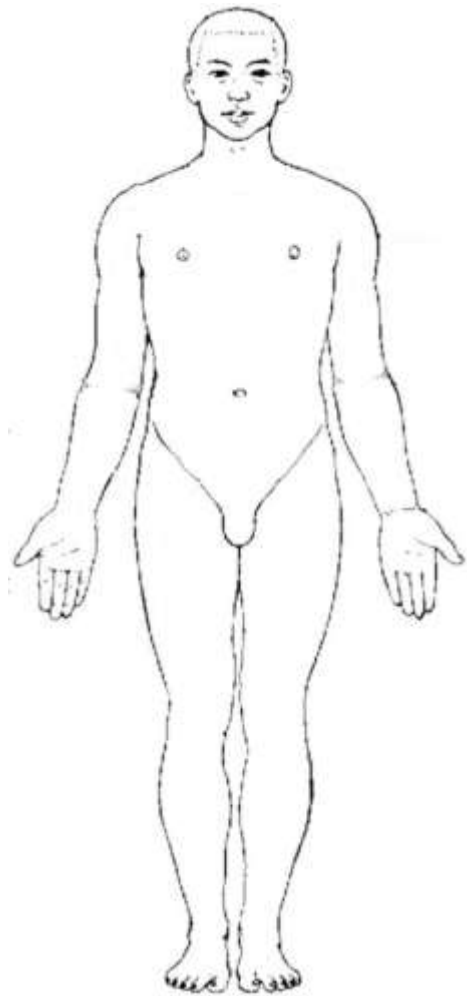
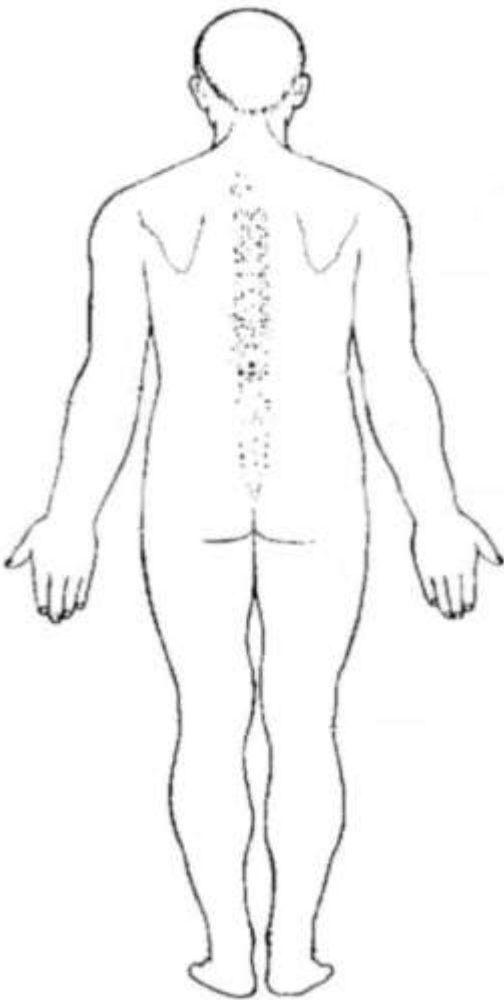
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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Please indicate areas of concern using the symbols below to describe your sensations.

●●●	Tightness
+++	Stabbing
✓✓✓	Burning
-----	Achy / dull
***	Numbness



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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Practitioners	Name	City	Clinic Name or Hospital Name	Prescribes you medication?	Happy with care overall?
Family Doc				Y / N	Y / N
Chiropractor				Y / N	Y / N
Acupuncturist				Y / N	Y / N
Physical Therapist				Y / N	Y / N
Neurologist				Y / N	Y / N
Rheumatologist				Y / N	Y / N
Energetic Healer				Y / N	Y / N
Massage Therapist				Y / N	Y / N
Other(s):				Y / N	Y / N

List other current therapies for these health concerns and how they are benefitting you: \_\_\_\_\_

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List other therapies you have *used in the past* for these health concerns and why you are not currently using hem: \_\_\_\_\_

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Are you currently taking any prescriptions, over-the-counter or supplements for pain management? \_\_\_\_\_

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