

ELEVATION SPORTS MEDICINE CLINIC

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Dr. J. Alvarez BS, DC, FDN

LAB (BLOOD CHEMISTRY) INTAKE FORM

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ AGE: _____ MALE / FEMALE

YOUR OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ CELL: _____

Name of insurance company: _____

Please hand us your insurance card (if applicable) and driver's license (to scan for your file)

CONSENT TO (LAB, BLOOD CHEMISTRY) CARE: I hereby authorize the doctor to examine me and / or review my history to administer / order the appropriate lab(s) / blood chemistry study. I also understand that a venipuncture and / or finger prick is needed to draw the blood. A culture may also be needed, as well as a urine analysis (urine sample). Other tests may include, (but not be limited to) stool samples and other bodily fluids and cultures of those bodily parts / fluids. In general, venipunctures and finger pricks are safe with no serious side effects. Common side effects are bruising at the sight of the blood draw, and soreness. In rare cases, infection may occur. The lab facility that renders the service should go over with you any contraindications and what to expect including side effects. If you have a history of fainting, please let the phlebotomist / doctor at hand know before the procedure begins.

Lab results and treatment plan: Due to the nature of blood chemistry, your results should fall into 1 of 3 categories. 1. Normal lab values. 2. Values that are out of range (but not necessarily a red flag). 3. Lab values that are high and a red flag. If the values are normal, typically no treatments is necessary or we continue with the protocols that are working to keep the values in normal range. If the values are out of range but not necessarily a red flag, diet, lifestyle and nutraceuticals are usually recommended to help bring the values into a normal or near normal range, and at times medications may also recommended to help you. If the values are (dangerously) high, a medical referral is recommended. At any time, co-managing is always an option (2 or more providers working together for your health success). Once payments are satisfied (no remaining balance) we forward you the labs electronically (email you a PDF). **We require you simply respond to the email "thank you for the labs, I did receive them" or if you wish, you can come to the clinic and sign in to receive a printed copy of the labs** at \$1.00 per page. Treatment plans are variable due to the nature of your results. A treatment plan or "game plan" will be recommended to you within 60 days. For example, if calcium comes back deficient, we would recommend a diet rich in calcium or a calcium supplement along with other diet and lifestyle changes. For best results, following the "game plan" usually yields healthy improvements. Like anything in health care, nothing is 100% guaranteed to work. However, most of the time, changes in diet and lifestyle (for the better) do improve a person's quality of life.

Signature: _____ Date: _____



Payment Policy: I understand payment from insurance is not a guarantee and I am responsible for paying the fees for service at the time of service, no exceptions, regardless of insurance coverage. In the event insurance does *not* cover labs (due to high deductible or underinsured reasons) payment is still due at the time of service. (See below for lab fees). If insurance is billed, and the insurance company issues a payment to our clinic, that insurance payment is applied toward full fees of the labs, consultations, and other clinical / clerical fees. You may also request a superbill, this is a \$20 service fee. A superbill is a way to "bill your own insurance company" in hopes you may be reimbursed. You will have to call your insurance rep to have them walk you through the superbill process as it is tedious. Payment is for the labs only. Additional fees apply for consultations (\$46 / 15 minutes). These consultations to help you with where to go from here is the same as coming in for a treatment. We also have "online" training to help. You are also welcome to take your lab results and visit with a nutritionist or another practitioner. We have a successful game plan to help you that is effective, as we have been doing this a long time.

Lab Fees:

Food Allergy Testing \$499

Full Lab panel \$269

Other:

Lab Test _____ \$ _____

Lab Test _____ \$ _____

Lab Test _____ \$ _____

Lab Test _____ \$ _____

Lab Test _____ \$ _____

Other: _____ \$ _____

Signature: _____ Date: _____

Circle the following (that applies to you)

Name: _____

- Itching or tingling after eating
- Abdominal pain
- Bloating
- Gas
- Cramping (in the stomach)
- Abnormal bowel movements
- Diarrhea
- Nausea
- Hives
- Skin rashes
- Other skin issues _____

- Runny nose (after eating)
- Watery eyes
- Sneezing
- Throat swelling
- Difficulty breathing
- Asthma like feeling(s)

- Brain fog
- Loosing memory
- Not dreaming
- Don't remember dreams
- Feel like you "can't slow your brain down"
- Poor sleeping patterns
- Low energy (lethargic)
- Vertigo
- Tinnitus (or exacerbation of)
- Changes in heart rhythm

- Eat on the go
- Eat fast foods
- Sugar consumption
- You have a "sweet tooth"
- Refined foods
- Caffeine / uppers (Red Bull and the like)
- Coffee (how many cups / day _____)

- Eat once a day
- Eat small amounts of foods
- Eat large amounts of foods

- Exercise
 - Strenuous
 - Moderate
 - Light
- Exercise days / week
- Favorite workouts
 - Waking
 - Running
 - Swimming
 - Biking
 - Lifting weights
 - Other _____
 - Other _____
 - Other _____
- Anything else you would like to add you feel is relevant
