



DEAR NEW PATIENT-

WELCOME TO RESTORATIVE WOMEN'S HEALTH! I AM SO GLAD YOU ARE HERE. MY NAME IS NICCI WILHOITE AND I AM A FAMILY NURSE PRACTITIONER . I PRACTICE FUNCTIONAL MEDICINE (PLEASE SEE ENCLOSED FLYER "WHAT IS FUNCTIONAL MEDICINE?"). AS A NURSE PRACTITIONER I AM LICENSED TO DIAGNOSE, ORDER TESTS AND PRESCRIBE MEDICATION WITH A COLLABORATIVE AGREEMENT WITH A PHYSICIAN. MY COLLABORATING PHYSICIAN IS KIM LENTZ, MD.

I UTILIZE A NUMBER OF TREATMENT MODALITIES INCLUDING LIFE STYLE INTERVENTIONS, PHARMACEUTICALS , HEALTH COACHING AND DIETARY SUPPLEMENTS. FUNCTIONAL MEDICINE REQUIRES THAT THE PATIENT BE AN ACTIVE PARTICIPANT IN THEIR HEALTHCARE AND BE WILLING TO MAKE CHANGES TO THEIR LIFESTYLE. SOMETIMES THESE CHANGES CAN SEEM DIFFICULT BECAUSE THEY ARE NOT IN LINE WITH HOW WE WERE RAISED OR HOW OUR FAMILY AND FRIENDS LIVE THEIR LIVES. THERE WILL ALSO BE TRIAL AND ERROR. EVERYONE HAS THEIR OWN UNIQUE BIO- INDIVIDUALITY AND WHAT WORKS FOR ONE PERSON MAY NOT WORK FOR ANOTHER. MY JOB IS TO PROVIDE YOU WITH SUPPORT, INFORMATION, RECOMMENDATIONS AND RESOURCES. I MAY ALSO MAKE REFERRALS TO OTHER PROVIDERS INCLUDING CHIROPRACTORS, OB/GYNs, DOULAS, PELVIC FLOOR PHYSICAL THERAPIST, MERCIER THERAPY, NATURAL FAMILY PLANNING EXPERTS, DIETICIANS, NUTRITIONISTS, MENTAL HEALTH PROVIDERS, HERBALISTS, ACUPUNCTURISTS AND OTHER MEDICAL SPECIALISTS. I AM A PART OF A UNIQUE GROUP OF INTEGRATIVE WOMEN'S HEALTH PRACTITIONERS.

I WILL BE A PART OF YOUR HEALTHCARE TEAM, BUT I AM NOT A REPLACEMENT FOR YOUR PRIMARY CARE PROVIDER, OB/GYN OR MID-WIFE. YOU SHOULD CONTINUE TO GO TO YOUR APPOINTMENTS WITH THESE PROVIDERS. I AM HAPPY TO SEND THEM NOTES FROM OUR APPOINTMENTS TOGETHER AND I AM ALSO VERY INTERESTED IN YOUR VISITS AND LAB RESULTS WITH OTHER PROVIDERS. I HOPE TO HAVE A COLLABORATIVE RELATIONSHIP WITH THEM AND TRULY WORK AS A TEAM.

SERVICES I PROVIDE-

PREGNANCY PREPARATION. BELIEVE IT OR NOT WE SHOULD BE PREPARING OUR BODIES TO CONCEIVE. WE ARE FACED WITH HUNDREDS IF NOT THOUSANDS OF TOXINS A DAY AND RESEARCH HAS SHOWN THAT MANY OF THESE END UP IN CORD BLOOD AND THEREFORE OUR BABIES. THE STANDARD AMERICAN DIET IS ALSO OFTEN LOW IN MICRO AND PHYTONUTRIENTS. PREGNANCY PREPARATION MAY INCLUDE RECOMMENDATIONS ON TOXIN AVOIDANCE AND DETOX, EXERCISE, STRESS MANAGEMENT, DIETARY RECOMMENDATIONS AND MICRONUTRIENT TESTING. SOMETIMES YOU JUST NEED A LITTLE EDUCATION ON WHAT TIME IN YOUR CYCLE YOU SHOULD TRY TO CONCEIVE. IF YOU HAVE HAD TROUBLE CONCEIVING IN THE PAST OR YOU ARE CURRENTLY WORKING WITH A REPRODUCTIVE SPECIALIST I CAN HELP MAXIMIZE YOUR HEALTH AND SUCCESS.

ONCE YOU ARE PREGNANT I CAN CONTINUE TO FOLLOW ALONG WITH YOU AND YOUR OB/GYN OR MIDWIFE. I RECOMMEND CHECKING OUT BIRTHFIT ON THEIR WEBSITE [BIRTHFIT.COM](http://BIRTHFIT.COM). BIRTHFIT IS NOT ONLY A FITNESS PROGRAM DESIGNED FOR PREGNANCY AND PREPARING THE BODY FOR BIRTH, BUT IT IS ALSO A GREAT RESOURCE FOR WORKING ON YOUR MINDSET GOING INTO CHILDBIRTH AND MOTHERHOOD, ADVICE ON NUTRITION AND A GREAT SOURCE OF SUPPORT. BIRTHFIT IS BASED ON THE PRINCIPALS OF DYNAMIC NEUROMUSCULAR STABILIZATION.

POSTPARTUM CARE. THIS IS WHERE MY PASSION LIES. WHEN I WAS IN FAMILY PRACTICE AND I WOULD ASK MANY OF MY FEMALE PATIENTS “WHEN IS THE LAST TIME THAT YOU FELT WELL?” SO MANY OF THEM WOULD SAY, “BEFORE I HAD MY CHILDREN.” YES, MOTHERHOOD IS DIFFICULT BUT I BELIEVE THAT THERE ARE MANY THINGS WE CAN DO TO HELP WOMEN REALLY FLOURISH IN THIS SEASON OF THEIR LIFE. MANY WOMEN EXPERIENCE IMBALANCE IN THEIR STRESS HORMONES, THYROID DYSFUNCTION, NUTRIENT DEPLETION AND MANY MORE IN THE POSTPARTUM PERIOD. THESE PROBLEMS CAN PUT YOU AT RISK FOR OTHER THINGS SUCH AS CHRONIC FATIGUE AND POSSIBLY POSTPARTUM MOOD DISORDERS AND EVEN DIFFICULTY CONCEIVING YOUR NEXT CHILD. AGAIN, I HOPE TO COACH BIRTHFIT CLASSES STARTING SPRING OF 2020 AND HELP WITH SOME OF THE PHYSICAL RECOVERY OF CHILD BIRTH AS WELL. I DO RECOMMEND THAT EVERYONE SEE A PELVIC FLOOR THERAPIST AND POSSIBLY A CHIROPRACTOR POSTPARTUM.

WOMEN’S HEALTH. I ALSO TREAT MANY OTHER WOMEN’S HEALTH COMPLAINTS AND CONDITIONS SUCH AS PMS, THYROID DISORDERS, FATIGUE, PERI-MENOPAUSE, MENSTRUAL PROBLEMS, AUTOIMMUNE CONDITIONS, PROBLEMS WITH GUT HEALTH, ETC.

WHAT TO EXPECT AT YOUR VISIT-

IN YOUR FIRST VISIT, I WILL OBTAIN A COMPLETE MEDICAL HISTORY. THE KEY TO FUNCTIONAL MEDICINE IS TREATING EACH PERSON AS AN INDIVIDUAL AND GETTING TO THE ROOT CAUSE OF HEALTH PROBLEMS. THAT GENERALLY ENTAILS A DETAILED CONVERSATION ABOUT YOUR CURRENT STATE OF HEALTH, HEALTH HISTORY, FAMILY HISTORY, DIET, LIFESTYLE HABITS, ETC. AT THAT POINT, WE WILL DISCUSSED YOUR POTENTIAL APPROACHES AND RECOMMENDED LABORATORY WORKUPS. THIS VISIT WILL LAST APPROXIMATELY 75-120 MINUTES AND IS PRIMARILY AN INFORMATION GATHERING AND SHARING SESSION. I MAY MAKE SOME SIMPLE RECOMMENDATIONS AT THIS TIME, BUT MOST ADVICE WILL BE DEFERRED UNTIL AFTER LAB AND PHYSICAL EXAM RESULTS ARE IN AND THERE HAS BEEN TIME TO THOUGHTFULLY CONSIDER YOUR CASE.

THE SECOND VISIT IS GENERALLY SCHEDULED A WEEK OR TWO LATER. ANY PHYSICAL EXAM THAT IS INDICATED WILL BE PERFORMED DURING YOUR SECOND VISIT. IT IS AT THAT TIME THAT I WILL DISCUSS THE REVIEW OF FINDINGS. THIS INCLUDES WHAT MAY BE CAUSING YOUR HEALTH PROBLEMS AND WHAT SUPPLEMENTATION (VITAMIN, MINERALS, HERBS), DIET, AND LIFESTYLE CHANGES MAY BE NEEDED, AS WELL AS ANY OR OTHER MEDICATIONS THAT MAY BE APPROPRIATE FOR YOUR CARE. FOLLOW-UP VISITS ARE USUALLY SCHEDULED IN APPROXIMATELY 4-8 WEEKS FROM THIS VISIT TO EVALUATE PROGRESS AND MAKE ANY ADJUSTMENTS IN YOUR PROGRAM.

HOW OFTEN YOU SEE ME AFTER WILL DEPEND ON WHY YOU ARE BEING TREATED. SOME HEALTHY PEOPLE SEE ME ONLY ONCE A YEAR FOR PHYSICAL EXAMS AND SCREENING LAB TESTS. MANY PEOPLE WHO HAVE MULTIPLE COMPLAINTS ARE SEEN MORE OFTEN BASED ON THE SEVERITY OF THEIR CONDITION.

INSURANCE PAYMENTS- AT THIS TIME I AM NOT TAKING INSURANCE PAYMENTS. I AM CONSIDERED AN OUT OF NETWORK PROVIDER. THIS GIVES ME THE FREEDOM TO SPEND MORE TIME WITH YOU AND MORE TIME OUTSIDE OF OUR APPOINTMENTS WORKING ON YOUR PLAN OF CARE. I CAN PROVIDE YOU WITH THE NECESSARY PAPERWORK FOR YOU TO SUBMIT ON YOUR OWN FOR POSSIBLE REIMBURSEMENT. YOU CAN USE AN HSA CARD AS WELL.

CANCELLATIONS- FOLLOW-UP APPOINTMENTS MUST BE CANCELED OR RESCHEDULE 24 HOURS IN ADVANCE AND NEW PATIENT APPOINTMENTS MUST BE CANCELED OR RESCHEDULED AT LEAST 48 HOURS IN ADVANCE. FAILURE TO CANCEL AN APPOINTMENT WILL RESULT IN FORFEITING YOUR APPOINTMENT AND BEING CHARGED THE FULL APPOINTMENT FEE. IF THERE IS A TRUE EMERGENCY PLEASE LET ME KNOW AT THE TIME OF CANCELATION AND THE FEE CAN BE WAVED.

TARDINESS- I WILL DO MY ABSOLUTE BEST TO BE ON TIME. I HAVE BUILT MY SCHEDULE TO FACILITATE THIS. I HAVE ALSO ALLOWED FOR ADEQUATE TIME FOR OUR APPOINTMENTS TOGETHER. APPOINTMENTS ARE MUCH LONGER THAN THE 15-20MIN APPOINTMENTS THAT ARE CUSTOMARY IN OUR CURRENT HEALTHCARE ENVIRONMENT SO WE ARE NOT LIKELY TO GO OVER THE ALLOTTED TIME. OUR APPOINTMENTS WILL START AT THE TIME THE APPOINTMENT IS SET AND WILL END 75-120MIN LATER FOR NEW PATIENT APPOINTMENTS, 60MIN LATER FOR YOUR FIRST FOLLOW- UP AND 45MIN LATER FOR ALL OTHER FOLLOW-UP APPOINTMENTS.

PAYMENT- NEW PATIENT EVALUATION APPOINTMENTS ARE \$400, 1ST FOLLOW-UP AND PLANNING APPOINTMENT IS \$250 AND SUBSEQUENT FOLLOW UP APPOINTMENTS ARE \$165. ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE. PAYMENTS CAN BE TAKEN IN THE FORM OF CASH, CHECK (WHICH ARE APPRECIATED AND PREFERRED) OR CREDIT/DEBIT CARD.

LAB TESTING- I DO ORDER DIAGNOSTIC LABS TO HELP GUIDE YOUR TREATMENT. MANY OF THE TESTS WILL BE DONE AT LOCAL LABS AND CAN BE BILLED TO INSURANCE, BUT THERE IS NO GUARANTEE THAT YOUR INSURANCE WILL PAY FOR THEM. IF YOU HAVE CONCERNS ABOUT PAYMENT YOU SHOULD CONTACT YOUR INSURANCE COMPANY PRIOR TO HAVING THE BLOOD WORK DRAWN. IT IS ALSO IMPORTANT FOR YOU TO UNDERSTAND THAT I HAVE BEEN TAUGHT TO INTERPRET LABS IN A WAY THAT OPTIMIZES HEALTH. THERE

ARE PRACTITIONERS WHO MAY DISAGREE WITH MY APPROACH. I STRIVE TO HAVE YOUR LABS IN THE OPTIMAL RANGE THAT PROMOTES HEALTH. I DO UTILIZE SPECIALTY LAB TESTS AS WELL. WITH A FEW EXCEPTIONS THESE LABS ARE CASH PAY ONLY. THESE LABS ARE NOT REQUIRED.

DIETARY SUPPLEMENTS- I DO OFTEN RECOMMEND DIETARY SUPPLEMENTS. THESE MAY BE HERBAL PRODUCTS MADE BY A LOCAL HERBALIST, PHARMACEUTICAL GRADE SUPPLEMENTS OR PRODUCTS COMPOUNDED AT A LOCAL COMPOUNDING PHARMACY. I ALSO OFFER A SIGNIFICANT DISCOUNT ON PHARMACEUTICAL GRADE SUPPLEMENTS THROUGH AN ONLINE DISPENSARY CALLED "FULLSCRIPT." I CAN SET UP AN ACCOUNT FOR YOU AT YOUR FIRST APPOINTMENT. DIETARY SUPPLEMENTS ARE NOT REQUIRED BUT I DO FIND THAT THEY HELP TO SPEED UP THE HEALING PROCESS FOR MANY.

WHILE THESE SUPPLEMENTS MAY COME AT A HIGHER FINANCIAL COST THAN THOSE FOUND ON THE SHELVES OF PHARMACIES OR HEALTH FOOD STORES, THE VALUE MUST ALSO INCLUDE ASSURANCE OF THEIR PURITY, QUALITY, BIOAVAILABILITY (ABILITY TO BE PROPERLY ABSORBED AND UTILIZED BY THE BODY), AND EFFECTIVENESS. THE CHIEF REASON I MAKE THESE PRODUCTS AVAILABLE IS TO ENSURE QUALITY. YOU ARE NOT GUARANTEED THE SAME LEVEL OF QUALITY WHEN YOU PURCHASE YOUR SUPPLEMENTS FROM THE GENERAL MARKETPLACE. I AM NOT SUGGESTING THAT SUCH PRODUCTS HAVE NO VALUE; HOWEVER, GIVEN THE LACK OF STRINGENT TESTING REQUIREMENTS FOR DIETARY SUPPLEMENTS, PRODUCT QUALITY VARIES GREATLY.

IF YOU HAVE FURTHER QUESTIONS AFTER READING THE ENCLOSED INFORMATION, PLEASE GIVE ME A CALL. I WILL BE HAPPY TO ASSIST YOU. PLEASE BE SURE TO COMPLETE ALL FORMS AND BRING THEM WITH YOU TO YOUR APPOINTMENT. IF YOU HAVE RECENT BLOOD WORK RESULTS, PLEASE BRING THOSE AS WELL. I LOOK FORWARD TO SERVING YOU AND HELPING YOU FLOURISH.

IN HEALTH,

A handwritten signature in black ink that reads "Nicci Wilhoite, FNP". The signature is written in a cursive, flowing style.

NICCI WILHOITE, FNP



**CONDITIONS AND CONSENT FOR TREATMENT**

<b>PATIENT'S INITIALS</b>	<p><b>At Restorative Women's Health we strive to provide you with the best, personalized care. To make this possible we ask you to adhere to the very important policies below. Please read them carefully, initial all the boxes, and indicate your agreement by signing at the bottom</b></p>
	<p><b>CONSENT FOR TREATMENT.</b>          I consent to and authorize my healthcare practitioner to provide care and treatment prescribed by and considered necessary or advisable by the treating healthcare practitioner. I acknowledge that no guarantees have been made to me about the results of treatment.</p>
	<p><b>ATTENDANCE/COMPLIANCE and CANCELLATION/NO SHOW POLICY:</b>          I understand that in order for functional medicine treatment to be effective, I must attend my scheduled appointments and arrive on time unless there are unusual circumstances that prevent me from attending therapy. Please call or text if you need to cancel. We require at least a 24 hour notice for cancellation or rescheduling of follow-up treatments and 48 hour notice for cancellation or rescheduling of initial evaluations. <b>No shows or cancellations less than 24 hours in advance for follow-up treatments or 48 hours in advance for initial evaluations will be charged the full visit fee.</b></p>
	<p><b>FINANCIAL POLICY:</b>          For optimal patient care, Restorative Women's Health has chosen to be an out-of-network provider. By not having a preferred provider/contracted status with insurance companies, your provider does not have to limit the time or quality of treatment provided secondary to insurance company restrictions or elevate clinic rates to pay for billing services. Upon your request, we will give you a receipt of your services that you can submit to insurance for reimbursement if you have out-of-network insurance benefits or to apply toward your annual deductible.          We accept cash, check, debit or credit card payment at the time of your service (cash or check is preferred). You may also use your Health Savings or Flex Spending Account to pay for your services. The rates are as follows:          \$400 for Initial Evaluation (75 minutes) --- \$250 for initial planning session and lab review (60 minutes) and --- \$165 for subsequent follow up appointments (45 minutes). Appointment packages are also available.</p>
	<p><b>HIPPA AUTHORIZATION:</b>          We understand that health information about you is personal and we are committed to protecting it. We create a record of the care, services and assessments you receive from us. We need this record to provide you with the quality care and to comply with certain legal requirements. This notice applies to all of the health related records of your care generated by Restorative Women's Health whether made by your personal treating practitioner or others working within Restorative Women's Health. This Notice of Privacy Practices will tell you about the ways in which we may use and disclose health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:</p> <ul style="list-style-type: none"> <li>• Make sure that health information that identifies you is kept private.</li> <li>• Give you this notice of our legal duties and privacy practices with respect to health information about you.</li> <li>• Not retaliate against you for filing a complaint.</li> </ul>

<b>PATIENT'S INITIALS</b>	<p><b>At Restorative Women's Health we strive to provide you with the best, personalized care. To make this possible we ask you to adhere to the very important policies below. Please read them carefully, initial all the boxes, and indicate your agreement by signing at the bottom</b></p>
	<p><b>SALE OF DIETARY SUPPLEMENTS</b>  <i>You are under no obligation to purchase nutritional supplements at our clinic or through our online dispensary service through Fullscript.</i>  As a service to you, we make nutritional supplements available in our office and online through Fullscript. We recommend products only from manufacturers who have gained our confidence through considerable research and experience. We determine quality by considering: (1) the quality of science behind the product; (2) the quality of the ingredients themselves; (3) the quality of the manufacturing process; and (4) the synergism among product components. The brands of supplements that we carry in our facility and recommend through Fullscript are those that meet our high standards and tend to produce predictable results.</p>
	<p><b>FUNCTIONAL MEDICINE LABORATORY TESTING</b>  The purpose of functional medicine laboratory testing in our office is to evaluate nutritional, biochemical, or physiological imbalance and to determine any need for medical referral. These lab tests in our office are not intended to diagnose disease. This office utilizes conventional lab tests as well as functional medicine assessment.  Functional medicine assessment is designed to assist our providers and other healthcare providers in finding the underlying causes of your condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine, and a wide array of scientific disciplines. Functional medicine evaluates the body as a whole, with special attention to the relationship of one body system to another and the nutrient imbalances and toxic overload that may adversely affect these relationships.  Your medical physician may or may not agree with the necessity for—or our interpretation of—these tests. If you have any questions or concerns, please discuss them with our providers.  I have read and understand the above.</p>

**I have read the above information, and I consent to medical evaluation and treatment. I have asked any questions and they have been answered to my satisfaction. I understand the risks, benefits and alternatives to treatment. I hereby voluntarily consent to medical treatment. I understand that I may choose to discontinue treatment at any time.**

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Guardian