Dr. Jonathan Kalman, N.M.D.
SAN DIEGO CENTER for RESTORATIVE MEDICINE
P. (619) 777-6567
Email drjonkalman@gmail.com
6221 Metropolitan Street, Ste. 100B
Carlsbad, CA 92009

CONTACT INFORMATION

Last Name	First Name	Today's Date

Home Address	City	State	Zip

Home Phone	Work Phone	Cell Phone	Email Address

Permission to Leave Messages ☐ Yes ☐ No	Date of Birth	Gender ☐ Male ☐ Female	Age	Marital Status

Occupation	Employer	Emergency Contact Name	Emergency Contact Phone

How Did You Hear About Us	Primary Medical Physician Name	Phone

PAST TREATMENT

Do You Have Regular Physical Exams ☐ Yes ☐ No	Date of Last Exam	Do You Have Regular Physical Exams ☐ Prostate Exams ☐ Pap Smears ☐ Mammograms ☐ Blood Work ☐ Breast Exams ☐ Breast Thermography
WOMEN Last Gynecological Exam	Date	Results ☐ Normal Other:
MEN Last Prostate Exam	Date	Results ☐ Normal Other:

Other providers seen currently or in the past year	☐ Medical Doctor ☐ Physical Therapist ☐ Naturopathic Doctor ☐ Nutritionist ☐ Chiropractor ☐ Psychiatrist ☐ Massage Therapist ☐ Personal Trainer

Other Treatments Currently Followed	Any Contagious Disease at This Time? If Yes, What? ☐ Yes ☐ No

CURRENT STATUS (Most Important Health Concerns Starting With The Most Immediate)

1.	4.
2.	5.
3.	6.

Usual Health ☐ Excellent ☐ Good ☐ Fair ☐ Poor Usual Energy ☐ Good ☐ Fair ☐ Poor ☐ Varies	Time of HIGHEST Energy During The Day ☐ Morning ☐ Evening ☐ Night Time of LOWEST Energy During The Day ☐ Morning ☐ Evening ☐ Night

Current Weight	Max. Weight	Ideal Weight	1 Year Ago	Have You recently ☐ Lost Weight ☐ Gained Weight	If Yes, Why

Current Medications Used More Than Occasionally	☐ Laxatives ☐ Tranquilizers ☐ Pain Relievers ☐ Thyroid Medication	☐ Cortisone (inhalers, cream, oral) ☐ Antibiotics ☐ Nutritionist	☐ Nasal Decongestants ☐ Antacids ☐ Sleeping Pills ☐ Birth Control Pills	☐ Diuretics ☐ Blood Thinners (Coumadin, warfarin, heparin) ☐ Appetite suppressants

Other Prescriptions, Over The Counter Medications, And Supplements You Take	Name	Reason	Dose	Start Date	Side Effects

Dr. Jonathan Kalman, N.M.D.
SAN DIEGO CENTER for RESTORATIVE MEDICINE
P. (619) 777-6567
Email drjonkalman@gmail.com
6221 Metropolitan Street, Ste. 100B
Carlsbad, CA 92009

HEALTH HISTORY

Have You had all standard vaccinations? ☐ Y ☐ N	☐ Measles ☐ Whooping Cough	☐ Rheumatic Fever ☐ Scarlet Fever	☐ Polio ☐ Asthma	☐ Roseola ☐ Chickenpox	☐ Rubella Other:	
ALLERGIES:	☐ Drugs And Medications ☐ Food And Beverages	☐ Chemical And Environmental	☐ Airborn Including Pollen, Molds And Dust	Others:		
How Were Hypersensitivities Or Allergies Tested	☐ None ☐ Scratch	☐ Kinesiology ☐ Intradermal	☐ Food Reintroduction ☐ Electroacupuncture	☐ Blood IGG ☐ Blood IGE		
What Happens When You Have An Allergic Reaction?						
Do You Currently Or Have You Ever Had Dental Amalgams (Silver Fillings)? ☐ Y ☐ N	How Many?	If They Were Removed What Do You Have In Their Place?	Did The Dentist Take Special Precautions? ☐ Y ☐ N			
Have You Ever Had Your Heavy Metals Tested? ☐ Y ☐ N	If Yes How Many Times	If Yes, How? ☐ Urine	☐ Hair	☐ Blood		
Please list all hospitalization, surgeries, and major injuries:						

LIFESTYLE

Physical Activities	Frequency	Duration

Substances Consumed	Type	Amount	Substances Consumed	Type	Amount
Recreations Drugs			Caffeine		
Nicotine Tobacco			Soda		
Excessive Sugar			Alcohol		

SLEEP	What Time Do You Go To Bed	Wake Up	Do You Feel Rested Y ☐ N ☐	Hours Per Night	Sleep Quality	☐ Poor ☐ Fair ☐ None ☐ Scratch
STRESS	Current Stress Level (0-10 With 10 Being The Highest Ever)	Major Stressors:	☐ Loved One Illness	☐ Death In Family	☐ Divorce	
	☐ Recent Move	☐ Job Loss	☐ New Job	☐ Physical/Emotional Abuse	☐ Alcohol/Drug Abuse	

DIET AND DIGESTION

Typical Food Intake

Breakfast	Lunch	Dinner	Snacks	Fluids

Are You Following Any Special Diet?			Any Food Cravings
☐ Changes In Thirst ☐ Excessive Thirst	☐ Changes In Appetite ☐ Excessive Appetite	☐ Poor Appetite ☐ Eating Disorder	Please Explain Eating Disorder If Applicable

URINATION FREQUENCY	Daytime Nighttime	Times Times	URINE COLOR	☐ Clear ☐ Murky	STRONG ODOR	☐ Yes ☐ No	BOWEL MOVEMENT FREQUENCY Times

Dr. Jonathan Kalman, N.M.D.
SAN DIEGO CENTER for RESTORATIVE MEDICINE
P. (619) 777-6567
Email drjonkalman@gmail.com
6221 Metropolitan Street, Ste. 100B
Carlsbad, CA 92009

REPRODUCTIVE

Are you and your partner trying to conceive ☐ **Yes** ☐ **No** **If Yes, For How Long?**

WOMEN			
Age of First Menses	**Age of Menopause (if applicable)**	**Are you Pregnant** ☐ **Yes** ☐ **No**	**If Yes, How Many Months**
No. Of Children	**No. of Pregnancies**	**No. of Live Births**	**No. Of Miscarriages**
Are You On Hormone Replacement Therapy ☐ **Yes** ☐ **No**		**On Oral Contraceptives** ☐ **Yes** ☐ **No**	
Date of Last Menstrual Period	**Average # Days of Flow**	**Average Length Of Cycle(days)**	**Regular Menstrual Cycle** ☐ **Yes** ☐ **No** / **Bleeding Between Periods** ☐ **Yes** ☐ **No**

Menstrual Pain (if Applicable)	**Pain Location**	**Other Menses Symptoms**		**Previously Diagnosed With**
☐ Cramping	☐ Lower Abdomen	☐ Heavy Flow	☐ Poor Appetite	☐ PID
☐ Burning	☐ Lower Back	☐ Scanty Flow	☐ Ravenous Appetite	☐ Fibroids
☐ Dull Aching	☐ Thighs	☐ Spotting Mid Cycle	☐ Vaginal Dryness	☐ Fibrocystic Breasts
☐ Consistent	☐ Other	☐ Vaginal Discharge	☐ Night Sweats	☐ Endometriosis
☐ Bearing Down		☐ Clotting	☐ Constipation	☐ Ovarian Cysts
☐ Intermittent Stabbing		☐ Uterine Prolapse	☐ Diarrhea	
		☐ Bloating	☐ Mood Swings	

Previously Diagnosed With: ☐ Fibrocystic Breasts ☐ PID ☐ Fibroids ☐ Endometriosis ☐ Ovarian Cysts

MEN	☐ Prostate problems ☐ Erectile dysfunction	☐ Premature ejaculation ☐ Impotence	☐ Testicular pain ☐ Lumps in testicles	☐ Feeling of cold or numbness in genitals

DIET AND DIGESTION

	Age (if living)	**Health Status (if not healthy)**	**Age At Death**	**Cause of Death**
Mother				
Father				
Sisters				
Brothers				

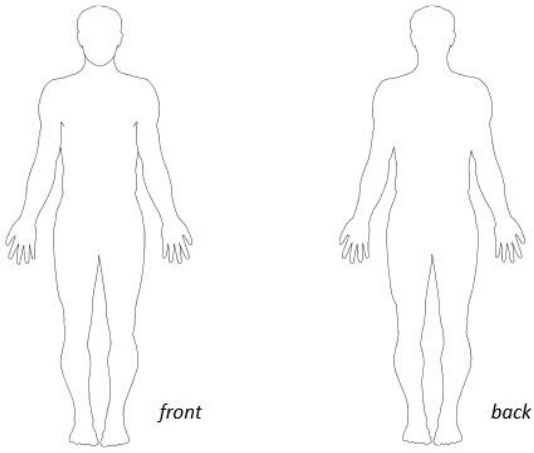
Indicate those Applicable (M) Mother (F) Father (S) Sibling (G) Grandparent

	Anemia		Glaucoma		Mental Illness		**Emotional Disorders**		**Cancer**		
	Arthritis		Heart disease		Seizures / Epilepsy		**Tuberculosis**	**Types**			
	Asthma / hayfever		High Blood Pressure		Thyroid Problems		**Substance Abuse**				
	Allergies		High Cholesterol		Hemophilia		**Eating Disorders**		**Hepatitis**		
	Alzheimer's		Kidney Disease		HIV / AIDS		**Parkinson's Disease**	**Types**			
	Diabetes		Liver Disease		Stroke						

EXPERIENCING PHYSICAL PAIN

If currently experiencing pain or discomfort, please indicate where by marking the illustration using the letters that best describe the pain and/or sensations that you are experiencing. If the pain radiates or moves, please indicate using arrows the direction

P Pain
F Fixed
D Dull
A Aching
S Sharp / Stabbing
N Numb
C Cramping
B Burning
***** Scarring



Dr. Jonathan Kalman, N.M.D.
SAN DIEGO CENTER for RESTORATIVE MEDICINE
P. (619) 777-6567
Email drjonkalman@gmail.com
6221 Metropolitan Street, Ste. 100B
Carlsbad, CA 92009

CURRENT SYMPTOMS

For the Following Please Write: (X) If you currently have the symptom (P) If you had the symptoms before to a significant degree
LEAVE BLANK if you never had the symptoms.

EMOTIONAL
- Anxiety/nervousness
- Mood swings
- Treated emotional issues
- Considered suicide
- Excessive worry
- Easily stressed
- Depression
- Seasonal depression
- Panic attacks
- Tension
- Insomnia
- Dreams/ nightmares
- Irritability
- Mood swings
- PTSD
- Fatigue
- Poor memory
- Decreased libido
- Increased libido

HEAD
- Headaches/migraines
- Head injury

NECK
- Lumps
- Goiter
- Swollen Glands
- Pain or Stiffness

EARS
- Pain in Ears
- Earache
- Infections
- Discharge from Ears
- Sensitivity To Noise
- Hearing Loss
- Hearing Aids

EYES
- Blurriness
- Sensitivity to Light
- Impaired Vision
- Cataracts
- Eye Pain / Strain
- Tearing
- Dryness
- Glaucoma
- Macular degeneration
- Glasses/contact lenses
- Poor night vision
- Spots or floaters
- Eye inflammation
- Double vision

Nose and Sinus
- Nasal congestion
- Sinus problems /sinusitis
- Nose Bleeds
- Hay Fever/Allergies
- Loss of Smell

MOUTH AND THROAT
- Frequent Sore Throat
- Teeth Grinding
- Bleeding Gums
- Speech Difficulties
- Copious Saliva
- Mouth and Tongue Ulcers
- Hoarseness
- Loss of Voice
- Difficulty Swallowing
- Thirst/Dry Mouth
- Jaw/TMJ Problems
- Gum Problems

CARDIOVASCULAR
- Heart disease
- Low blood pressure
- High blood pressure
- Blood clots
- Phlebitis
- Rheumatic fever
- Swollen ankles
- Angina
- Fainting
- Palpitations
- Chest pain
- Heart murmurs
- Stroke
- Chest pain or tightness
- Rapid heart beat
- Irregular heart beat
- Poor circulation

RESPIRATORY
- Cough
- Spitting Up Blood
- Asthma
- Pneumonia
- Emphysema
- Pain Upon Breathing
- Tuberculosis
- Night Sweats
- Coughing up Phlegm
- Wheezing
- Bronchitis
- Pleurisy
- Difficulty breathing
- Shortness of Breath
- While Laying Down
- At Night

IMMUNE
- Chills
- Fever
- Frequently Catch Cold Flu
- Chronic fatigue syndrome
- Chronically swollen glands
- Reactions to vaccinations
- Chronic infections
- Slow wound healing

GASTROINTESTINAL
- Trouble swallowing
- Hiccups
- Heartburn
- Nausea
- Bad breath
- Bad taste in mouth
- Vomiting
- Vomiting blood
- Blood in stool
- Black stool
- Mucus in stool
- Laxative use
- Constipation
- Diarrhea
- Bloating
- Indigestion
- Pain or cramps
- Belching
- Passing gas
- Ulcers
- Hemorrhoids
- Liver Disease
- Gallbladder Disease
- Distress From Eating Fats
- Jaundice

URINARY
- Pain on urination
- Wake to urinate
- Many urinary infections
- Blood in urine
- Frequent urination
- Incontinence
- Problem starting urination
- Kidney stones
- Urgent urination
- Incomplete urination
- Bedwetting
- Pain/itching of genitalia
- Nocturnal emission
- Delayed stream
- Dribbling
- Hernia
- Retention of urine
- Groin pain

BLOOD / PERIPHERAL VASCULAR
- Easy bleeding / bruising
- Deep leg pain
- Varicose veins
- Anemia
- Cold hands / feet
- Thrombophlebitis
- Fluid retention

ENDOCRINE
- Hypothyroid
- Hypoglycemia
- Heat/cold intolerance
- Diabetes

SKIN
- Rashes
- Acne Boils
- Color Changes
- Changes in Moles/Lumps
- Eczema/Psoriasis
- Itching
- Hair Loss
- Warts
- Hives
- Night Sweating
- Dry Skin
- Easy Bruising
- Fungal Infections
- Burns
- Dermatitis
- Impetigo
- Scars
- Bad Body Odor

NEUROLOGICAL
- Seizures / Epilepsy
- Vertigo or Dizziness
- Paralysis
- Numbness or Tingling
- Loss of Balance
- Tremors
- Poor Coordination

MUSCULOSKELETAL
- Joint Pain or Stiffness
- Broken Bones
- Muscle Soreness, Spasms, Cramps
- Arthritis
- Muscle Weakness
- Back Pain
- Difficulty Walking
- Rib Pain
- Limited Range of Motion
- Artificial Joint(s)
- Bursitis
- Carpal Tunnel Syndrome
- Muscular Dystrophy
- Plantar Fasciitis
- Tendonitis
- Whiplash
- Other: (describe)

INFECTION SCREENING
- HIV risks: self or partner
- TB: self or household
- Hepatitis Risk
- Gonorrhea
- Chlamydia
- Syphilis
- Genital Warts
- Herpes: Oral / Genital
- Other: (describe)

Dr. Jonathan Kalman, N.M.D.
SAN DIEGO CENTER for RESTORATIVE MEDICINE
P. (619) 777-6567
Email drjonkalman@gmail.com
6221 Metropolitan Street, Ste. 100B
Carlsbad, CA 92009

DECLARATION AND CONSENT TO TREAT

Name _____ Date:

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, and treat the cause of the illness by taking into consideration physical, mental, and emotional aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. It is very important therefore, that you provide such information as any medications or over the counter drugs you are currently taking, disease processes you are currently suffering from or if you suspect that you are pregnant.
This is to acknowledge that I have been informed and I understand that:

1. I have read all the foregoing information and that I understand that the ultimate responsibility for my health is my own.
2. I am receiving treatment from a Naturopathic Doctor, not a Medical Doctor.
3. All treatments offered are within the Naturopathic scope of practice.
4. Any treatment or advice given to me as a patient is not mutually exclusive from any treatment or advice that I may receive now, or in the future, from another licensed health care provider.
5. I am at liberty to seek or continue medical care from a physician, surgeon or other health care provider.
6. I accept full responsibility for any fees incurred during care and treatment. I agree to fully discharge this responsibility at the time of the visit unless prior arrangements have been made.
    - There are some slight health risks to treatment by Naturopathic medicine. These include but are not limited to:
    - Allergic reactions to supplements or herbs
    - Side effects of medications (eg. Hormone Therapy, Antibiotics) Pain, bruising, infection or injury from injections

PLEASE NOTE:
There is a 24-hour cancellation policy at the clinic. If you are unable to make your appointment, please notify the clinic at least 24hours in advance to ensure you are not charged the initial visit fee. _____ (Initial Here)

I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Signature/ Signature of Guardian _____

Dr. Jonathan Kalman, N.M.D.
SAN DIEGO CENTER for RESTORATIVE MEDICINE
P. (619) 777-6567
Email drjonkalman@gmail.com
6221 Metropolitan Street, Ste. 100B
Carlsbad, CA 92009

PRESCRIPTION REFILL POLICY

Name _____ Date:

Patients are required to contact the office 2 weeks prior to needing a prescription refill. A follow up appointment may be required prior to the prescription refill. Follow up appointments are typically scheduled every 3 months. Prescriptions are not written for a longer duration than 3 months.

Appointments are needed to review and properly document how well you are doing with your prescriptions and lifestyle changes. At this time, the Naturopathic Doctor will have the opportunity to review your blood work, symptoms, questions, concerns and general progress.

Please make sure to allow at least two weeks, as it takes time to do a follow up and for the pharmacy to mail you your prescription medications on time. This will ensure continuation of your treatment protocol without interruption. If you are unable to come into the office for an appointment and your prescription is going to run out, please let us know two weeks prior and we will be happy to offer you a phone consult.

Please do not email the office with health updates, as e-mail is not a secure way to transmit information. Sometimes we will not have access to your file when answering emails, so we cannot record your progress in your file. However, please feel free to e-mail the office with any questions you have about your treatment protocol.

I understand the above

Patient Signature/ Signature of Guardian _____

Dr. Jonathan Kalman, N.M.D.
SAN DIEGO CENTER for RESTORATIVE MEDICINE
P. (619) 777-6567
Email drjonkalman@gmail.com
6221 Metropolitan Street, Ste. 100B
Carlsbad, CA 92009

POLICIES

Office visits are by appointment only.

FEES

Please see our website for the most up to date fee schedule

APPOINTMENTS

- **First appointment. Please find on the website www.healmyjoints.com the intake forms, consent forms and a welcome letter for you to view and fill out. Please complete these and bring them to the visit with you.**
- **Please arrive at the office 10 minutes before your scheduled appointment. Please do not wear any scented products, as many of our patients are chemically sensitive. These include lotions, cologne, perfume, hair spray.**
- **Follow up consults may be scheduled in 15, 30, 45, or 60 minute blocks of time, depending on your needs.**
- **All consultations are charged for the time used over the allotted time scheduled, not the time booked.**
- **Research requested by the patient is a billable service, and will be charged at the hourly rate.**
- **Follow up Visits: we generally recommend that all patients have an office consultation every 3 months at a minimum**

CANCELLATIONS

- **If you cannot keep a scheduled appointment, you must notify us at least 24 hours prior to your scheduled time, or you may be charged for the missed appointment.**
- **As a courtesy, our office will send you an email or call you to confirm your appointment 1 business days in advance.**

PHONE CONSULTATIONS

- **We will call you for your scheduled appointment. Please allow a 15 minute window of buffered time.**
- **All appointments are scheduled for the Pacific Standard Time zone**

FOLLOW UP QUESTIONS

- **You can contact the doctor with follow-up questions, but please keep these brief. If a question is more involved, a consult may be required to respond to your inquiry**

TESTS

- **If you misplace an order for testing, we require 24-hour notice to rewrite the order. You can pick it up at the office or we can e-mail this to you.**
- **Test results will not be discussed via phone unless there is an appointment set up with the doctor to do a phone consult as your visit. Otherwise, test results will be discussed at appointments at the office.**

PRESCRIPTIONS

- **We require 24-hour notice for refills. We do not mail prescriptions or lab test orders.**
- **Hormone prescriptions are done on a 3-6 month basis, and require a phone consult or office visit to renew them.**
- **Please come to all appointments prepared with a complete medication list and let us know which of these require refills.**
- **No prescription dose changes will be made without an appointment.**
- **If you are sick or have side effects, please contact us immediately**

PAYMENT

- **Payment is due at the time of service. Please discuss any fee questions with Dr. Kalman before your appointment so you can know what to expect.**
- **Cash, check, FSA, HSA, debit & credit card accepted**
- **Lab testing is not included in the fee.**
- **Fee schedules can be arranged with the doctor prior to a visit if you are in financial need**

INSURANCE

- **Insurance does not directly cover naturopathic doctors.**
- **Many of the treatments are not covered by insurance companies.**
- **This office does not supply "superbills" for submission to insurance.**

INSURANCE CONT.

- **The patient doctor interaction is a fee for service program.**

MEDICAL LETTERS

- **We can provide medical letters (for schools, insurance companies, etc). The charge for generating these will be billed at the doctor's hourly rate.**

GENERAL

- **Please keep all health concern discussions to office visits.**
- **Please avoid discussing other people's health concerns at the visit. We have limited time together and we want to ensure we give you the attention and time you need to feel better. I cannot prescribe medication for others who are not my patients.**

The policies listed above have been established by me to ensure quality care to my patients and improve staff efficiency. Should you have any questions please contact our office.