



Nicola McFadzean, N.D.
Naturopathic Physician

Dear New Patient:

Thank you for choosing Dr. Nicola as your healthcare provider. She is dedicated to making your experience a most satisfying one.

The enclosed information is necessary in order for us to complete your in office file and for our participation in your health care. You are encouraged to make copies of these documents for your records. **Please email or fax these forms back, and mail or bring the originals to Dr. Nicola's office.**

- ✓ Patient Information Form
- ✓ Clinic Policies and Procedures
- ✓ Lyme Disease Consent Form
- ✓ Health History Questionnaire
- ✓ Symptom Checklist

Please supply us with copies of any relevant lab work and medical records. A summary of your illness – symptoms, medications, supplements, timelines, treatments used etc, will also be very helpful. If you cannot provide them prior to your appointment, you may bring them with you.

Please don't hesitate to contact us should you have any questions. Dr. Nicola looks forward to assisting you.

Appointment Date _____ Time _____

Australia:
3 Bass Place
St. Ives NSW 2075
61 (2) 9440 8560 ph
1 (619) 270 2582 fax

United States:
1111 Ft. Stockton Drive, #H
San Diego, CA 92103
(619) 546 4065 ph
(619) 270 2582 fax

Web: www.restormedicine.com

Email: info@restormedicine.com

Nicola McFadzean, N.D.

Clinic Policies and Procedures

Hours and location:

- Consultations are by appointment only.
- Consultations in Sydney, NSW will be held at the home of Julie McFadzean. Address is 3 Bass Place, St. Ives NSW 2075. Contact phone number is (02) 9440 8560.
- Consultations in Noosa, QLD will be held at Noosa Parade Medical Center. Address is Noosa Parade Professional Center, Suite 1, 168 Noosa Parade, Noosaville, QLD 4566. Contact phone number is (07) 5474 0466.

Fees:

- Fees are AU \$250 per hour for a 60 minute appointment.
- Payment is due at the time of your consultation. Payments must be made in cash. Please bring extra money in case supplements are prescribed.
- Follow up appointments are done by telephone or Skype at Dr. Nicola's usual US clinic rates (US\$165 for 30 minute follow-up).
- Dr. Nicola aims to do clinics twice annually in Sydney and annually in Noosa.

Labwork:

- Dr. Nicola will supply test kits and requisition forms for IGeneX lab, a specialist Lyme lab in the United States. Blood draws, FedEx fees (overnight shipping) and test fees are the responsibility of the patient.
- To give you an idea, the basic Lyme panel costs USD 245. Co-infection testing, if needed, ranges from \$200 - 1000.
- Blood samples must be sent on Mondays or Tuesdays only.

Appointments:

- Appointments are scheduled by telephone or email. Please leave possible dates and times. Dr. Nicola will confirm your appointment time with you.
- First appointment: Preferably, all initial paperwork will be completed, signed, and received prior to your scheduled appointment. Please email or fax these forms, and bring the originals with you to your appointment. Additionally, please email a photo (JPEG format) for our medical records.

Medical Letters:

- Medical letters to schools, insurance companies, other physicians, etc. are a billable service. If these items are requested there may be an additional charge based on the time involved at the hourly rate to complete your request.

Office Consultations:

- Please advise the doctor if wheelchair access is required.

Phone Consultations:

- Dr. Nicola will call you at the time of your scheduled consultation. Please allow a 10-minute window from your appointment time to hear from Dr. Nicola.
- Dr. Nicola requires patients outside of the USA to call the office at the time of their scheduled phone consultation. If this is not possible, then phone consultation phone bill charge will be billed to the patient. Dr. Nicola also uses Skype (user name is NicolaMcF).

Cancellations:

- If you cannot keep a scheduled appointment, you must notify us a minimum of 24 hours prior to your scheduled time, or you will be charged for the missed appointment.

Questions and Follow-up:

- Please direct e-mails, faxes or letters regarding you or your child’s care to info@restormedicine.com. Questions must be brief and concise. Dr. Nicola will determine if a phone or office consult is needed to answer your question(s). Otherwise, she or an administrative assistant will respond to your inquiry. When leaving a voice mail message, please be brief and concise and always include your name and phone number, including the area code.
- **Please Note: We try to accommodate questions regarding treatment clarification at no charge. Simply put, if you have a quick question about a supplement or diagnostic test we recommended or a therapy reaction you may be experiencing, then by all means contact us. However, if the response to a question you submit requires doctor research and/or review, you may be billed for the time involved at the doctor’s hourly rate.**

Follow-up Office Consultations:

- We generally recommend that all patients minimally have a face-to-consultation with Dr. Nicola every 6-12 months.

Insurance and prescribing:

- Dr. Nicola is a licensed Naturopathic Doctor in the state of California, USA. She is not licensed to practice medicine in Australia, and is acting as a naturopathic consultant while in that country. Therefore her services are not covered by Medicare.
- Dr. Nicola may provide suggestions regarding medication protocols, however she is not able to write prescriptions for any medications while in Australia.

Acceptance of Policies and Procedures

By completing the following you agree to the policies and procedures detailed above.

Patient (please print): _____ Date: _____

Signature (patient or responsible party): _____

If signed by party other than patient, print name: _____

Lyme Disease Consent for Treatment

I understand that I will be treated for Tick-borne Diseases by Dr. Nicola McFadzean and her representatives. Treatment often involves the use of antibiotics, antiarthritics, vitamin supplements, a rehabilitation program, lifestyle changes, diet, and possibly other therapies.

Currently there exists two “standards of care” for these illnesses. One standard believes that Lyme is a simple illness, easily diagnosed and easily cured with one or two short courses of antibiotics. The other recognizes that Lyme and associated diseases comprise a complex medical condition that often require prolonged or repeated courses of possibly multiple antibiotics, given in generous doses. The latter point of view is reflected in the treatment guidelines as published by the International Lyme and Associated Diseases Society (ILADS). This office does follow the latter standard and supports the ILADS guidelines. Dr. McFadzean, as a Naturopathic Doctor, tries to use natural treatments where possible, but she may also recommend antibiotic regimens depending on the case. In the state of Connecticut she is not permitted to actually prescribe those medications, nor can she for patients overseas.

I understand that it is conceivable that some or all of my current symptoms either may not be due to tick-borne diseases, or they may represent permanent changes to my system, in which case further antibiotic treatment may be of no further benefit. Also, as no single treatment regimen is universally successful, it is possible that the antibiotic therapy maybe of minimal or no benefit.

There are potential risks involved in using antibiotics. Some of the more common problems can include, but are not limited to: allergic reactions manifested as rashes, swelling, and possibly difficulties in breathing; such problems may require medications to reverse the allergy, and may even require emergency treatments. Other potential complications include stomach and bowel upset, including abdominal pain, diarrhea, and possibly even colon inflammation, which may require interruption of the Lyme medications and the prescribing of other medications to manage the digestive upset. It is also possible that secondary infections, such as yeast infections of the skin, mouth, intestinal, and genital tracts may occur, resulting in discomfort and the need for corrective therapies. Although unlikely, it is also possible that the medications used in the treatment of Lyme and its symptoms may result in other problems, such as negative effects on the liver, kidneys, and other internal organs.

On the other hand, I realize that if I am indeed infected, then the risk of not taking treatment must be considered. Not receiving treatment may be more hazardous to short and long term health than the potential risks of using medications and other remedies.

Because much of the diagnosis, management, and clinical conclusions made by Dr. McFadzean and her staff in my case require my input, such as honest and accurate reporting of all of the symptoms, and willingness to agree to ongoing, reasonable testing as requested as well as follow-up office visits as often as deemed necessary by Dr. McFadzean, I realize that I therefore am an active participant in the diagnostic and therapeutic process and do accept and share responsibility for any and all potential outcomes.

I have discussed the above points with Dr. McFadzean. I understand and accept the treatments offered and my role in my care. I also understand that complications may result. With all this in mind, I consent to being treated by Dr. McFadzean in order to combat the effects of Lyme and associated diseases.

PATIENT'S NAME _____

PATIENT'S SIGNATURE _____

DATE _____

Nicola McFadzean, N.D.

Health History Questionnaire

(Please Print)

Patient Name: _____ Date: _____ Birth Date: _____

Weight _____ Height _____ Blood Pressure (if known) _____ Body Fat% (if known) _____

Primary Health Concerns:

When did your health concerns begin?

Known tick bite? Yes/ No When? _____ EM rash? Yes/ No

Medication Allergies? _____

Other Allergies (ie. Molds, Chemicals) _____

Current Medications You Are Taking _____

Current Supplements You Are Taking _____

Past and/or Current Medical History: (please circle)

Arthritis	Asthma	Cancer	Diabetes	Hepatitis
High Blood Pressure	Heart Disease	Leukemia	Migraines	Headaches
Paralysis	Rheumatic Fever	Chronic Fatigue	Fibromyalgia	Chemical
Sensitivities	Menstrual Irregularities	Thyroid (low/high)	Stroke	Seizure
Kidney Disease	Celiac Disease	Venereal Disease	Autoimmune Disease (ie. MS,	
Lupus, Rheumatoid)	Lung Disease (ie. pneumonia, tuberculosis, etc.)	Other: _____		

Surgical History:

Family Medical History:

Habits:

Alcohol intake per week_____ Tobacco_____packs/day – Yrs. Quit_____

Cups of caffeinated coffee/day_____ Cups of caffeinated Teas/day_____

Colas or sodas_____cans/day Antacids taken_____/week

Laxatives_____/week

Do you use caffeine as a “pick-me up” drink, or to “get going in the morning” Yes__ No__

Travel history: Traveled/lived outside the USA? Yes__ No__ If Yes, where have you traveled/lived_____

Developed an illness as a result of your travels? _____

Dental History:

Orthodontics? Yes__ No__ If yes, explain_____

Braces? Yes__ No__ Did you have any complications with your braces? Yes__ No__ If yes, explain

Mercury Fillings? Yes__ No__ How many_____ Root Canals? Yes__ No__ How many

Previous Gum Inflammation (Gingivitis)/Infections? Yes__ No__

Occupation:_____

Please Describe Your Hobbies: _____

Please check any of the following that you have experienced in the last 30 days:

___ Do you feel nauseous?

___ Do you feel bloated?

___ Do you have heartburn?

___ Do you have constipation?

___ Do you have gas?

___ Do you belch after meals?

___ Do you have abdominal/intestinal pain?

___ Do you get bloated after meals?

___ Do you have diarrhea?

___ Are your stools compact and hard to pass?

___ Do your bowel movements alternate between constipation and diarrhea?

Please use this space below to share additional information with us regarding your health concerns.
