



Whole Health Catalysts, P.C.

Dear Patient,

Welcome! And thank you for considering me as one of your health care providers.

New patient documents: Enclosed is a questionnaire I am asking you to fill out and return to me (by mail, fax or in person). If you have any medical records or lab reports from the last 2 years or so, or that pertain to the reasons I will be meeting with you, I would appreciate the opportunity to review these before our appointment. You can mail or fax them to us, upload them to the Practice Better platform I use for email and scheduling, or bring them by in person, Mon-Thurs 8-4.

When we meet: Please bring your supplements with you! I will review your history, do a physical exam, and make recommendations for lab tests that will be appropriate for your specific health issues. Lifestyle and diet changes are key components to your health, and we will arrange for you to have some one-on-one help and guidance with making these changes.

After you have completed your lab tests, I will schedule an appointment with you to review your results and explain what they mean. I will create an individualized therapeutic program for you, which includes medication if needed, diet changes, nutritional supplements, and exercise, lifestyle and stress management advice.

Subsequent consults are scheduled to monitor your progress.

Payment will be due at the end of the appointment, by cash, check or credit card.

Contact us: I will invite you to join my secure Patient Portal on Practice Better. This portal will allow you to schedule appointments online and email me. You may also call me, should you have any questions during the course of your treatment.

I use my Face Book page <https://www.facebook.com/pages/Patty-Powers-MD/457560211067399> and my website email newsletters to announce educational events, workshops and group programs. I encourage you to like my page and stay informed, and sign up for my newsletters on my website.

Website: www.drpattpowers.com

Lab results: For LabCorp tests, you can set up a patient account with LabCorp Beacon and view results. You will also be able to see your results thru the patient portal on Praxis, my electronic medical record (you can set up an account for that, too). I will either give you copies of your results when we meet, or email them to you through the Practice Better program.

Location: I am located in the Blue Ridge Chronic Pain Center. I am usually in the office on Mondays and Thursdays.

Please note: I am not part of the Blue Ridge Chronic Pain Center, so please call my number to reach me, not theirs.

I look forward to assisting you in achieving your current health and wellness goals, and to guiding you in maintaining wellness throughout your life.

In health,

Patty Powers, MD

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Patient's Name: _____ Today's Date: _____

Date of Birth: _____ Patient's Age _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email: _____

I do / do not (please circle your choice) permit Dr. Powers to add me to her newsletter email list. Initials _____

Sex: M F

How did you find out about me? _____

Goal/s: prescriptions for ivermectin hydroxychloroquine strategies for immune strength

Mask exemption "vaccine exemption"

Preferred Pharmacy:

Current weight:

Best way to contact you: home phone work phone cell phone

Circle which phone(s) I may leave messages on: home phone work phone cell phone

Allergies: Please list all allergies (medications, foods, pollen, animals, etc.) and the reaction(s) to each:

Medications & Supplements

Please list your current medications and supplements, including hormones & over the counter products (attach list if necessary): (and please bring them to your appointments)

| Name | Dose | Frequency | Start date (month/year) | Reason for use |
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Have any of these medications or supplements ever caused unusual side effects? No Yes (describe)

Are you very sensitive to medications or supplements? No Yes

Please circle any problems you have had, or have now:

- | | | | |
|---------------------|----------------------------|--------------------------|----------------------|
| ADHD | Food sensitivities | IBS | Parasites |
| Anemia | Gall bladder disease | Infertility | Periodontal disease |
| Anxiety | GERD/reflux | Jaundice | PCO |
| Panic attacks | Headaches | Kidney disease | Prostatitis |
| Arthritis | Heart attack | Liver disease | Recurrent infections |
| Asthma | Heart disease | Lung disease | Seizures |
| Bipolar | Hepatitis | Lyme/tick disease | Thyroid problems |
| Blood disorder | High cholesterol | Meningitis | Urinary infections |
| Cancer (what type?) | HIV/AIDS | Menstrual irregularities | Uterine fibroids |
| Depression | Hives | Mold illness | Vaginitis |
| Diabetes | Hypertension | Muscle disease | Other: |
| Eczema | Hypoglycemia | OCD | |
| Endometriosis | Inflammatory bowel disease | Osteopenia | |
| Fibrocystic breasts | | Osteoporosis | |

Anything not already mentioned?

Hospitalizations/surgeries: List all times (and reasons) you have been hospitalized, operated on, or severely injured.

| Date | Hospital admissions, procedures (what & why) for all illnesses, injuries | Doctor & Medical Facility |
|------|--|---------------------------|
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Immunizations: Up to date Delayed Avoid do you get an annual flu vaccine? Yes No

Any problems from immunizations? Yes No Describe:

Covid vaccine: Yes No If yes, when: _____ which brand? _____