

Are you ready for a new way to look at your health and your life? Are you ready for a refreshing paradigm that treats you and does not simply aim to change your symptoms? Well then welcome to Sophia Natural Medicine, my private medical practice incorporating Naturopathic medicine, Classical Chinese medicine and Acupuncture. I work out of a shared office in Hillsboro in a quiet, relaxing and healing atmosphere.

Naturopathic medicine is based on a philosophy that incorporates six vital concepts.

1. The healing power of nature
2. First do no harm
3. Identify and treat the cause
4. Doctor as teacher
5. Prevention
6. Treat the whole person

I am trained in multiple disciplines. As a Naturopathic physician, I incorporate a multitude of disciplines including nutrition, homeopathy, bio-therapeutic drainage, flower essences, lifestyle counseling, botanical medicine, aromatherapy, physiotherapy, physical medicine and stress management. As a Classical Chinese Medicine (CCM) practitioner, I have been trained in an ancient form of medicine that utilizes acupuncture, Chinese herbs/botanicals and medical Qi Gong.

Working from a different paradigm of health than many other physicians, I believe that optimal health is not simply the absence of disease but is instead the experience of thriving in life on numerous levels. These forms of healing are typically not “quick fix” medicine but instead include a journey into one’s lifestyle, goals and challenges that takes time and dedication. I would be honored to work with you in your pursuit of optimal health and wellness.

An initial Naturopathic visit lasts approximately 90 minutes. Follow-up visits will vary in length, depending on the complexity of the issues. An initial acupuncture visit typically lasts 60 minutes. Follow-up visits generally last 30 minutes to an hour.

Attached is a copy of my Fee Schedule with this letter. While I do take some insurance plans (please see my form “How Do I Check my Insurance Benefits”), I am willing to give you a bill that you can submit to your insurance company. Please check with your policy regarding requirements, as you are ultimately responsible for any changes not covered.

I thank you for your interest in health and wellness and look forward to working with you.

Yours in Health,

Dr. Tooba Durrani, ND, MSOM, LAc  
Naturopathic Physician  
Masters of Science in Oriental Medicine  
Licensed Acupuncturist

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Welcome to Sophia Natural Medicine, the office of Dr. Tooba Durrani. In order to provide you with the best possible care, I ask you to complete the entire form. Please provide me with all the possible information regarding your health so that we may form a successful and long-term working relationship.

Thank you and I look forward to working with you.

Dr. Tooba Durrani, ND, LAc

**Basic Information**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Biogender: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_ Current Gender Identify: \_\_\_\_\_

Education: \_\_\_\_\_

Married:  Separated:  Divorced:  Widowed:  Single:  Partnership:

Live Alone:  Spouse:  Partner:  Parents/Relatives:  Children:  Friends:

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Have you ever seen a Naturopathic Physician or Acupuncturist before? Yes:  No:

Which one? : \_\_\_\_\_

Describe your experience: \_\_\_\_\_

What type of services are you interested in today?: \_\_\_\_\_

How did you hear about my practice? \_\_\_\_\_

Has any other family member been seen at my practice? \_\_\_\_\_

Next of kin or other to reach in case of emergency: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Context of Care Review**

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Successful health care and preventative medicine are only possible when the physician has a complete understand of the patient physically, mentally and emotionally. The nature of your responses to the following questions will assist me greatly in my understanding of your truest desires. Your time, thoughtfulness and honesty in completing this overview will greatly aid me in guiding you with your healthy needs. Thank you for your willingness to complete this with thought.

1. Why did you choose to come see me as a Naturopath or Chinese medicine practitioner?

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What do you know about my approach?

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2. What expectations do you have from this visit today?

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What long-term expectations do you have from working with me as a Naturopath or Chinese medicine practitioner?

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What expectations do you have of me personally as your physician or health care provider?

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3. What is your present level of commitment to address any underlying causes of your signs and symptoms and that relate to your lifestyle? (rate from 1-10 please. 10 = 100% committed)\_\_\_\_\_

4. a. What behaviors or lifestyles habits do you currently engage in regularly that you believe support your health?

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b. What behaviors or lifestyles habits do you currently engage in regularly that you believe are destructive lifestyle habits? \_\_\_\_\_

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5. What potential obstacles do you foresee in addressing lifestyle factors that are undermining your health and which may interfere in your ability to adhere to the therapeutic protocols which I will be sharing with you?

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6. Who do you know that will sincerely support you consistently with the beneficial lifestyle changes you will be making?

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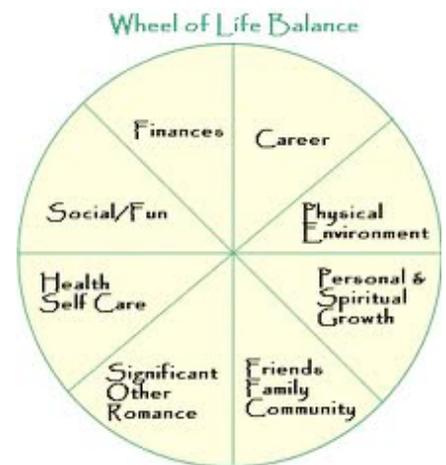
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### Wheel of Balance

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Wellness is a balance of many factors. Using the circle, please shade in a percent of each wedge to represent your personal level of satisfaction in each.

For example: if you are extremely happy in your career, shade in the entire pie shape for career. Do this for each area starting from the center point radiating outward.



Are you currently receiving healthcare? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what and from whom? \_\_\_\_\_

If no, when and where did you last receive medical health care? \_\_\_\_\_

What was the reason? \_\_\_\_\_

What are your most important health problems? List as many as you can in order of importance.

1. \_\_\_\_\_

2. \_\_\_\_\_

3.

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4.

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5.

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6.

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7.

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Do you have any known contagious diseases at this time? Yes \_\_\_\_\_ No \_\_\_\_\_ I suspect but am not sure \_\_\_\_\_

If yes, what?

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#### Typical Food Intake

Breakfast:

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Lunch:

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Dinner:

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Snacks:

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Beverages:

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#### Habits

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Main interests and hobbies: \_\_\_\_\_

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Do you exercise? ? Yes:  No:

If yes, how often and what type? \_\_\_\_\_

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## **Informed Consent and Request for Naturopathic Medical Care, Classical Chinese Medicine Treatment and Acupuncture**

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As a patient, I have the right to be informed about my health condition(s) and to recommend treatment. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether or not to undergo care with Dr. Tooba Durrani, ND, LAc, MSOM, having had the opportunity to discuss the potential benefits, risks and hazards involved.

I, \_\_\_\_\_, hereby request and consent to examination and treatment with Naturopathic Medicine, Classical Chinese Medicine (CCM) by Dr. Tooba Durrani, ND, LAc, MSOM, and/or other licensed doctors of naturopathic medicine or licensed acupuncturists or licensed massage therapists servicing as backup for her, hereafter called allied health care provider. I can request that students and preceptors not be included in my evaluation and treatment.

I understand that I have the right to ask questions and to discuss to my satisfaction with the doctor and/or the allied health care provider providing backup:

1. My suspected diagnosis(es) or condition(s)
2. The nature, purpose, goals and potential benefits of the proposed care
3. The inherent risks, complications, potential hazards or side effects of the treatment or procedure
4. The probability or likelihood of success
5. Reasonable available alternatives to the proposed treatment procedure
6. Potential consequences if treatment or advice is not followed and/or nothing is done

I understand that a Naturopathic evaluation and treatment may include, but are not limited to:

- Physical exam (including general, musculoskeletal, EENT, heart and lung, orthopedic and neurological assessments)
- Common diagnostic procedures (including venipuncture, pap smears, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva)
- Soft tissue and osseous manipulation (including therapeutic massage, deep tissue massage, neuro-muscular technique, naturopathic/osseous manipulation of the spine and extremities, pregnancy massage (to relieve muscular discomfort associated with pregnancy), muscle energy technique and cranio-sacral therapy)
- Dietary advice and therapeutic nutrition (including use of foods, diet plans, nutritional supplements and intra-muscular vitamin injections)
- Trigger point injection therapy with vitamin substances
- Botanical/herbal medicines (prescribing of various therapeutic substances including plant, mineral, and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures which many contain alcohol, suppositories, tropical creams, pastes, plasters, washes or other forms.
- Homeopathic remedies (highly diluted quantities of naturally occurring substances)
- Hydrotherapy (use of hot and cold water, may include transcutaneous electrode stimulation)
- Counseling (including but not limited to visualization for improved lifestyle strategies)
- Over the counter and prescription medications (including only those medications on the formulary or Oregon Naturopathic Physicians)

The scope of practice of acupuncture is outlined below. I understand that classical Chinese Medicine and Acupuncture evaluation and treatment may include, but are not limited to:

- Acupuncture (insertion of specialized disposable stainless steel sterilized needles through the skin into underlying tissues as specific points on the bodies surface)
- Use of electrical, mechanical and magnetic devices
- Moxa (indirect or direct burning of herbal material in the form of a loosely compacted herb or stick)

- Cupping (used to relieve symptoms of pain and chest congestion in which glass cups are placed on the skin with a vacuum created by heat)
- Gua Sha( rubbing on an area of the body with a blunt or round instrument)
- Dietary Advice (based on traditional Chinese medicine theory)
- Qi Gong (therapeutic exercise based on Chinese Medicine theory)

Herbs (use of herbal formulas in the form of teas, powders, tinctures, pastes and plasters which may be taken internally or used externally as a wash or topically. Formulas may include shells, minerals and animal materials)

**Potential Risks:** Pain, discomfort, blistering, minor bruising, discoloration, infections, burns and itching; loss of consciousness and deep tissue injury from needle insertions, topical procedures, heat or friction injury, hydrotherapies; allergic reaction to prescribed herbs, supplements and prescription medications; soft tissue or boney injury from physical manipulations; aggravation of pre existing symptoms.

**Potential Benefits:** Restorations of the body’s maximal and optimal functioning capacity, relief of pain and other symptoms of disease, assistance with injury and disease recovery and prevention of disease or its progression.

Notice to pregnant woman: All female patients must alert the provider if they have confirmed or suspect pregnancy as some therapies prescribed could present risk to the pregnancy. Labor stimulating techniques or any labor inducing substances will not be used unless the treatment is specifically for the induction of labor and any treatment intended to induce labor requires a signed letter from a primary care provider authorizing or recommending such treatment.

Notice to individuals with bleeding disorders, pace makers and or cancer. For your safety it is vital to alert your provider Dr. Tooba Durrani ND, MSOM, LAc of these conditions. Please initial:

\_\_\_\_ I understand that Dr. Tooba Durrani ND, MSOM, LAc is not licensed to prescribe controlled substances.

\_\_\_\_ I understand that Dr. Tooba Durrani ND, MSOM, LAc will only prescribe medications if she believes that they are in the best of myself, the patient. Appropriate referrals will be provided to manage my prescriptive medication needs.

\_\_\_\_ I understand the US Food and Drug Administration has not approved nutritional, herbal and homeopathic substances; however these have been used widely in Europe, China and in the US for years.

\_\_\_\_ I understand that Dr. Tooba Durrani ND, MSOM, LAc is not a Psychologist or a Psychiatrist. Counseling services are provided for the support of improved lifestyle strategies.

I do not expect Dr. Tooba Durrani ND, MSOM, LAc and or any allied health care provider to be able to anticipate and explain all the risks and complications, and I wish to rely on the provider to exercise all judgment during the course of the procedure based on the known facts. I also understand it is my responsibility to request that Dr Durrani explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment provided to me. By signing below I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I understand all of the above and give my oral and written consent to the evaluation and treatment. I intend this is a consent form to cover the entire course of treatments for my present condition and my future conditions for which I may seek.

\_\_\_\_\_  
Printed name of patient

\_\_\_\_\_  
Signature name of patient

\_\_\_\_\_  
Printed name of guardian

\_\_\_\_\_  
Signature name of patient

\_\_\_\_\_  
Date signed

## Notice of Privacy Practices Sophia Natural Medicine

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**Sophia Natural Medicine refers Dr Durrani, her student preceptors and her contracted employees.**

This notice describes how medical information about you may be used and disclosed; and how you can get access to this information. Please review it carefully. We are legally obligated to provide this information to you. It is subject to change and updated versions are always available from Dr Durrani.

Sophia Natural Medicine is the private medical practice of Dr Durrani. The majority of the time Dr Durrani is the only person with access to your medical information; however, there will be a few instances where she may share pertinent information about you for the purposes of treatment, payment or health care operations. She may disclose your health information to other health professionals their staff or students who may consult on your treatment or the coordination of your health care.

Sophia Natural Medicine also uses and discloses your health information for billing and payment collection from you, an insurance company, or someone else for health care services you receive from us. We may also tell your insurance company about your proposed treatment to determine whether your plan will pay for your treatment.

We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions of Sophia Natural Medicine, LLC. Data about effectiveness of treatments and what services we should offer may be gathered from patients health information. We may also use and disclose your health information to contact you regarding your treatment options, products or services and for appointment reminders.

Other potential instances in which your health information could be disclosed without your explicit permission include legal obligations at the federal, state and local level to disclose to specified parties for purposes including subpoenas/court orders public health risks, government agency oversight of health care, threats to health or safety, disaster relief, national security for identification of deceased persons, or for the purpose of organ or tissue transplantation. Military command or government authority may acquire information about veterans or members of the military. Correctional institutions may acquirer information about inmates for the purpose of providing health care and safety. Information about employees can be disclosed to employers regarding workers compensation type programs.

With some rare expectations, you have the right to access and get a copy of any data regarding your health information from Sophia Natural Medicine, LLC. In the exceptional cases in which we are permitted to withhold information from you, you may ask that the denial be reviewed. You have the right to amend your health information. We will amend the information, except if it A) is not information that we created, (unless the source of the information is no longer available to make the amendment), B) is not part of the health information that we keep, C) is of a type that you would not be permitted to inspect and copy; D) is already accurate and complete.

Dr Durrani and all associates of Sophia Natural Medicine seek to maintain confidentiality regarding tour health information. We are happy to discuss your concerns about these matters and consider further restricting use and disclosure of your health information.

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Signature

Date Signed

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Printed Name

Relationship to Patient

## FEE SCHEDULE 2013

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New Patient Office Visit, Acupuncture or Naturopathic Approximately 60 to 90 minutes	\$100.00 *- \$285.00
New Patient Acute Visit Approximately 20 to 30 minutes	\$95.00* - \$120.00
Established Patient, Acupuncture or Naturopathic Approximately 60 to 90 minutes	\$85.00*- \$240.00
Established Patient Acute Visit Approximately 20 to 30 minutes	\$75.00*- \$100.00
Well Woman exam including Pap smear	\$125.00 (lab fees not included)

Phone Consultation AND email fee are the same as established patient fee.

Please Note: Patient is responsible for payment at time of service, unless previously arranged by Dr. Durrani.

You will be billed for phone consultations and email correspondence, except those regarding questions about prescribed treatments and conditions already being treated.

While I am not a provider for any specific insurance plans, I am willing to bill some insurance companies with prior approval. Please check with your policy regarding requirements, as you are ultimately responsible for reimbursement.

**Cancellation Policy: Any appointments canceled with less than 24-hour notice will be subject to a \$75.00 cancellation fee.**

I have reviewed the above fee and understand that I am responsible for payment at the time of service, unless previously arranged by Dr. Durrani. I also understand that I will be billed for phone consultations and email correspondence, except those regarding questions about prescribed treatments and conditions already being treated.

In addition, I understand that lab work may or may not be covered by my insurance plan and that I am responsible for payment of lab work ordered if my insurance does not cover it. I also understand that I will be charged \$75.00 for appointments canceled with less than a 24-hour notice. Exceptions are in cases of an emergency.

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Signed

Date

\*Day of Service discounts will apply when fee is paid in full on the day of service only.

Fees may vary from above if Naturopathic and Acupuncture services combined. In general the above fee schedule is applicable.

## FINANCIAL POLICY

I invite you to discuss with me any questions regarding my services. The best healthcare services are based on a friendly, mutual understanding between physician and patient that facilitates optimizing your health.

**FEES:** My services and fees are based on values determined to be usual and customary for this geographic region at this time.

**METHOD OF PAYMENT:** Please check the option that best suits your situation:

**CASH.** Payment at the time of service is expected unless prior arrangements have been made with my office.

**BILL MY HEALTH INSURANCE.** As a courtesy, I will bill your health insurance company. You are required to pay your co-pay at the time of the visit. Any deductible or percentage remaining once insurance has paid its part is your responsibility. A monthly statement will be sent to you for the remaining balance due on your account. All accounts are 30 days net. If you do not pay your balance within 30 days of statement time, a \$7.00 billing charge will be included for each 30-day billing cycle that your balance remains unpaid.

### PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS OF AGREEMENT:

\_\_\_\_\_ I understand that I am ultimately responsible for all charges, whether or not they are payable by my insurance company.

\_\_\_\_\_ I understand that a \$7.00 billing fee will be applied to my account for any balances due over 30 days and will accrue every 30 days.

\_\_\_\_\_ I understand that cash payments are due at the time of service unless prior arrangements have been made and that a 10% surcharge will be added to the total if the bill is not paid in full at that time.

\_\_\_\_\_ I understand it is my responsibility to inform this office of **ANY** changes in my medical benefits.

\_\_\_\_\_ I understand the above information and guarantee that this form was completed to the best of my knowledge.

\_\_\_\_\_ I understand that I will be billed and am asked to pay \$75 for appointments missed with less than 24-hour notice, regardless of my payment situation. Dr. Durrani cannot bill my insurance company for any missed appointments, regardless of the reason.

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Email Authorization and Consent Agreement Between Sophia Natural Medicine, LLC and Patient

I have been advised that:

- Email is never ever appropriate for urgent or emergency problems.
- Email is not confidential. Employers have a legal right to monitor email if they choose; system operators for most email systems have access to all email that passes through their systems.
- Email communications travel across the public Internet. It is not always possible to verify that email is actually received, opened and read by addressee.
- There is not a way to assure the privacy of email on a shared computer or email account.
- All email will become part of my medical record at Sophia Natural Medicine. It is extremely important to include my name on each and every email sent to Sophia Natural Medicine and or Dr. Durrani.
- **Since email may not be monitored while my clinician is away on business or vacation, I will follow up by telephone or in person, if I do not receive a response within a week.**

I have been provided with information about the use of Internet email communicate matters pertaining to my health and health care, and I understand the issues and concerns adherent in this use.

I have been provided with information about the use of Internet email communications between my health provider, including information concerning my health care and personal medical information. I understand that I may revoke this agreement at any time by contacting my clinician.

I designate that all email correspondence coming from me to me should be sent to the following Internet email addresses.

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Printed name of clinician: \_\_\_\_\_

Signature of Clinician: \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES HIPPA

This notice summarizes how health data about you may be used and shared and how you can get access to this data. IMPORTANT NOTE: This does not include all of the details about our privacy policy. For more details, please read the NOTICE OF PRIVACY PRACTICES that your practitioner has provided you.

I. How we may use and share health data about you:

- a) Treatment - To give you medical treatment or other types of health services.
- b) Payment - To bill you or a third party for payment for services provided to you.
- c) Health Care Operations - For our own operations such as quality control, compliance monitoring, audit, etc.

II. Disclosures where we do not have to give you a chance to agree or object:

- a) To you
- b) As required by federal, state, or local law
- c) If child abuse or neglect is suspected
- d) Public health risks (for public health activities to prevent and control spread of disease)
- e) Lawsuits and disputes (in response to a court or administrative order)
- f) Law enforcement (to help law enforcement officials respond to criminal activities)
- g) Coroners, medical examiners and funeral directors
- h) Organ or tissue donation facilities if you are an organ donor
- i) To avert a threat to an individual or to public health safety

III. Disclosures where we have to give you a chance to agree or object:

- a) Patient directories - You can decide what health data, if any, you want to be listed in patient directories.
- b) Persons involved in your care or payment for your care - We may share your health data with a family member, a close friend, or other person that you have named as being involved with your health care.

IV. Other uses of health data: Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

V. You have the following rights relating to the health data we keep about you:

- a) Right to inspect your health record and to receive a copy of your health record upon request
- b) Right to amend information in your health record you believe is inaccurate or incomplete
- c) Right to know to whom we have disclosed your health information
- d) Right to ask for limits on the health information data we give out about you
- e) Right to receive communication from us about your health information in alternate ways
- f) Right to a paper copy of the complete Notice of Privacy Practices

I acknowledge that I have received the NOTICE OF PRIVACY PRACTICES of this practice.

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Signature of patient or representative

Date

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Print patient name