



Welcome to Naturally Balanced! I am happy to join you on your journey to health, wellness, and thriving.

Naturally Balanced is a part of Integrative Healing Center in Gilbert, Arizona. Integrative Health Center opened in November 2020 by myself and my sister, Myra Hurtado, owner and operator of Healing Hearts Christian Counseling. We have a dynamic, compassionate, and skilled group of clinicians that offer an array of resources to create a collaborative space for physical, emotional, and mental healing.

This is your intake packet. In it, you will find forms to print, scan, and email back to Alyssa at alyssa@naturallybalanced.com prior to your appointment. If you have any recent records, imaging, or lab work that you would like me to review, please email that to Alyssa as well.

TELEMEDICINE VS. IN-PERSON APPOINTMENTS

Please note that all *TUESDAY AND THURSDAY* appointments are *TELEMEDICINE* via Kareo with Cheryl Simmons. Tiffanie Russell will be doing both in-office and telemedicine visits on *MONDAY AND WEDNESDAY*.

If you are scheduled for a telemedicine visit, you should receive the link with your appointment reminder from Kareo. If you do not receive this link, you can contact the office. You can also use the links below to access at the time of your visit:

Cheryl Simmons: <https://telehealth.kareo.com/cheryl-simmons>

Tiffanie Russell: <https://telehealth.kareo.com/tiffanie-russell>

All *FRIDAY* appointments are *IN-OFFICE* with Cheryl Simmons at Integrative Healing Center (2680 S. Val Vista Dr., Bldg. 15 Ste. 185, Gilbert, AZ 85295).

DIRECTIONS TO INTEGRATIVE HEALING CENTER (FRIDAY APPOINTMENTS ONLY)

From Val Vista Drive, turn west into the main entrance of Spectrum Falls by the waterfall. Proceed toward the roundabout and turn right (turning left will be the 2730 side of the complex). Make an immediate left and you will face our building. When you arrive at the office, feel free to grab a refreshment and have a seat. Tiffanie or I will come to the lobby to greet you at your appointment time.

PAYMENT

Payment is due at the time of service and *INSURANCE IS NOT ACCEPTED*. We can provide you a superbill that you can submit to your insurance for reimbursement. A *CREDIT CARD AUTHORIZATION FORM* is included in this intake packet. Please fill it out. Your credit card information will be saved through Kareo.

Initials: _____ *I understand Naturally Balanced's payment policies.*

COMMUNICATION

I value communication and believe it is an important part in our success. We will return all emails and calls Monday through Friday within 24 hours.

I am extremely passionate about caring for people! Helping you find the space where you feel great again is my number one goal. I feel privileged to partner with you. If you have any questions, concerns, or comments, please call or email our office.

Sincerely,

Csimmons, NP

Cheryl Simmons, FNP-C



Cheryl Simmons, FNP-C
480.702.1616
2680 South Val Vista Drive,
Building 15, Suite 185
Gilbert, AZ 85295
cheryl@naturallybalanced.info
www.naturallybalanced.info

DEMOGRAPHICS

Name: _____ Date of birth: _____

Address: _____

Phone: _____ Email: _____

Marital Status: *Single* *Married* *Widowed*

Emergency contact name and phone: _____

Patient occupation: _____

Referred to this office by: _____

CURRENT CONCERNS:

MEDICATIONS / SUPPLEMENTS (include dosages and frequency):

HEALTH MAINTENANCE

Surgical History (include dates):

When was your last:

Pap smear (women) _____ Mammogram (women) _____ Labs _____

Bone density _____ Physical _____ Colonoscopy _____

PSA (men) _____ Prostate exam (men) _____

Number of pregnancies: _____ Last menstrual cycle _____ Days between cycle _____

Age/gender of children: _____

ALLERGIES

Drug/food: _____

Reaction: _____

Age of onset: _____

Seasonal allergies: Yes No

FAMILY HISTORY

	Age	Health Condition	Living / Deceased	Age of Death
Father				
Mother				
Brothers				
Sisters				

SOCIAL HISTORY

Tobacco use: Yes No If yes, what type/how much/how often _____

Alcohol use: Yes No If yes, how much/how often _____

Fill out this section if you suffer from **headaches**:

Do you suffer from chronic headaches? _____ How often? _____

Do you suffer from chronic migraines? _____ How often? _____

Age of onset _____ Have you been evaluated by a neurologist? _____

Had a CT scan/MRI scan of your brain? _____ When? _____

Longest interval WITHOUT a headache/migraine over the past year: _____

Known triggers: _____

HEALTH CONDITIONS / SYMPTOMS

Please circle each symptom/condition that applies to you:

GENERAL

Anxiety
Chills
Depression
Dizziness
Fainting
Fever
Forgetfulness
Headache
Loss of sleep
Loss of weight
Nervousness
Night sweats
Numbness
Sleep disturbance

CARDIOVASCULAR

Chest pain
High blood pressure
Irregular heart beat
Low blood pressure
Poor circulation
Rapid heart beat
Swelling of ankles
Varicose veins

EYE, EAR, NOSE, THROAT

Bleeding gums
Blurred vision
Difficulty swallowing
Earache
Ear discharge
Hay fever
Hoarseness
Loss of hearing
Nosebleeds
Persistent cough
Ringing in ears
Sinus problems

GASTROINTESTINAL

Appetite poor
Bloating
Bowel changes
Constipation
Diarrhea
Excessive hunger
Excessive thirst
Gas
Hemorrhoids
Indigestion
Nausea
Rectal bleeding
Stomach pain
Vomiting
Vomiting blood

GENITO-URINARY

Blood in urine
Erectile dysfunction
Frequent urination
Lack of bladder control
Loss of libido
Painful urination
Penile discharge
Vaginal discharge

MUSCLE/JOINT/BONE

Pain/Weakness/Numbness in:
Arms
Back
Feet
Hands
Hips
Knees
Legs
Neck
Shoulders

SKIN

Bruise easily
Hives/Itching
Change in moles
Rash
Scars

Please include any additional pertinent medical history below:

Please rate from 0-10 on each (0 being no concern and 10 being significant concern):

Falling asleep	0	1	2	3	4	5	6	7	8	9	10
Staying asleep	0	1	2	3	4	5	6	7	8	9	10
Waking rested	0	1	2	3	4	5	6	7	8	9	10
Waking b/w 1-4am	0	1	2	3	4	5	6	7	8	9	10
Mind racing	0	1	2	3	4	5	6	7	8	9	10
Headaches	0	1	2	3	4	5	6	7	8	9	10
Dizziness	0	1	2	3	4	5	6	7	8	9	10
Fatigue	0	1	2	3	4	5	6	7	8	9	10
Mid-day slump	0	1	2	3	4	5	6	7	8	9	10
Depression	0	1	2	3	4	5	6	7	8	9	10
Low motivation	0	1	2	3	4	5	6	7	8	9	10
Low drive	0	1	2	3	4	5	6	7	8	9	10
Anxiety	0	1	2	3	4	5	6	7	8	9	10
Palpitations	0	1	2	3	4	5	6	7	8	9	10
Irritability/agitation	0	1	2	3	4	5	6	7	8	9	10
Panic attacks	0	1	2	3	4	5	6	7	8	9	10
Low libido	0	1	2	3	4	5	6	7	8	9	10
Reaching climax	0	1	2	3	4	5	6	7	8	9	10
Muscle fatigue	0	1	2	3	4	5	6	7	8	9	10
Building muscle	0	1	2	3	4	5	6	7	8	9	10
Weight gain	0	1	2	3	4	5	6	7	8	9	10
Weight loss	0	1	2	3	4	5	6	7	8	9	10
Arthritis	0	1	2	3	4	5	6	7	8	9	10
Aching	0	1	2	3	4	5	6	7	8	9	10
Fibromyalgia	0	1	2	3	4	5	6	7	8	9	10
Forgetfulness	0	1	2	3	4	5	6	7	8	9	10
Foggy headed	0	1	2	3	4	5	6	7	8	9	10
Hot flashes	0	1	2	3	4	5	6	7	8	9	10
Night Sweats	0	1	2	3	4	5	6	7	8	9	10

FEMALE

Cramping	0	1	2	3	4	5	6	7	8	9	10
Bloating	0	1	2	3	4	5	6	7	8	9	10
Heavy cycle	0	1	2	3	4	5	6	7	8	9	10
Missed periods	0	1	2	3	4	5	6	7	8	9	10
Clotting	0	1	2	3	4	5	6	7	8	9	10
Midcycle bleeding	0	1	2	3	4	5	6	7	8	9	10
Vaginal dryness	0	1	2	3	4	5	6	7	8	9	10



Notice of Privacy Practices and Patient Rights

To patients of Naturally Balanced: This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can obtain access to your health information. This notification is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Our commitment to your privacy

Naturally Balanced is dedicated to maintaining your privacy. It is required by law to maintain the confidentiality of your health information.

Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Worker's Compensation and similar programs.

Your rights regarding your health information

1. Communications: You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Naturally Balanced at 2680 South Val Vista Drive, Building 15, Suite 185, Gilbert, AZ 85295.

4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Naturally Balanced at 2680 South Val Vista Drive, Building 15, Suite 185, Gilbert, AZ 85295. You must provide us with a reason that supports your request for amendment.
5. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
6. If you believe that your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Cheryl Simmons, FNP at Naturally Balanced, 2680 South Val Vista Drive, Building 15, Suite 185, Gilbert, AZ 85295. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. You have the right to authorize the use or disclosure of your health information for all other uses. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact Cheryl Simmons, FNP, Naturally Balanced, 2680 South Val Vista Drive, Building 15, Suite 185, Gilbert, AZ 85295, 480.702.1616.

I hereby acknowledge that I have been presented with a copy of Naturally Balanced Notice of Privacy Practices.

Name of patient (print) _____

Signature _____

Date _____



Credit Card on File: Authorization Form

INFORMATION TO BE COMPLETED BY CARDHOLDER

The undersigned agrees and authorizes Naturally Balanced to save the credit card information indicated below on file.

Patient name: _____

Name as it appears on credit card: _____

Type of credit card: MasterCard Visa Discover Amex HSA

Digits on card: _____

Expiration date (MM/YYYY): _____

CVV code: _____

I, _____, authorize Naturally Balanced, PLLC to process the above credit card as "Card on File." I understand this authorization will remain in effect until the expiration of the credit card account. Patient may also revoke this form by submitting a written request to the medical practice.

Cardholder signature

Date