



# Anita Lanier Wellness

2200 W Horizon Ridge Pkwy Ste D

Henderson, NV 89052

(702) 204-1342

[www.AnitaLanier.com](http://www.AnitaLanier.com)

## Patient Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex F M

Occupation (former, if retired) \_\_\_\_\_

Employer's name & address \_\_\_\_\_

Family physician's name & phone number \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Marital status S M D W

Day phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Eve phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency contact, relationship and phone number(s) \_\_\_\_\_

## Health History

What are your primary reasons for today's visit?

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

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

3. \_\_\_\_\_

How is your sleep? \_\_\_\_\_

How is your digestion? \_\_\_\_\_

How is your energy level? \_\_\_\_\_

How is your mood? \_\_\_\_\_

List medications or supplements you are taking \_\_\_\_\_

\_\_\_\_\_

List serious illnesses, accidents, surgeries, implants, devices, etc. \_\_\_\_\_

\_\_\_\_\_

## Check illnesses that have occurred in blood relatives

Diabetes

High Blood Pressure

Stroke

Cancer

Heart Disease

Kidney Disease

## Health History ... Continued

Check / Circle symptoms you have or have had in the last year

### MUSCLE/JOINT/BONES

- Tremors or Cramps
- Swollen joints

### Pain, weakness, numbness in:

- Neck
- Shoulders
- Arms
- Hands
- Back
- Hips
- Legs
- Feet
- Other \_\_\_\_\_

### EENT/RESPIRATORY

- Asthma/wheezing
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

### SKIN

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweats

### GENITO/URINARY

- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infection/stones

### CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

### GASTROINTESTINAL

- Belching, gas or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

### FOR MEN ONLY

- Erection difficulties
- Penis discharge
- Prostate trouble

### FOR WOMEN ONLY

- Bleeding between periods
- Clots in menses
- Excessive menstrual flow
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow

Could you be pregnant? \_\_\_\_\_

The information on this form is correct to the best of my knowledge. I understand it is my responsibility to inform Dr. Lanier of any changes to my personal information or medical condition.

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

## **Notice of Privacy Policies**

Our office is dedicated of providing service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

We gather personal information and health information in several ways;  
Information we receive from you.  
Information we receive from other healthcare provider.  
Information we receive from third party payers.

This information is used for treatment, payment and healthcare operations. You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for the treatment, payment, and healthcare operations.

You may specifically authorize us to protect health information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your protected health information.

### **Marketing**

This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, newsletters, brochures, postcards and appointment reminder, by calls, texts, post cards, letters or email.

### **Disclosure**

This office may use or disclose your Protected Health Information when required by law.

### **Patient Rights**

- Upon written request you have the right to access, review or receive copies of your healthcare records.
- Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.
- You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information.
- You have the right to request that we amend your Protected Health Information; the request must be writing.
- You have a right to receive all notices in writing.

If you have questions, complaints or want more information contact this office:

Anita Lanier, O.M.D.  
2200 W Horizon Ridge Pkwy Ste D  
Henderson NV 89052  
702-204-1342

Or send a written complaint to the U.S. Department of Health and Human Services.

1. Payments and Reimbursements: Payment is due at time of service. A superbill can be provided on request for patients seeking reimbursement from their health insurance. We do not bill insurance directly at this time EXCEPT for Culinary Health. Pre-paid packages are available.
2. Receipts: We send electronic receipts via email for all forms of payment. Paper receipts are available on request. It is the patient's responsibility to retain receipts for their records.
3. Phone calls, emails and texts: Please create a Patient Portal account with Unifed Practice to manage your appointments online. Otherwise, schedule your follow up appointment at check out. You may clarify brief questions regarding treatment via email, provide updates, but save complex questions for your next appointment.
4. SMS/Texts are NOT secure, so only acceptable for short communications, such as to clarify your appointment time, to request or change an appointment, or to let us know when you are running more than 15 minutes late (please do not text and drive).
  - o Please do not send me pictures unless requested to do so.
  - o Please do not encourage any friend or family member to text us for appointments or advice.
  - o Please do not update me on your condition via text.
5. Cancellation Policy: Patients may cancel online through the Patient Portal, by calling the office, leaving a voicemail, or via text. A \$25 fee will be invoiced in the event of a no-show or cancelling the same day. Patients who do not respond to our messages or emails after a no-show may only book same day appointments thereafter barring an accident or other emergency.
6. Cell Phones: Keep phones silent in rooms. Patients and their guests should refrain from loud conversation in reception area. Please wait until check out is complete before using your phone.
7. Comfort: Please speak up if you are experiencing any discomfort. Strike the bell loudly 2-3 times if you need assistance while resting with needles.
8. Guests: Adult family members or friends remaining in the room during the patient's intake must refrain from unnecessary movement or conversation. Guests are strongly discouraged from remaining in the room while patients rest with needles. Do not bring unsupervised minor children to your appointment. No pets allowed, except service animals.
9. Medical Information: Inform us of changes in your medical care, condition, or medications.
10. Your health information is only to be shared or discussed in the treatment rooms.
11. If you are sick, have a fever, have respiratory or unusually severe GI symptoms, loss of any of your five senses, or are otherwise stricken with any condition that is contagious, infectious, or communicable, please reschedule your appointment for a time that you are clear from said condition. This clinic will follow WHO and CDC and/or other best practice guidelines for our patients, ourselves, and for the world at large.
12. Your satisfaction is important to me. I welcome any and all constructive feedback to improve your experience. Online reviews on Yelp, Facebook, Google, Angies List, etc., are appreciated.

I understand and agree to these policies.

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Name printed

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Signature

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Date