

Magnolia Personalized Medicine P.C

www.Magnoliapersonalizedmedicine.com

Dr. Wright

6237342473

Which of the following treatments are you interested in?

- ☐ Heavy metal and mold detox: oral
- ☐ Natural approach to autoimmune: Hashimoto, AK, MS, RA, ALS, Lupus, Psoriasis, Crohn disease
- ☐ Build up the immune system defense: Lymphatic drainage and liver detox
- ☐ Food sensitivity tests, hormone testing, candida testing, antioxidant testing
- ☐ Natural Weight loss programs with botanicals and lipotropics
- ☐ Hormonal balance with botanicals
- ☐ Homeopathic: mild depression, sciatic pain, lymphatic drainage, hepatic detox
- ☐ Mental health: botanical extracts, amino acids, Mind & Body therapy
- ☐ Specialized testing for Allergies, nutritional Deficiencies, Candida, Nutrigenetics, Pharmagenetics
- ☐ Natural treatments for digestive issues: ulcer, IBS, fatty liver
- ☐ Biotherapeutic drainage for joint pain, fatigue, degenerative disease, etc.
- ☐ Alternative to Mammogram= Thermography
- ☐ Personalized nutrients for adrenal fatigue, sleep, hypertension, cholesterol
- ☐ Mental health: stress, anxiety, focus, memory
- ☐ Nutritional therapy for Bipolar, OCD, ADHD, ADD, Depression, Anxiety, Addictions
- ☐ Nutrigenomics and Nutrigenetics testing
- ☐ Personalized diet: anti fatigue, anti-estrogenic, anti-inflammatory, DM2, gluten free

Patient Name: _____ Date: _____

Dr. Ellie Wright NMD www.magnoliapersonalizedmedicine.com MEDICAL INTAKE FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ (H) _____ (C) _____ (other)

Date of Birth: _____ Age: _____ Sex: M / F (circle one)

Email address: _____

How did you learn about *Magnolia Personalized Medicine*?

☐ Already a Client ☐ Advertisement _____ ☐ Website ☐ Groupon

☐ Web Search ☐ Referred by: _____

☐ Walk-In/Sign ☐ Other: _____

In case of emergency, who should we contact:

Name: _____ Phone: _____

In the event that we cannot speak to you directly do you wish for us to leave medical information on your voicemail or message system?

Yes _____ No _____

If yes, what number may we leave medical information?

(c) _____ (h) _____ (w) _____

Do you wish to receive e-mails from our office?

Yes _____ No _____

Do you wish to receive text messages about appointment reminders?

Yes _____ No _____

List, in order, of importance what your health concerns are:

- 1.
- 2.
- 3.

Current Medication & dose and supplements:

- 1.
- 2.
- 3.
- 4.
- 5.

Primary Physician name & other Practitioners

- 1.
- 2.

3. Diagnosis

- 1.
- 2.
- 3.
- 4.

List all surgeries & hospitalizations, including date occurred:

- 1.
- 2.
- 3.

Please note when & why you have had each of the following:

X-Rays:

Accidents:

MRI/Cat Scans:

Ultrasounds:

TB Test: HCV: _____ HIV:

Last Dental Visit:

Last Eye Exam:

Did you have any of the follow Disease (D), Get Immunized (I), or Neither (N):

Measles: D I N Chicken Pox: D I N Mumps: D I N Rubella: D I N Tetanus: D I N Whooping Cough: D I N
Hemophilus (Hib) D I N Hepatitis B: D I N German Measles: D I N

Did you receive Covid 19 vaccine?

Any vaccination reactions: _____

List Yes (Y), No (N), or Past (P) regarding use of the following:

Antacids: Y N P Steroids: Y N P Analgesics: Y N P Laxatives: Y N P

Smoking: Y N P Packs per day & number of years: _____

Coffee: Y N P Cups per day if Yes/Past: _____

Soda: Y N P Ounces per day if Yes/Past: _____

Alcohol: Y N P How often & how much if Yes/Past: _____

Any alcohol addiction: Y N P Any alcohol treatment: Y N P

Recreational drugs: Y N P Any drug addictions: Y N P

Any cancer treatment: Y N P

Review of Systems

Present weight: _____ Weight one year ago: _____ Height: _____

Maximum weight & when: _____ Minimum weight & when: _____

Ideal weight: _____

Family History

FATHER MOTHER SIBLINGS GRANDPARENTS SPOUSE CHILDREN

Parents Age, if living/died: _____

Siblings Age, if living/died: _____

Reason for death: _____

Cancer type: _____

Diabetes _____

Heart diseases _____

=====

Medical History

High Blood Pressure? YES NO Heart Attack/Stroke? YES NO Heart Disease? YES NO
Asthma/Allergies? YES NO Mental Illness? YES NO TB? YES NO Auto-Immune Disease? YES NO
Diabetes Mellitus? YES NO Osteoporosis? YES NO

REGARDING THIS NEXT SECTION: Please circle Yes (Y) if you have a problem NOW, circle Never (N) if you never had the problem, or (P) if you had the problem in the past.

Good Energy: Y N P **Fatigue:** Y N P If you have fatigue, when is it the worst? (Morning, afternoon, evening)

If you have fatigue, can you do what you need to do during the day?

HEAD

Headache: Y N P Migraine: Y N P Dandruff: Y N P Head Injury: Y N P
Oil/dry hair: Y N P Hair loss: Y N P

NOSE

Frequent Colds: Y N P Nosebleeds: Y N P Congestion: Y N P Post Nasal Drip: Y N P Polyps: Y N P
Seasonal Allergies: Y N P

EYES

Dry/Watery: Y N P Blurry Vision: Y N P Double Vision: Y N P Cataracts: Y N P Glaucoma: Y N P
Sties: Y N P Strain: Y N P Discharge: Y N P Itchy: Y N P Dark Circles Y N P

MOUTH/THROAT

Canker Sores: Y N P Cold Sores: Y N P Sore Throat: Y N P Gum disease: Y N P Dentures: Y N P
Cavities: Y N P Loss of taste: Y N P Hoarseness: Y N P

NECK

Stiffness: Y N P Swollen Glands: Y N P Full Movement: Y N P Tension: Y N P

RESPIRATORY

Cough: Y N P TB: Y N P Shortness of breath with exertion: Y N P Bronchitis: Y N P
Shortness of breath sitting: Y N P Pneumonia: Y N P Shortness of breath while lying: Y N P
Asthma: Y N P Wheezing: Y N P Painful breathing: Y N P

CARDIOVASCULAR

High Blood Pressure: Y N P Rheumatic Fever: Y N P Low Blood Pressure: Y N P Murmurs: Y N P
Arrhythmias: Y N P Palpitations: Y N P Edema: Y N P Chest Pain: Y N P

URINARY TRACT

Incontinence: Y N P Pain with Urination: Y N P Frequent infections: Y N P Kidney Stones: Y N P
Urgency: Y N P Discharge/Blood: Y N P

GASTROINTESTINAL

Heartburn: Y N P Bowel Movement Frequency: Indigestion: Y N P Recent BM Change: Y N P
Bloating: Y N P Diarrhea/Constipation: Y N P Nausea: Y N P Hemorrhoids: Y N P Vomiting: Y N P
Gall Bladder Disease: Y N P Change in Appetite: Y N P Liver Disease: Y N P Pancreatitis:
Y N P Ulcer: Y N P Rectal discharges/bleeding: Y N P

MUSCULOSKELETAL

Weakness: Y N P Arthritis: Y N P Stiffness: Y N P Leg Cramps: Y N P Tremors: Y N P Pain: Y N P

NERVOUS

Paralysis: Y N P Sciatica: Y N P Tingling/numbness: Y N P Carpal tunnel syndrome: Y N P
Seizures: Y N P Fainting Y N P

MENTAL/EMOTIONAL

Depression: Y N P Anger/irritability: Y N P Suicidal: Y N P High-strung/tense: Y N P
Anxiety: Y N P Fear/Panic: Y N P Eating disorder: Y N P Psych Hospitalization: Y N P

MALE HEALTH

Testicular pain/swelling: Y N P Prostate Disease/Symptoms: Y N P Hernia: Y N P
Sexually Active: Y N P Discharge: Y N P S.T.D.: Y N P Impotency: Y N P Sexual
Orientation: Heterosexual Homosexual Bisexual

FEMALE HEALTH

Age began period: _____ How often period occurs: _____

How long period lasts: _____ Heavy menstrual bleeding: Y N P

Menstrual cramping: Y N P Menstrual Pain: Y N P

PMS: Y N P Food cravings: Y N P

Times Pregnant: _____ How many births _____

Miscarriages: _____ Abortions: _____

Last Pap Smear: _____ Diagnosis: _____

Any abnormal paps: Y N P When was abnormal: _____

Menopausal since what age: ____ Use of hormones: Y N P Types of hormones used: _____

Healthy libido: Y N P Dry vagina: Y N P Sexually Active: Y N P Pain with intercourse: Y N P

Vaginitis: Y N P S.T.D.: Y N P Mammography: Y N P Dexa Scan: Y N P If Yes, what were results:

Sexual Orientation: Heterosexual Homosexual Bisexual Please

list any birth control used and ages used:

EXERCISE

How often do you exercise?

What type of exercise?

For how long?

Hobbies:

SLEEP

How long per night? _____ If you wake up frequently, what is the reason? _____

Nightmares: Y N P Wake Refreshed: Y N P Must nap during the day: Y N P Sleep

walk: Y N P Grind teeth: Y N P Snore Y N P

TOXIN EXPOSURE

- Did you grow up near any refinery, polluted area or in a home with leaded paint? If so, what sort of pollution were you exposed to?
- Have you had any jobs where you were exposed to solvents, heavy metals, fumes or other toxic materials?
- Have you ever had health problems when you put in new carpeting, painted your home, had new cabinets or did other refurbishing?

- Are you particularly sensitive to perfumes, gasoline or other vapors?
- Do you use pesticides, herbicides or other chemicals around your home?

SOCIAL LIFE

Do you enjoy your job? Y N P Hours worked per week: Highest level of education:

Active spiritual practice: Y N P Quality of significant relationship:

History of sexual, mental/emotional, physical abuse: Y N P If so, at what age and by whom:

What is your greatest health concern:

How does it limit you the most:

How committed are you toward making valuable changes? Little Moderately Very

TYPICAL DAY'S DIET

BREAKFAST:

LUNCH:

DINNER:

SNACKS:

ALLERGIES

List all known allergies:

Food:

Drugs:

Environment:

I give my consent for examination, treatment and testing by Dr. Ellie Wright at Magnolia Personalized Medicine. Please, sign below that this information is true and correct.

Signature/ Date:

Patient or Guardian Signature/ Date:



Acknowledgement of Receipt of
Notice of Privacy Practices for Protected Health Information

I, _____ (print patient name),
do hereby acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and
Procedures.

(Patient Signature) _____

(Date) _____

In the event this request is made by the patient's representative/guardian:

In the event this request is made by the patient's representative/guardian:

(Representative/Guardian) (Date)

Magnolia Personalized Medicine, Staff/Witness (Date)

17505 N 79th Suite 213/I Ave, Glendale, AZ 85308

623-734-2473/ fax 844-413-9024

Informed Patient Consent For Diagnosis and Treatment, Dr Ellie Wright NMD

I understand that Dr. Ellie Wright, N.M.D. is a Naturopathic Medical Doctor. She is licensed through the Arizona Naturopathic Board of Medical Examiners. Dr. Ellie Wright practices natural and traditional medicine. I am relying upon Dr. Ellie Wright's skills and treatment as a N.M.D. and understand that she will treat me according to the generally accepted standard of care for physicians.

I have been told that Naturopathic remedies are natural substances of any kind. Naturopathic remedies may also include vitamin and mineral therapies. As a licensed Naturopathic Medical Doctor, Dr. Wright is qualified to treat me by use of these remedies.

I understand that as a N.M.D., Dr. Wright may elect to utilize **IV nutrients therapy, acupuncture, vitamin and mineral therapies, mind/body therapies, herbal therapies, dietary and natural therapies, lymphatic drainage, Constitutional Hydrotherapy, biological therapies, LED light therapies, magnetic and electromagnetic therapies, Mistletoe therapy.** When these therapies are rendered by Dr. Ellie Wright they are provided specifically under naturopathic licensure.

I understand that Mind/Body therapy may include elements Emotional Freedom Technique, Neurolinguistic Programming, Transformational Guided Imagery (Hypnotherapy), Breath work therapy, and it is intended to help reach the mental and physical health goals by removing barriers towards healing. It is not intended to replace any psychiatric treatment or referral to a mental health specialist.

I understand that naturopathic physicians are not included in the Medicare Program. I understand that Medicare does not pay for services provided by naturopathic physicians. I understand that currently the majority of insurance companies do not pay for services provided by a licensed naturopathic physician. This includes but is not limited to: acupuncture, vitamin injections & intravenous nutrition and metabolic therapy. The natural medicines or other medications can be purchased at my own expense. Because Medicare and most insurance companies do not pay for services provided by Dr. Ellie Wright, I agree to pay at the time of the visit.

I understand that Dr. Wright offers specialized testing such as nutrigenetic, pharmagenetic, food sensitivities, candida, hormones, heavy testing, mold testing, neurotransmitters testing, glyphosate testing, vitamins and minerals testing, and can be discussed as needed.

I understand that no patient will be involved in any research or experimental procedure without his/her full knowledge and consent. I understand that each patient has the right to consent, or not to consent, to any proposed procedure or therapeutic course. My signature below fully authorizes Dr Wright to perform any examinations, diagnostic tests & or treatment as we may consider necessary & to release to me all information pertinent to my health. In addition, I give my full consent & agreement to all terms & conditions regarding payment of accounts explained in informed consent.

Date

Name

Signature

OligoScan Testing informed consent at Magnolia Personalized Medicine PC

What does the OligoScan measure?

OligoScan allows a practitioner to measure is made in minutes using a portable spectrophotometer device (i.e. the handscanner) minerals, vitamins and heavy metal at the intercellular level. This test results are not the same as the blood test results in heavy metal, mineral and vitamins.

The OligoScan There are currently 44 elements reported (21 minerals, 16 heavy metals & vitamins A, B6, B9, B12, C,D & E) as well as several Physiological Interpretation correlations (Metabolism, Tissue Repair, Cognitive Function, etc). The minerals include calcium, magnesium, phosphorus, silicon, sodium, potassium, copper, zinc, iron, manganese, chromium, vanadium, boron, cobalt, molybdenum, iodine, lithium, germanium, selenium and sulphur. The heavy metals include aluminium, antimony, silver, arsenic, barium, beryllium, bismuth, cadmium, mercury, nickel, platinum, lead, thallium, and thorium.

How does the OligoScan work?

The method used by the OligoScan to obtain results on the amount of trace elements in tissues is spectrophotometry. It is a quantitative analytical method, which consists in measuring the absorbance or the optical density of a chemical substance. The basic principle is that every chemical compound (including minerals and heavy metals) absorbs, emits or reflects light over a certain range of wavelength. The more the sample is concentrated, the more it absorbs the light within the limits of proportionality expressed in the law Beer-Lambert. The spectrophotometry is used in many domains: chemistry, pharmacy, environment, food-processing industry, biology, medical /clinical, material/chemical engineering and clinical applications and many others.

What are the advantages of this system?

The OligoScan is a very quick pain-free test. No blood, hair or biopsy samples are required. Results can be obtained within minutes.

Magnolia Personalized Medicine P.C. does not file any reimbursement claims for Oligo Scan testing. The payment for this test is through cash, check or credit card at the time of the visit.

I acknowledge I read and understand the above information and agree on OligoScan testing

Patient name and date