

Kathleen Auen Stienstra, MD
Integrative Medical Consultations/Acupuncture
Board Certified in Family & Holistic Medicine

Dear

Welcome! We are pleased that you will be joining us for a visit soon. Enclosed is a questionnaire we'd like you to complete and bring with you for your appointment. This information will help us to gather your unique health history. Please come about 15 minutes before your appointment time so that we may complete other necessary paperwork.

We'd like to explain how our practice works. Dr. Stienstra and Jennifer Brooks, PA-C see individuals for Integrative Medical Care at the Maple Center where our practice is primarily scheduled appointments. Dr. Stienstra also offers Medical Acupuncture. Our practice is not designed to offer your primary care but rather to provide consultation in the areas of Integrative Medicine (combining the best of modern medicine and the best of complementary care) and Medical Acupuncture. As we are usually not available for same day appointments, you have other choices for urgent care illnesses and primary care. We are happy to work as consultants to provide specialized expertise for you and your established primary care provider. If you do not have a primary care provider and/or need an option for urgent care, UAP's Convenient Care Clinic and other urgent care centers are in network for most insurances.

Our practice is out of network for most insurance plans. This means that payment in full is expected at the time of service. We will then gladly file insurance, and any reimbursement will come directly to you from your insurance company. Your insurance plan may require prior authorization for some services and may not provide coverage for services such as acupuncture. Lab work and x-ray studies are usually covered at your normal rate as long as they are performed by in-network providers. We will assist as best we can, but the responsibility remains with you to know the details of your plan. As of Oct 1, 2016, we are ordering/referring providers for Medicare. Medicare will not reimburse for your visits with us, but will cover labs, diagnostic studies and referrals to participating providers. Please ask if you would like fee information. A comprehensive 1½ hour initial visit charge is ~\$425; 2 hours~\$530; 1 hour~\$300. Most follow-up visits are 30 minutes at ~\$125 or 45 minutes at ~\$160. Established one hour visits are \$250. If insurance filing isn't needed, the fees are discounted by 8% (our cost to the billing company). There is a surcharge of 3% for use of credit cards, 2% for debit cards, so you will benefit if you pay with check or cash. Because we set aside long periods of times for appointments, a missed appointment or one cancelled less than four business hours from the appointment time will generate a charge of \$30. Practicing as an out of network provider allows us to spend the extra time necessary to provide the care you need and deserve. Insurance reimbursement covers the costs for 10-15 minute office visits.

Dr. Stienstra and Ms. Brooks' practice is part of The Maple Center for Integrative Health founded by the nonprofit organization, The Maple Center, Inc. Our separate private practice, Kathleen Stienstra, MD, PC, contracts with the Maple Center to be part of the vision to

- ✿ Provide integrative health consultations for all ages, and lifestyle transforming educational programs and support groups for men and women.
- ✿ Create a place where individuals and their families find a listening ear and caring heart.

We look forward to seeing you soon!

Kristi Turner, Office Coordinator; Katy Harden and Deanna Ferguson, Receptionists;
Chris McCormick, LPN, Office Nurse; Jennifer Brooks, PA-C; and Kathleen Stienstra, MD



The Maple Center for Integrative Health

1801 N Sixth Street, Suite 600, Terre Haute, IN 47804, 812 235-4867 FAX: 812 232-8059

The Maple Center Health History

This information is confidential and will not be released without written authorization.

Name _____ Age _____

What are your health concerns? _____

Allergies _____

Current Medications (include non prescription & supplements) _____

Surgeries (include your age and/or date) _____

Other hospitalizations, reason, age and/or date _____

Infections (circle those you have had): Hepatitis Rheumatic Fever TB HPV Pneumonia
Herpes Gonorrhea Chlamydia Syphilis Mumps Chickenpox Measles Bladder or Kidney

Medical Illness (circle those you have had): High blood pressure Diabetes Heart Disease
Cancer Arthritis Thyroid Disease Depression Other _____

Broken bones or serious injury _____

Immunizations (circle if you've had): Pneumovax Prevnar Influenza Chickenpox 2nd MMR
Hepatitis B Hepatitis A HPV DPT Menactra (meningococcus) Polio Shingles
Tetanus-did it include pertussis/whooping cough? (last given) _____ Other _____

When did you last have these screening tests? Physical _____ Rectal (>40 yrs) _____
Colonoscopy (>50 yrs) _____ Stool Blood Cards (>50 yrs) _____ Cholesterol _____

WOMEN ONLY

Are you possibly pregnant or breastfeeding? Y N

Did your mother take hormones (DES) when pregnant with you? Uncertain Y N

Ever have an abnormal PAP smear? Y N

Age at 1st period _____ 1st day last period _____ Last PAP _____ Last Mammogram _____

Problems with periods or premenstrual symptoms? _____

Pregnancies _____ Vaginal _____ Cesarean _____ Miscarriages _____ Abortions _____

CHILDREN ONLY

Birth weight _____ Vaginal delivery or C-section? _____

Complications with pregnancy or delivery? _____

Development: At what age did child roll over _____ sit alone _____ crawl _____ first word _____

Water supply source (circle): City water Well Bottled water _____

How did you find out about our office? _____

Who else is on your "healing team" – other health care providers? _____

Family History

	Age if Living	Age of Death	Major Illnesses, Cause of Death
Father			
Grandfather			
Grandmother			
Mother			
Grandfather			
Grandmother			
Brothers & Sisters			
Spouse			
Children			

Circle those diseases other blood relatives (aunts, uncles, cousins have had): cancer, diabetes, heart disease, high blood pressure, stroke, TB, thyroid disease, kidney disease, anemia, migraine, mental illness, depression, suicide, alcoholism, drug abuse, asthma, colon polyps, glaucoma, arthritis, high cholesterol, Other _____

Social and Personal History

Current occupation _____ Educational Level _____

Married, single, domestic partner _____ Partner's occupation _____

Who lives at home with you? _____

Do you have a spiritual practice from which you derive benefit? _____

Hobbies and Interests _____

Do you use tobacco or have you used it in the past? How long? _____ How much? _____	Y	N
Are you happy with your weight?	Y	N
Do you feel your diet is healthful?	Y	N
Do you exercise regularly? What form & how often? _____	Y	N
Do you feel life is stressful?	Y	N
Do you drink alcohol? If so, when was your last drink? _____	Y	N
Have you ever had a drinking problem?	Y	N
Do you use marijuana or street drugs?	Y	N
How many caffeine containing beverages do you average per day? _____		
Have you been sexually intimate with a male partner or partners?	Y	N
Have you been sexually intimate with a female partner or partners?	Y	N
What type of birth control or protection do you use? _____		
Have you ever had sex with someone who used IV drugs, had had many other partners, was a prostitute, gay or bisexual man, or whose needle use or sexual past was unknown to you?	Y	N
Have you been exposed to harmful chemicals or radiation?	Y	N
Do you wear a seatbelt?	Y	N
Do you have relationship (spouse, family, friends) problems?	Y	N

Review of Systems

Circle those you **now** have or that have been **significant** problems in the past.

Fever or chills	Heart murmur	Tremor/hands shaking
Weight change in past 6 months	Swelling of ankles	Recurrent backache
Fatigue	Nausea	Leg pain when walking or at night
Headaches	Jaundice	Weakness or paralysis
Seizures or convulsions	Indigestion or heartburn	Numbness or tingling
Fainting or passing out	Peptic ulcer	Sleep problems
Dizziness	Constipation or diarrhea	Snoring
Vision problems	Abdominal pain	Nervousness
Earaches	Bloody or tarry stools	Depression/crying spells
Hearing difficulties	Change in size, shape, or color of bowel movement	Difficulty concentrating
ringing in ears	Pain or frequent urination	Memory loss
Nosebleeds	Waking at night to urinate	Fears
Sinus problems	Control of urine	Disturbing thoughts
Trouble with teeth or mouth	Difficulty in starting urine	Varicose veins/phlebitis
Hoarseness, prolonged	Blood in urine	Skin problems
Breast lump or discharge	Discharge from penis	Thyroid problems
Chronic or frequent cough	Sexual problems	Increased thirst/hunger
Coughed or vomited blood	Vaginal discharge or itching	Heat/cold intolerance
Night sweats	Inability to have children	Vomiting
Chest pain	Joint pains	Pain in extremities
Palpitations	Kidney stones	Shortness of breath
Amnesia	Difficulty swallowing	Burning sensation in sex organs or rectum (other than during intercourse)

How to find our office

The Maple Center is located within the office building, One Professional Centre, 1801 N 6th Street



If arriving on Interstate 70, go north at exit 7--Highway 41/3rd Street.

Take highway 41 or 3rd Street to the light at the corner of 8th Avenue (NW corner of Terre Haute).

Go east on 8th Avenue 3 blocks to a 4 way stop at 6th Street and turn left (north).

One Professional Centre is on east side of the street, north of Ash Street and south of Buckeye Street. *(Be cautious because on line maps will show the location a block south of its actual location.)*

Once inside One Professional Centre, proceed down the hallway to the right back corner where you will find The Maple Center, Suite 600. 812 235-4867