



New Patient Instructions

Thank you for your interest in becoming a patient at Whole Child Wellness. Please follow these instructions to ensure we have all the information necessary to schedule your appointment.

Before scheduling your first appointment, we ask that you take the time to review, fill out, and return the documents and forms in this packet. Additional information about our practitioners and our services may be found on our website at www.wholechildwellness.com.

The information that you provide will greatly enhance and maximize the time you spend with your doctor or nutrition consultant on your first visit, so please fill out the questionnaires as accurately and thoroughly as possible.

For consultations regarding specific health issues, we also ask that you send all previous medical records, including previous lab work and consultations with other healthcare specialists, to our office at least three days before your scheduled visit. This will ensure that your doctor can provide you with the best comprehensive care. An "Authorization to Release Medical Information" form is included in this packet that you can use to request medical records from your other healthcare providers.

All of our forms are Adobe PDF documents. For the New Patient Packet, several PDF documents have been grouped into one PDF Package. You may type directly into the forms and save them as you are working. You may also print the forms and write on them if you prefer. To access these forms you will need to have the free Adobe Reader installed on your computer. Most computers already have the Adobe Reader installed, but if you need to install it, please visit the Forms page of our website at www.wholechildwellness.com. You may return the forms by email to info@wholechildwellness.com, by fax to 650-595-5438, or by regular mail to our office address at:
Whole Child Wellness
1601 El Camino Real, Suite 101
Belmont, CA 94002

You do not need to fill out all the forms in this New Patient Packet, just the ones that correspond to the type of appointment you wish to schedule. Please consult the checklists on the next page for the type of appointment you are requesting (well-care, consultation for a specific health concern, or nutritional consultation) to ensure you fill out the correct forms.

Once we receive your completed forms, our reception will call you to schedule your appointment. A new patient appointment will only be scheduled after we receive your completed forms.



New Patient Instructions (continued)

For new WELL-CARE appointments with one of our pediatricians, please complete the following:

- Review the **Who We Are** document in this New Patient Packet for our most recent provider information.
- Review the **Whole Child Wellness Policies** document in this New Patient Packet.
- Review the **Privacy Practices** document in this New Patient Packet.
- Completely fill out the **New Patient Registration Form** in this New Patient Packet.
- Completely fill out the **Family History Form** in this New Patient Packet.
- Return this New Patient Packet to our office. Once we receive it, we will call you to schedule your appointment.
- Send all previous records and labs to us at least 3 days before your visit.

For new CONSULTATION appointments with one of our pediatricians, please complete the following:

- Review the **Who We Are** document in this New Patient Packet for our most recent provider information.
- Review the **Whole Child Wellness Policies** document in this New Patient Packet.
- Review the **Privacy Practices** document in this New Patient Packet.
- Completely fill out the **New Patient Registration Form** in this New Patient Packet.
- Completely fill out the **New Patient Health Questionnaire** in this New Patient Packet.
- Completely fill out the **Family History Form** in this New Patient Packet.
- Return this New Patient Packet to our office. Once we receive it, we will call you to schedule your appointment.
- Send all previous records and labs to us at least 3 days before your visit.

For new NUTRITION CONSULTATION appointments with Kandice Stellmon, please complete the following:

- Review the **Who We Are** document in this New Patient Packet for our most recent provider information.
- Review the **Whole Child Wellness Policies** document in this New Patient Packet.
- Review the **Privacy Practices** document in this New Patient Packet.
- Completely fill out the **New Patient Registration Form** in this New Patient Packet.
- Completely fill out the **Nutritional Services Consent Form** in this New Patient Packet.
- Completely fill out the **Nutrition Questionnaire** in this New Patient Packet.
- Completely fill out the **Family History Form** in this New Patient Packet.
- Return this New Patient Packet to our office. Once we receive it, we will call you to schedule your appointment.
- Completely fill out the **3-Day Diet Journal** in this New Patient Packet and return it to our office at least 3 days before your visit.