



Welcome to the Center for Living Health as a new patient of Morgan Allen, CHC.

The Center for Living Health was founded by husband and wife team Michael Allen MD and Linda Lazar Allen CAMT. Together they created a heart centered practice that consciously strives to bring balance, strength and optimal health to the whole person by integrating conventional and holistic medicine and therapies. We look forward to supporting you in a more balanced approach to health.

Enclosed is our new patient packet. This packet contains notices and agreements that need to be read and signed **before** your first appointment. It can take awhile to fill out the forms completely; and we have found that a detailed patient history is one of the most effective ways of discovering the root cause of troublesome symptoms.

Please be sure to complete this form ahead of time and bring it to your visit.

Please read through our cancellation policies and be aware of your commitment as a patient of our practice. Missed appointments are costly and take away valuable appointment time from others.

Our team of providers and support staff at The Center for Living Health are committed to providing you with the highest level of personalized integrative care and working together with you as partners in your health and healing.

Again, welcome to the Center for Living Health.
We look forward to seeing at your upcoming appointment.

Office Practices and Policies

Cancelling Appointments/Missed Appointments

- Appointment changes with Morgan must be at least 2 business days prior to your scheduled appointment.
- Patient agrees to pay all late cancellation and missed appointment fee's.

PPO Insurance

We are an out of Network provider, which means we do not participate with any insurance company. All patients must pay at time of service for their care.



Unpaid Balance Fees

I understand and agree to pay Overdue/Unpaid Balance Fee's as follows: 1) 10% unpaid balance fee applied to all balances 30 days past due. A second 10% fee will be applied to all balances 60 days overdue . 2) Unpaid balances past due 90 days will be sent to collections and a 50% collection fee will be applied to your account.

Our Notice of Privacy Practices

Private controlled use of your information by staff is essential to your care. Patient Understands and Agrees That By Signing the New Patient Form: .

- Patient consents to CFLH's use and disclosure of protected health information about you for treatment, payment & health care operations (TPO)
- Patient consents Center for Living Health staff to call, text, email and leave messages on voice mail that assist the practice in carrying out TPO such as appointment reminders, statements and calls pertaining to my care, using the address or numbers I provide.
- Copy of our Privacy Practices is available on our website or in our office.

Patient Consent to Use of Telemedicine

By signing this form, I understand the following:

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

I have read and understand the information provided above regarding telemedicine. I hereby authorize Center for Living Health practitioners to use telemedicine in the course of my diagnosis and treatment when I request it.

Signature of Patient (or parent if under 18): _____

Date: _____

If authorized signer, relationship to patient: _____



Patient Information

Child Patient Form

Please write or print clearly. All information listed will remain confidential between child, parent and Health Coach.

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Phone: _____ Email or parents' email: _____

Age: _____ Birthdate: _____ Place of Birth: _____

Height: _____ Weight: _____ Grade: _____

Why did you come for this nutritional consult?

SOCIAL INFORMATION

Do you enjoy school? Please explain:

Do you have a large or small group of friends?

Who is your best friend?



What do you do for fun?

What is your favorite sport or activity?

What are fun things you do with family?

What are your favorite things to do when you are alone?

What chores do you do around the house?



HEALTH INFORMATION

When is bedtime?

When do you wake up?

Do you ever wake up at night?

Do you ever have nightmares?

Do you get bellyaches?

Do you get headaches or earaches?

Is it hard to see or read?

Do you get itchy?

MEDICAL INFORMATION

Do you have allergies or sensitivities?

Does anything else hurt?

FOOD INFORMATION

What do you eat for breakfast?

What do you eat for lunch?



What do you eat for dinner?

What do you eat for snacks?

What do you drink?

What foods do you wish you could eat more often?

What food do you wish you never had to eat again?



What do you want to learn about your body and about food?

ADDITIONAL INFORMATION

Do you have anything else you would like to share?
