

Stephen Cowan MD, FAAP

Westchester Center for Holistic Families
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Tournesol Wellness
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New Patient Intake Form

Date _____

The name of your child _____

What does your child like to be called? _____

Date of birth _____

Guardian's name _____

Home Address _____

Home Telephone Number _____

Work Telephone _____ Cell Phone _____

Email address _____

Parents Profession _____

Your child's Primary Physician _____

Permission to contact child's health care providers: Yes ___ No ___ Signature _____

How did you hear about Dr. Cowan? _____

Reason For Consultation (in brief):

Please read and initial that you have read and understand the following two statements:

1. The nature of the role of the Holistic Consultation is to provide a service that will complement your routine medical care. You are advised to continue to be followed by your primary care physician and other medical specialists for any medical conditions.

Acknowledgment- Initial _____

2. Dr. Cowan, in his role as consultant at the Center does NOT participate with any insurance plans at this office. Payment is due at the time service is rendered. You will receive a super bill that you may submit to your insurance company but recognize that he is not responsible for any reimbursement.

Acknowledgment- Initial _____

3. Cancellation notification of a scheduled appointment must be received at least 24 hours prior to the appointment otherwise you will be charged for the visit.

Acknowledgment - Initial _____

CURRENT DIAGNOSES (if any):

SPECIALISTS/THERAPISTS CURRENTLY WORKING WITH YOUR CHILD:

CURRENT SCHOOL INFORMATION

PRENATAL/BIRTH HISTORY

IVF___Vaginal___C/S___Full Term ___Preterm___ Breast-fed ___
Adopted___Surrogate___

FAMILY HISTORY

Marital Status:

Siblings Names and Ages:

Please check off any medical conditions that family members may have a history of:

Condition	Yes	Maternal family	Paternal Family
Attention Deficit Disorder			
Autism Spectrum Disorder			
Mental Retardation			
Learning Disability			
Genetic Syndromes			
Asthma/Allergies			
Chronic Headaches			
Digestive problems			
Arthritis			
Autoimmune disorders			
Depression/Bipolar			
Anxiety			
Substance Abuse			
Obsessive Compulsive Disorder			
Other			

Please recognize that this is merely a general overview of your child's history. We will be going into greater depth about the particulars of your child's condition at the time of the first visit.

MEDICAL RECORDS

Please include copies of evaluations, laboratory tests, immunization records and any other information you feel is important for us to review.

In accordance with applicable law including, 42 CFR Part 2 and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), all information is confidential and will not be shared with any other person without specific consent from you.

Thank you,

Stephen Cowan, MD, FAAP