

INTRINSIC  
INTEGRATIVE  
HEALTH

## Confidential Patient Information

Intrinsic Integrative Health  
2500 Youngfield St, Ste 6  
Lakewood, CO 80215

P: (720) 924-6535  
F: (720) 863-2003  
[www.youriihealth.com](http://www.youriihealth.com)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Best Contact Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Best Contact E-Mail: \_\_\_\_\_

## Child (12yoa & Younger) New Patient Intake

Primary Care Physician/Pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

Is it OK to inform the child's Primary Care Physician/Pediatrician (PCP) of his/her care in this office, if our doctors feel it is necessary?  Yes  No

**Please describe your specific concerns for your child (if any):**

Reason for visit: \_\_\_\_\_  
\_\_\_\_\_

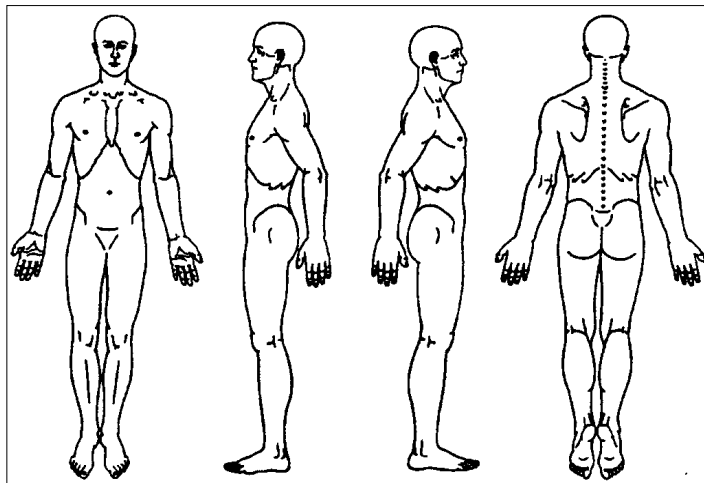
When did symptoms begin? \_\_\_\_\_  
\_\_\_\_\_

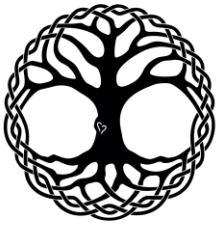
How did symptoms begin? \_\_\_\_\_  
\_\_\_\_\_

Any prior treatment for presenting concern? If Yes, what treatment? \_\_\_\_\_  
\_\_\_\_\_

Is this visit for the follow type of care? (Check all that apply):  Proactive  Preventative  Wellness  None of the previous

**Please Mark the Areas of Concern Below (If Applicable)**





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Please describe your child's birth: (Check One):  Vaginal Birth  C-Section  VBAC (vaginal birth after C-section)

Facility/Place of Birth: \_\_\_\_\_

Any complications at birth?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child receiving well baby/child exams?  Yes  No

Date of last exam with PCP: \_\_\_\_\_

Does your child favor turning their head in one particular direction?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child vaccinated? (remember, your answers are ALWAYS confidential information)  Yes  No

If Yes, please check one:  Traditional vaccine schedule  Delayed/Altered vaccine schedule

Please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child take any prescription or non-prescription medications?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child take any nutritional supplements?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child had any of the following? (Check all that apply):

Change in bowel/bladder function  Fever  Chills  Weight loss  Fatigue  Blood loss

Changes in regular sleep pattern  Vomiting/Spit up  Gas  Prolonged crying/colic  Flat Feet

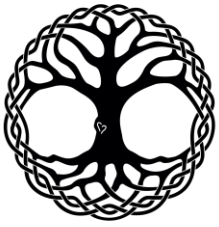
Bruising easily  Broken bones/accidents  Past surgeries  Bed wetting  Picky eating habits

Ear infections / painful ears / tugging at ears  Jaundice

Chronic sinus/respiratory infection or distress  Other(s): \_\_\_\_\_

Please explain in further detail: \_\_\_\_\_

\_\_\_\_\_



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Any other health concerns for your child, that have not yet been explained above?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child had any tests for this complaint(s)? (i.e. x-rays, MRI, CT, Blood Labs)  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child had any recent falls / accidents / surgeries / broken bones?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child had any prior treatment for this complaint? (i.e. physical therapy, chiropractic)  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child been in the hospital or had surgery for any reason?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there any additional pertinent information you feel the doctor should know about your child?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Person who filled out this page & relationship (only a guardian may complete this intake paperwork) to child patient.*

**Guardian's Relationship to Patient:** \_\_\_\_\_

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**Date:**



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Please circle all conditions that apply:

**Nose/Mouth/Throat:**

Nose bleeds  
Loss of smell  
Dry sinuses  
Sinusitis  
Sore tongue  
Bleeding gums  
Mouth sores  
Hoarseness  
Acid/bitter taste  
Trouble swallowing

**Cardiovascular:**

Chest pain  
Heart palpitation  
Heart murmurs  
High blood pressure  
Cramping-legs  
Varicose veins  
Swelling-arms/legs

**Immunology/Allergy:**

Rhinitis  
Seasonal allergies  
Latex allergy  
Food allergy/sensitivity  
Medication allergy

**Gastrointestinal (GU):**

Trouble urinating  
Pain with urination  
  
Blood in urine  
Cloudy urine  
Urgency  
Frequent urination at night  
Incontinence/dribbles  
Kidney stones  
Rash in genitals  
Sexual problems  
Sexually transmitted diseases

**GU (continued)**

*Women only:*  
Vaginal discharge  
Abnormal period  
Pregnant  
Abortion/miscarriage  
Still birth  
*Men only:*  
Painful ejaculations  
Penile discharge  
Poor urinary stream

**Respiratory:**

Chronic dry cough  
Cough with mucus  
Coughing up blood  
Pneumonia  
Night sweats  
Wheezing  
Chest pain w/breathing  
Shortness of breath  
Asthma

**Eyes:**

Pain  
Redness  
Loss of vision  
Double vision  
Blurred vision  
Change of vision  
Flashing Spots  
  
Dryness  
Glasses/contacts

**Ears:**

Ring in ears  
Loss of hearing  
Hearing Aids  
Positional vertigo

**Musculoskeletal:**

Muscle cramps  
Joint pain  
Weak muscles  
Joint swelling  
Neck pain  
Back pain  
Joint replacement  
Fractures

**Hematology/Lymphatics:**

Anemia  
Easily bleed  
Easily clot

**Gastrointestinal (GI):**

Nausea  
Vomiting food  
Heartburn  
Regurgitation/wet burp  
Belching  
Diarrhea  
Constipation  
Excessive gas  
Blood in stool  
Hemorrhoids

**Neurologic:**

Diabetes  
Neuropathy  
Chronic headaches/migraines  
  
Dizziness  
Numbness (hands/feet)  
Tingling (hands/feet)  
Unconsciousness  
Memory loss  
Balance problems  
Epilepsy

**Endocrine:**

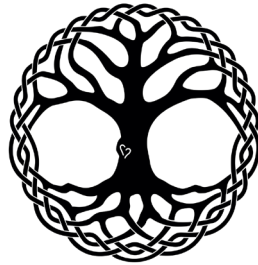
Sensitive to cold  
Sensitive to heat  
Increased thirst  
Decreased sex drive  
Thyroid  
Parathyroid

**Psychiatric:**

Depression  
Anxiety  
Hearing voices  
Thoughts of suicide  
Obsessive/compulsive habits  
Problems concentrating  
History of abuse

**Integumentary/Breasts:**

Change in skin  
Yellow skin  
Change in hair  
Easy bruising  
Skin redness  
Hives  
Sensitive to sun  
Skin tightness  
Nodules/bumps  
Hair loss  
Color change of hands/  
feet with cold  
  
Persistent sores  
Change in moles  
Change in nails  
Breast lumps  
Breast pain  
Nipple discharge



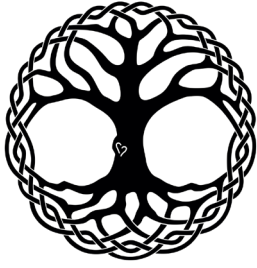
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Dr. Julie Holland | Dr. Alan Yoder

**Health Goals for Joy:**  
**Setting the Bar**

Please list your top 3 activities that bring you joy. Can you currently participate in and enjoy them; yes or no? If no, please explain why.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**CONSENT AGREEMENT AND WAIVER OF LIABILITY FOR  
LABORATORY ASSESSMENT, FUNCTIONAL MEDICINE AND NUTRITIONAL THERAPY**

**PLEASE READ THOROUGHLY, SIGN, AND RETURN EACH PAGE**

It is important for you to understand fully that Dr. Holland uses laboratory analysis and other exam findings to uncover deficiencies and their causes, and not for the diagnosis of a medical condition or illness. Dr. Holland and the Intrinsic Integrative Health Clinic (iiHealth/ iiH) offer laboratory testing for the purpose of assessing the complete metabolic and biochemical terrain of the patient. She also offers nutritional support as part of her individualized treatment plans.

This office does not treat symptoms or diagnose diseases, but rather focuses to uncover the underlying causes of imbalance. A nutritional deficiency may be associated with a specific symptom, or it may be the cause of the symptom, or it may occur as a result of that symptom. Dr. Holland prescribes vitamins, minerals, herbal agents, hormone supporting catalysts and therapeutic agents for the sole purpose to aid and support the body to restore proper function and optimal wellness. Instead of focusing on disease and illness, Dr. Holland uses many modalities to support the body nutritionally, energetically and spiritually, in addition to educating the patient on how to be responsible caregivers to their own bodies. A fully functioning body will by nature, be less likely to manifest disease or illness. This office also uses laboratory assessment and nutritional therapy for the prevention of symptoms. Functional laboratory evaluations and scientific nutritional therapy are powerful tools for healing imbalances, as well as for prevention of illness. One must be pro-active in their health in order to preserve that health and avoid illness.

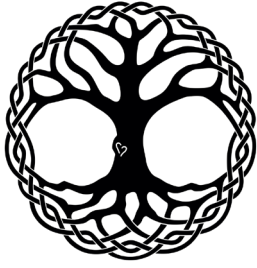
The laboratory tests and subsequent nutrient recommendations are not intended to diagnose, treat or cure any specific disease. The nutritional recommendations we make based on laboratory tests, physical and clinical findings, history and symptoms, do not constitute treatment for any specific disease.

In the nutritional management of a case, we routinely prescribe numerous vitamins, minerals, enzymes, homeopathics, nutraceuticals, hormone catalyst support and other nutritional substances. We do not want you to have any misconceptions about their use in this clinic. In the event that any vitamin, mineral, food or other nutritional substance mentioned above is prescribed or administered in your case, we want you to understand explicitly that its purpose will be for:

- 1) Improvement of your overall nutritional status;
- 2) Improvement of your metabolism, including absorption, proper utilization and detoxification;
- 3) Improvement of the sense of well-being; and/or
- 4) Possible remission or reduction of pain where present.

You may or may not receive any/all of these benefits, because they do not occur predictably with every patient. Also, it is up to you to follow the dietary and/or lifestyle instructions given to you, as this allows the prescribed nutraceuticals to be utilized properly and be supportive for your healing. Nutritional supplements are an important part of the healing process in that they provide missing or lacking nutrients and can affect metabolic changes in the body which need support. However, it is vital to understand that nutritional supplements do not "fix" problems or treat symptoms. They are part of a holistic treatment plan which is offered here and may include dietary and lifestyle modifications.

**I read, understand, and consent to the information on this page: \_\_\_\_\_**  
**(Initial Here)**



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Dr. Holland uses only the highest quality nutritional products available. Most of what she prescribes is only available through licensed qualified healthcare practitioners. They are of higher quality, and in many cases, of greater potency than what is available in supermarkets or health food stores. She has researched every nutritional supplement that is offered so that the patients under her care will receive only the highest quality, scientifically formulated, and clinically proven products. Supplements bought elsewhere are often not put through strict manufacturing processes and may not even contain labeled ingredients. All supplements offered through Dr. Holland are meticulously manufactured by state of the art facilities with advanced raw material testing, production processes, and are verified by third parties as to the purity and potency of each product. Buying a cheaper & less qualified supplement may only delay the healing process and in some instances may be toxic to your body and exacerbate a condition.

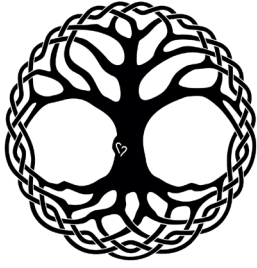
Dr. Holland has also received advanced training in the administration of nutraceuticals and continues to stay current on the latest research and clinical effectiveness using natural therapeutics. It is important that you follow her instructions to the best of your ability. This office is not be held responsible for any adverse reactions or absence of effectiveness. In order to improve your health outcome, please implement all suggestions given (including dietary and lifestyle changes). The individualized treatment plan given to you is dependent on all facets working synergistically together. To give a simple analogy, how well does a car move with only two or three wheels? **Healing is a partnership and you must be willing to do your part.**

There are always **risks and benefits** associated with any therapy. Supplements are prescribed in your case because there has been a clinical need or indication established. They may also be prescribed as purely preventive or supportive in nature. However, everybody reacts differently to something new, and often when the body is undergoing a shift, it may feel uncomfortable for a period of time. Please advise Dr. Holland if any reactions appear, as they may be part of the healing process or signify that a change in dosage or product is needed. Possible unintended reactions include stomach pain/cramps, change in bowel function, rashes, headaches, fatigue, allergy, joint pain, vomiting, sweating, increase in body odor, etc. If any severe allergic reaction is noted, please discontinue use and go to the nearest urgent care facility, and later inform Dr. Holland of the occurrence.

**It is also important that you return to our office for scheduled appointments to review the results and interpretation of your test(s), and to discuss your experiences under the treatment plan designed for you.** With good intent, our office policy (not state law) requires that you see or discuss your results with Dr. Holland **before** we can release the results of the test to you or to anyone else, with your best in mind. These tests allow you and Dr. Holland to better understand your unique physiology and design an effective and thorough health care plan. Follow up tests are often required as well, in order to ensure that the underlying imbalances are improving with treatment. It is also highly encouraged to acquire annual preventive laboratory exams so that the baseline tests can be compared and trends observed over time. Knowing your own individual, biochemical uniqueness is of great advantage when interpreting laboratory tests. Allowing the same doctor to run your annual labs and physical exam can cut down on unnecessary tests and procedures, or at very least choosing a healthcare team that can co-treat and work together well as a team for you.

**Payment, Insurance, Refunds:** Payment is due at time of service. Payment for laboratory tests differs slightly: some may require upfront pay at the time of specimen collection. Payment for service is not conditional on response to care. iiHealth does not bill insurance, nor contracted with any insurance company. You may choose to bill your insurance yourself if you choose to. All reimbursements are between you and your insurance company. No refunds are given for any reason for services rendered.

I read, understand, and consent to the information on this page: \_\_\_\_\_  
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**Return Policy:** Once a supplement is purchased, it cannot be returned for any reason, even if the bottle/package is unopened. Once the supplement leaves this office, we can no longer guarantee the potency, purity or condition of the product, how it was handled, stored, etc. (Please keep all supplements in a cool, dry place or refrigerated if indicated).

**By signing below I am attesting that I HAVE READ AND UNDERSTAND THE ENTIRETY OF THIS CONSENT DOCUMENT**, and have had all my questions answered satisfactorily. I hereby, voluntarily place myself under Dr. Holland's care for such advice, recommendation, treatment and administration as may appear to be indicated in her professional judgment. I understand there is no guarantee of results of care. I agree to hold Dr. Holland, Intrinsic Integrative Health Clinic and all of its staff and affiliates free of any and all liability for any adverse reactions that may result from testing procedures and/or administration of nutraceuticals or other treatments.

**DO NOT SIGN unless you have read and fully understand each page of this document.**

Patient Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_