



Whole Health Catalysts, P.C.

Dear Patient,

Welcome! And thank you for considering me as one of your health care providers.

**New patient documents:** Enclosed is a questionnaire I am asking you to fill out and return to me (by mail, fax or in person). If you have any medical records or lab reports from the last 2 years or so, or that pertain to the reasons I will be meeting with you, I would appreciate the opportunity to review these before our appointment. You can mail or fax them to us, upload them to the Practice Better platform I use for email and scheduling, or bring them by in person, Mon-Thurs 8-4.

**When we meet: Please bring your supplements with you!** I will review your history, do a physical exam, and make recommendations for lab tests that will be appropriate for your specific health issues. Lifestyle and diet changes are key components to your health, and we will arrange for you to have some one-on-one help and guidance with making these changes.

After you have completed your lab tests, I will schedule an appointment with you to review your results and explain what they mean. I will create an individualized therapeutic program for you, which includes medication if needed, diet changes, nutritional supplements, and exercise, lifestyle and stress management advice.

Subsequent consults are scheduled to monitor your progress.

**Payment** will be due at the end of the appointment, by cash, check or credit card.

**Contact us:** I will invite you to join my secure Patient Portal on Practice Better. This portal will allow you to schedule appointments online and email me. You may also call me, should you have any questions during the course of your treatment.

I use my Face Book page <https://www.facebook.com/pages/Patty-Powers-MD/457560211067399> and my website email newsletters to announce educational events, workshops and group programs. I encourage you to like my page and stay informed, and sign up for my newsletters on my website.

**Website:** [www.drpattpowers.com](http://www.drpattpowers.com)

**Lab results:** For LabCorp tests, you can set up a patient account with LabCorp Beacon and view results. You will also be able to see your results thru the patient portal on Praxis, my electronic medical record (you can set up an account for that, too). I will either give you copies of your results when we meet, or email them to you through the Practice Better program.

**Location:** I am located in the Blue Ridge Chronic Pain Center. I am usually in the office on Mondays and Thursdays.

**Please note:** I am not part of the Blue Ridge Chronic Pain Center, so please call my number to reach me, not theirs.

I look forward to assisting you in achieving your current health and wellness goals, and to guiding you in maintaining wellness throughout your life.

In health,

Patty Powers, MD

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Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient's Age \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

I do / do not (please circle your choice) permit Dr. Powers to add me to her newsletter email list. Initials \_\_\_\_\_

Sex: M F

How did you find out about me? \_\_\_\_\_

Goal/s: prescriptions for ivermectin hydroxychloroquine strategies for immune strength

Mask exemption "vaccine exemption"

Preferred Pharmacy:

Current weight:

Best way to contact you: home phone work phone cell phone

Circle which phone(s) I may leave messages on: home phone work phone cell phone

**Allergies:** Please list all allergies (medications, foods, pollen, animals, etc.) and the reaction(s) to each:



Please circle any problems you have had, or have now:

- |                     |                            |                          |                      |
|---------------------|----------------------------|--------------------------|----------------------|
| ADHD                | Food sensitivities         | IBS                      | Parasites            |
| Anemia              | Gall bladder disease       | Infertility              | Periodontal disease  |
| Anxiety             | GERD/reflux                | Headaches                | PCO                  |
| Panic attacks       | Heart attack               | Kidney disease           | Prostatitis          |
| Arthritis           | Heart disease              | Liver disease            | Recurrent infections |
| Asthma              | Hepatitis                  | Lung disease             | Seizures             |
| Bipolar             | High cholesterol           | Lyme/tick disease        | Thyroid problems     |
| Blood disorder      | HIV/AIDS                   | Meningitis               | Urinary infections   |
| Cancer (what type?) | Hives                      | Menstrual irregularities | Uterine fibroids     |
| Depression          | Hypertension               | Mold illness             | Vaginitis            |
| Diabetes            | Hypoglycemia               | Muscle disease           | Other:               |
| Eczema              | Inflammatory bowel disease | OCD                      |                      |
| Endometriosis       |                            | Osteopenia               |                      |
| Fibrocystic breasts |                            | Osteoporosis             |                      |

**Anything not already mentioned?**

**Hospitalizations/surgeries:** List all times (and reasons) you have been hospitalized, operated on, or severely injured.

Date	Hospital admissions, procedures (what & why) for all illnesses, injuries	Doctor & Medical Facility

**Immunizations:** Up to date    Delayed    Avoid    do you get an annual flu vaccine?    Yes    No

Any problems from immunizations?    Yes    No    Describe:

Covid vaccine: Yes    No    If yes, when: \_\_\_\_\_ which brand? \_\_\_\_\_