

Deleon Wellness Medical Center

1546 Kingsley Ave. Orange Park, Florida 32073

Phone: (904) 579-4616 Fax: (904) 579-4962

New Patient Registration Form

Name: _____

(Last)

(First)

(Middle Initial)

Address: _____ Apt #: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Birth Date: _____

Email: _____

Sex: Male Female

Emergency Contact

Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

Patient Signature

Print Name

Date

Medical History (Circle and Answer all questions)

Diabetes Yes or No Hypertension Yes or No Heart Disease Yes or No
Stroke Yes or No Cancer Yes or No High Cholesterol Yes or No

Other Medical Problems or Conditions:

Drug Allergies:

List ALL medications and doses (including supplements):

Family History:

	Age	Diseases	If deceased, cause of death
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Hospitalization/Surgery/Serious Injuries:

Reason: _____

Reason: _____

Social History:

Marital Status: Single Married Separated Divorced Widowed

Use of Alcohol: Never Rarely Moderate Daily

Use of Tobacco: Never Quit (____ Year) Current Packs/Day _____

Use of Drugs: Never Past Use Current Use _____ (Type/Frequency _____)

Do you have any of the following?

Fatigue	Y or N	Loss of Appetite	Y or N	Dizziness	Y or N
Fever	Y or N	Nausea	Y or N	Seizures	Y or N
Eye Problems	Y or N	Change in Bowels	Y or N	Tingling Sensations	Y or N
Ear Problems	Y or N	Blood in Stool	Y or N	Tremors	Y or N
Sinus Problems	Y or N	Abdominal Pain	Y or N	Memory Loss	Y or N
Sore Throat	Y or N	Heartburn	Y or N	Confusion	Y or N
Voice Change	Y or N	Painful Urination	Y or N	Nervousness	Y or N
Chest Pain	Y or N	Frequent Urination	Y or N	Depression	Y or N
Palpitations	Y or N	Blood in Urine	Y or N	Insomnia	Y or N
Shortness of Breath	Y or N	Loss of Urine	Y or N	Excessive Thirst	Y or N
Swelling	Y or N	Joint Pains	Y or N	Heat or cold intolerance	Y or N
Coughing	Y or N	Joint Stiffness	Y or N	Dry Skin	Y or N
Wheezing	Y or N	Back Pain	Y or N	Easy Bruising	Y or N
Spitting Blood	Y or N	Rash or Itching	Y or N	Bleeding Tendency	Y or N
Weight Loss	Y or N	Headaches	Y or N	Cold Extremities	Y or N

Women

Painful Period Y or N Irregular Periods Y or N Vaginal Discharge Y or N
Breast Pain Y or N Breast Lumps Y or N Breast Discharge Y or N
Last Menstrual _____ Last Pap smear _____ #of Pregnancies _____ # of Miscarriages _____
Uterine fibroids/Cancer/Polyps Y or N Ovarian Cysts/Polyps Y or N Breast Cancer/Lumps/Pain Y or N

Men

Testicular Pain Y or N Straining to Urinate Y or N Impotence Y or N
Male Breast Cancer Y or N Male Prostate Cancer Y or N

I attest that the above Information is true and accurate. If there are any changes to my condition or anything to the medical history, I will promptly inform the Doctor and this office in writing so that they are aware.

Patient Signature

Date

Reviewed by (Physician) Signature

Date

Deleon Wellness Medical Center

1546 Kingsley Ave. Orange Park, Florida 32073

501.575 Weight Loss Consumer Bill of Rights

(1) The Weight Loss Consumer Bill of Rights shall consist of the following provisions.

(A) **WARNING:** Rapid weight loss may cause serious health problems! Rapid weight loss is weight loss of more than 1 ½ pounds to 2 pounds per week or weight loss of more than 1 percent of body weight per week after the second week of participation in a weight loss program.

(B) Consult your personal physician before starting any weight loss program.

(C) Only permanent lifestyle changes, such as making healthy food choices and increasing physical activity, promote long term weight loss.

(D) Qualifications of this provider are available on request.

(E) You have the right to:

1. Ask questions about the potential health risks of this program and its nutritional content, psychological support, and educational components.

2. Receive an itemized statement of the actual or estimated price of the weight loss program, including extra products, services, supplements, examinations, and laboratory tests.

3. Know the actual or estimated duration of the program.

4. Know the name, address, and qualifications of the dietitian or nutritionist who has reviewed and approved the weight loss program according to s.468.505 (1) (J), Florida statutes.

Patient Signature

Date

Witness Signature

Date

Deleon Wellness Medical Center

1546 Kingsley Ave. Orange Park, Florida 32073

Financial Policy, Consent and Authorization Form

_____ There will be a \$25.00 charge for Medical Follow Up or Consultations not rescheduled within 24 hours, also a \$50.00 charge for all procedures including Botox, Juvederm, Voluma, Etc. not canceled within 24 hours. Please allow at least 48 hours in advance to cancel or reschedule any set appointments.

_____ For Laser Patients, If an appointment was canceled in less than 24 hours of your appointment you will forfeit one laser session.

_____ All patients who purchase a promotion or certificate from Deleon Wellness Medical Center must provide at least 48 hours advance notice before canceling any visit. Any patient that fails to provide this notice will forfeit that specific visit.

_____ There is no guarantee that one treatment will be sufficient to treat a particular area. Each additional treatment, if required, may entail additional charges.

_____ All medical treatments entail risk including, but not limited to: lack of improvement, reaction to medications and worsening of condition. The procedures offered by our office may involve bleeding, bruising, scarring, infection and numbness. As a patient of this practice, you understand that these risks are inherent in the practice of medicine and that you wish to receive treatment.

_____ All patients must be 18 years or older unless accompanied by the parent or legal guardian.

_____ All sales of products, treatments, or services are final.

Patient Signature

Date

Office Staff Member Print Name

Date

Deleon Wellness Medical Center

1546 Kingsley Ave. Orange Park, Florida 32073

Lipo-Amino Mix Treatment

Lipotropic is a treatment designed to help breakdown fat during the metabolic process. These nutrients, which include methionine, choline and inositol, promote the exportation and burning of fat from the liver for extra energy promoting liver health. Without choline and inositol, fat and bile can become trapped in the liver, causing problems such as cirrhosis and the blockage of proper fat metabolism. When the combination of vitamins, minerals and amino acids that are necessary nutrients for our bodies is taken in conjunction with exercise and calorie reduction, the results are an increase of metabolism, loss of inches and or pounds, more energy, and a lot of other benefits.

Methionine is an essential amino acid; it is a nutrient that our bodies absolutely need to function properly. This amino acid assists in the breakdown of fats in the body, preventing buildup of fatty deposits in the blood vessels which cause coronary artery disease and blockages in other parts of the body including the neck and legs. It also helps detoxifying or cleaning the liver of the toxins that the liver normally removes from the circulating blood. These toxins are the byproducts of foods, alcohol and medications. Everyone has the potential for buildup of these damaging toxins.

Choline supplements may reduce homocysteine levels in the blood, reducing the likelihood of heart disease. Choline is essential for fat metabolism and also assisting in detoxification of the liver, it is also known as the “smart drug” since adequate levels improve memory, intelligence and mood.

Inositol is a vitamin like substance that helps breaking down fat molecules and reducing cholesterol in the body. It is also associated with proper insulin function which is necessary for utilization of carbohydrates. Inositol is also key modulating serotonin levels, which are partially responsible for feelings of well-being versus depression.

Pyridoxine (B6) is required by the body for utilization of energy in the foods we eat, production of red blood cells, and proper functioning of nerves. It is used to treat and prevent vitamin B6 deficiency resulting from poor diet, certain medications, and some medical conditions.

Niacin (B3) is used for high cholesterol; it is also used along with other treatments for circulation problems, migraine headaches, and dizziness. Niacin is required for the proper function of fats and sugars in the body and to maintain healthy cells. Niacin might help people with heart disease because of its beneficial effects on clotting. It may also improve levels of a certain type of fat called triglycerides in the blood.

Folic Acid (B9) is crucial for proper brain function and plays an important role in mental and emotional health. It aids in the production of DNA, RNA, and the body’s genetic material, and is especially important when cells and tissues are growing rapidly, such as in infancy, adolescence, and pregnancy. Folic acid also works closely with vitamin B12 to help make red blood cells and help iron work properly in the body.

Thiamine (B1) is sometimes called an “anti-stress” vitamin because it may strengthen the immune system and improve the body’s ability to withstand stressful conditions. Thiamine is found in both plants and animals and plays a crucial role in certain metabolic reactions. Your body needs it to form adenosine triphosphate (ATP), which every cell of the body uses for energy.

Riboflavin (B2) in addition to producing energy for the body, riboflavin also works as an antioxidant by fighting damaging particles in the body known as free radicals. Free radicals can damage cells and DNA, and may contribute to the aging process, as well as the development of a number of health conditions, such as heart disease and cancer. Riboflavin is also important for body growth and red blood cell production.

The following supplements had been added to reduce appetite, build muscle and promote a healthy immune system.

Glutamine helps the body synthesize protein and build lean muscle.

Ascorbic Acid is an antioxidant that promotes healthy immune system.

Chromium Picolinate helps reducing the appetite and sugar/carbohydrates cravings.

Lidocaine anesthetic used to reduce pain at the injection site.

The injections are only effective temporarily. As soon as the effect of these drugs wears out, the body starts returning to normal gradually. It is important to follow a low carbohydrate and low fat diet as well as maintaining a high protein intake and exercise routine. It is recommended to do it continuously for up to six months then take a break for three months. The patient will need to do a B12 blood level test to restart the program. As far as side effects not many had been reported, some of them include upset stomach and urinary problems due to the strain the injections place on the kidneys, unpleasant odor, urinary incontinence, diarrhea and possible depression.

Patient Print Name

Date

Patient Signature

Date

Witness Signature

Date

Deleon Wellness Medical Center

1546 Kingsley Ave

Orange Park, Florida 32073

I _____, have chosen to participate in the weight loss program offered by Deleon Wellness Medical Center, which utilized the use of hCG (human Chorionic Gonadotropin) injections, regulated diet or changes on eating habits and behavior changes.

I am aware that results may vary and are not guaranteed.

With hcG, there are possible risks of fatigue, mild headaches, bruising or swelling at the injection site, possible allergic reactions. Etc.

I agree that I have been counseled on a specific weight loss program for me with diet and hCG injections to attain my targeted weight loss goal. I must follow the program to achieve the desired results.

I have been counseled on self-injections and assume full responsibility for myself. I also will dispose of used syringes properly. Patients that have been found to have submitted fraudulent material will be terminated from the program. Any medication is strictly for the use of the patient and not to be transferred or distributed, modified, or used by another party.

Participation Waiver

Deleon Wellness Medical Center and its staff, clinicians, and physicians are not responsible for treatment of any medical condition disclosed by any abnormal laboratory reports or me. I agree to seek medical treatment for any identified medical problems with my primary care provider of choice. In all the disclosed risks, I will hold harmless:

Ashraf Andrawis M.D., and personnel of Deleon Wellness Medical Center for any adverse reactions or occurrences that may occur while participating in this program.

I _____, acknowledge and understand that Dr. Ashraf Andrawis, M.D. and personnel of Deleon Wellness Medical Center are not my primary health care provider and that ALL medical decisions regarding are current or future health conditions should be addressed by my primary care physician. Deleon Wellness Medical Center serves as only a resource for general well-being and preventative medicine and does not treat any existing illness.

Patient Signature

Date

Witness Signature

Date

Deleon Wellness Medical Center

1546 Kingsley Ave

Orange Park, Florida 32073

Consent and Declaration

_____ I hereby give consent to the physician to render treatment for obesity and/or weight control, and said physician has my permission to prescribe weight loss medication and injections of Human Chorionic Gonadotropin (hCG).

_____ I thoroughly understand the Deleon Wellness Medical Center weight control and procedures, and am fully aware that no guarantee or assurance has been given to me, as to the results which may be obtained from the weight loss program.

_____ I understand the physician(s) has given his/her permission for my participation in the weight control program based solely on the medical history and background information I have provided, which I deem to be true or accurate.

_____ I assume all risk and responsibility and voluntarily release the mentioned physician(s), and his/her staff, from all claims that may be associated with Deleon Wellness Medical Center weight loss program, with the exception of those attributable to negligence.

_____ I have been informed and am fully aware that the use of hCG (human chorionic gonadotropin) by injection has the possibility to aggravate fibrocystic disease of the breast. Being fully informed and aware of this possibility, I elect to utilize the prescribed dosage of hCG for my weight loss program.

_____ I have been informed and am fully aware that if I have a medical history of uterine fibroids, ovarian cysts, or prostatitis, that the use of hCG (human chorionic gonadotropin) by injection may be contra- indicated in my weight loss treatment.

_____ I have been informed and am fully aware that the use of hCG (human chorionic gonadotropin) has the potential to stimulate the production of estrogen in females which, in rare instances may be inducible to pregnancy and/or multiple births, and it is considered to be an off label use in weight loss.

_____ I have been informed and am fully aware that I can NOT be pregnant throughout the course of my medical weight control treatment, and that I should CONTINUE contraceptive practices.

_____ I am fully aware and understand that there is a lack of scientific data regarding the potential danger of the long term use of combination weight loss treatments, and have been advised of the potential benefits versus the potential risks of such weight loss treatment.

_____ I understand that receiving appetite suppressants will be dependent on my progress in weight reduction, I will also understand that I will be regularly monitored.