

Cathie-Ann Lippman, M.D.

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SYMPTOM QUESTIONNAIRE

Please do not wear perfume, cologne or fragrance of any kind when you come to this office. Many people are quite sensitive and fragrance can make some people very ill. This includes: Scented lotions, hair sprays, soaps and other scented products. Thank you for your cooperation in this matter.

Today's Date: _____ Who referred you? _____

Patient Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ FAX: _____

Work Phone: _____ E-Mail: _____

Birthdate: _____ Age: _____

Please list pets at home: _____

Names of others who live with you, their relationship and their ages: _____

Emergency contact information:

Name: _____ Relationship: _____

Address: _____ Phone: _____

What kind of work do you do? _____

How is your home heated? _____

What household cleaning agents do you use? _____

Do you use pesticides? **Y N** If yes, how often? _____

1. Please list your major symptoms and complaints: _____

2. Please list what previous treatments you have received for these problems. Also list any remedies you tried and whether any of them were helpful. Include medications and surgeries.

Mo/Yr.	Treating Doctor	Treatment	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Please list all medications you are currently taking, including non-prescription drugs.

Medication	Dose	How often?	Reason Prescribed	Effects?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Please list any vitamin or mineral supplements you are taking.

5. Your height: _____ Your weight: _____

6. Please list what you eat and drink on a typical day, including snacks.

Food	Drink	Snacks
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Please fill in your average daily consumption of the following:

No. of cigarettes: _____	Glasses of other soft drinks: _____
No. of cigars: _____	Glasses of other diet soft drinks: _____
Cups of regular coffee: _____	Cans/bottles of beer: _____
Cups of decaf coffee: _____	Glasses of red or rose wine: _____
Glasses of regular cola: _____	Glasses of white wine: _____
Glasses of diet cola: _____	Shots (ounces) of hard liquor: _____

8. If you check "Yes" to any of the questions in the following section, please explain your answer in detail at the end or use additional paper.

	YES	NO
a. Do your symptoms vary with the seasons, weather or time of day?	_____	_____
b. Do your symptoms vary with geographic location?	_____	_____
c. Do your symptoms vary with your exact location (car, home, office)?	_____	_____
d. Did you make any changes in your environment shortly before your symptoms began?	_____	_____
e. Did you ever have asthma, hay fever, skin rashes or infantile colic?	_____	_____
f. Were you ever sensitive or allergic to any foods or drugs?	_____	_____
g. Is your skin sensitive to any substances (clothes, make-up, etc.)?	_____	_____
h. Have you ever had any allergies not already listed?	_____	_____
i. Does anyone in your immediate family have a history of allergies?	_____	_____
j. Do you have difficulty maintaining your weight?	_____	_____
k. Do you develop symptoms if you skip a meal?	_____	_____
l. Has your weight changed since your symptoms began?	_____	_____
m. Do you have a strong craving for any foods or alcohol?	_____	_____
n. Do you need to eat or drink something in the middle of the night?	_____	_____

Question #.	Explanation
_____	_____
_____	_____
_____	_____

9. Please list any operations or hospitalizations you have had.

Age	Procedure	Reason	Result
_____	_____	_____	_____
_____	_____	_____	_____

10. Please list your last three courses of antibiotics. Describe if you had to take them for an extended period:

11. Similar to #10, have you had to take steroids (prednisone, cortisone, etc.)? If so, for how long and why?: _____

12. **Women:** Have you had recurrent or frequent yeast infections? _____ If "Yes," with what were you treated and was this successful in alleviating the problem?

Number of pregnancies: _____ Number of deliveries: _____ P.M.S? _____

13. Have you ever been involved in a high-speed car accident? _____

14. Describe the dental care you have had:

What kinds of fillings are in your teeth? _____

What teeth have been pulled, if any? _____

Did you wear braces? _____ At what age? _____

At what age did you have your first 1st filling? _____

Do you have caps? _____ At what age(s)? _____

Do you have root canals? _____ Where? _____

Anything further to report on this subject? _____

15. Do you follow a program of regular exercise? Describe briefly:

16. Have you ever been stung by bees, wasps, hornets, etc.? _____. If yes, at what ages?

17. What type of water do you drink? Tap _____ Filtered _____ Distilled _____

If bottled, which brand? _____ If filtered, which method? _____

18. Please list any family history of allergies, major physical or mental illness, other:

19. Marital History: _____

20. Have you ever been exposed to radiation? _____

21. Have you traveled within the US? _____ Where? _____

22. Have you traveled outside the US? _____ Where? _____

23. Describe your childhood health: _____

INFORMATION FOR PATIENTS AND REQUEST FOR SERVICES

The purpose of the following information is to clarify our professional relationship. Rather than the usual “doctor-patient” arrangement, my goal is to serve as a health consultant in an equal-responsibility partnership with you. Acting as a consultant in nutrition and environmental medicine, my purpose is to educate and assist you in achieving a high level of health. I consult with you and with your primary care physician on ways to help you feel better and to improve your health. I provide you with options to assist you in making choices about your health and to assume appropriate responsibility for your own healing process.

Environmental medicine seeks to understand whether illness is caused by sensitivities to foods, chemicals, inhalants, or to other aspects of the environment. These may be affecting a person from outside of the body or from the inside.

Along with traditional diagnostic methods (methods used to determine the cause or presence of illness, like blood tests and x-rays), I employ methods to evaluate the “balance of energies” in your body. Over two thousand years ago, Chinese doctors described flows of “energy,” like rivers of vitality, in the body. These rivers of “energy” are called meridians, and they have been named according to the organs of the body.

A healthy person’s “energy” is balanced. By that I mean that one organ system of the body does not seem to be inappropriately stronger or weaker than any of the other organ systems. Also, the Chinese concept of an organ system tends to be broader than in Western medicine.

Traditional acupuncture literature claims that early disturbances in organ functions can be discovered before clinical symptoms appear. Instead of treating specific illnesses, therefore, I seek to uncover imbalances and blocks in the body’s functioning. Using detoxification and cleansing programs, herbs, homeopathics, nutrients, and/or manipulation, I hope to help your body balance its subtle “energies” and thus assist you towards your goal of becoming well.

Because some of my methods just evaluate “energy,” they are not diagnostic and therefore are not covered by most insurance companies as a standard office procedure. Rather, I use them to facilitate my finding the most effective remedy(ies) or strategy for you. Do not consider the remedies to be diagnostic. Rather, their purpose is to help you balance your “energies.” Thus the names on any of the remedies are not to be construed as implying a diagnosis.

Because I do not perform full physical examinations, I request that you have had a recent physical examination by your regular physician. If screening blood and urine chemistry evaluations have not been performed, I likely will request them.

By signing below, I acknowledge that I have read and understood the above information and that I agree to the following:

I request that Cathie-Ann Lippman, MD evaluate me and my health with the modalities she employs.

I request Cathie-Ann Lippman, MD to explain to me her findings as a result of employing whatever procedures are deemed appropriate by Dr. Lippman, including but not limited to health and symptom questionnaires, laboratory analyses of bodily fluids/tissues, and methods to evaluate “energy balance” in my body.

I understand that Dr. Lippman does not warrant or guarantee that her treatments or methods will be helpful for me.

I understand that I am expected to be under the care of a primary care physician and to regard all services provided by Dr. Lippman as complementary to that care.

I understand that I am financially responsible for all charges. I agree to give Dr. Lippman’s office at least 48 hours notice if I cancel my first visit. For subsequent visits, I will give at least 24 hours notice. I understand that the office is closed Saturday and Sunday, thus these days do not count if I need to cancel. I also understand that Dr. Lippman reserves the scheduled time for me, thus if I give her less than the requested time for notice of cancellation, or if I do not appear, I will be charged for that time. I also understand that the office will not bill my insurance company. I will receive a superbill with proper diagnostic and billing codes that I may submit for reimbursement to my insurance company.

I understand that I am not obligated to buy supplements from Dr. Lippman.

I understand that Dr. Lippman chooses to make supplements available as a convenience for her patients. I understand that she has chosen the supplements because, at the time, she believes them to be high quality and the appropriate ones to assist in improving my health. I also understand that if I choose not to buy supplements from Dr. Lippman that this will not affect our working relationship.

In order to receive supplements or products by mail, I understand that I must have a current credit card on file with the office. In addition to the cost of items sent, I will be charged a fee for handling and postage. I understand that you will take care to ensure the privacy of my credit card information.

I understand that your waiting room is open to a public hallway and that the office does not provide for child-care. If I must bring young children with me, I will also provide a caretaker.

I affirm that I am not gathering information for a government agency, for any insurance company or for a private organization. Rather, my purpose in seeing Dr. Lippman is only to seek assistance with my health.

I understand that this is a fragrance-free office and that I must not wear any scents when I visit. This includes perfumes, colognes, scented deodorants, soaps, shampoos, aftershave, hairspray, or gels. I am aware that chemicals in these products can make other patients ill.

Name: Print _____

Signature _____ Date: _____

Relationship (_____) to patient (name _____) who is a minor.

THE **lippman center** FOR **optimal health**

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Directions to the Clinic

From the South Bay area: Take the 405 North to the Manchester/La Cienega Exit. Follow La Cienega (past Washington, past Pico) to Olympic Blvd. (This is several miles from the freeway exit.) Turn left onto Olympic, turn right at the first street (Le Doux). Go two blocks to Gregory Way, and turn right. There are metered spaces on the right. Turn right on La Cienega for the Public Parking Structure. The entrance is on the right (beneath elevated tennis courts) about 1/3 of the way down the block. (See Public Parking Structure information below.)

From the Valley: Take the 405 South to Wilshire East. Follow Wilshire through Beverly Hills, past Doheny, past Robertson, to La Cienega where you turn right. The next intersection is Gregory Way. Go through this intersection along La Cienega for another 1/3 block where you turn right into the Public Parking Structure (beneath elevated tennis courts). (See Public Parking Structure information below.)

From Pasadena-Glendale area: Take the 210 Freeway West to the 134 Freeway West to the Laurel Canyon exit. Turn Left onto Laurel Canyon. Follow it over the hill. The name changes to Crescent Heights just before Sunset. Follow Crescent Heights to Wilshire. Turn right on Wilshire. Turn Left onto La Cienega. Continue along La Cienega and go through the next intersection which is Gregory. Go through this intersection along La Cienega for another 1/3 block where you turn right into the Public Parking Structure (beneath elevated tennis courts). (See Public Parking Structure information below.)

Public Parking Structure - 2 hours free parking

Enter the Public Parking Structure on La Cienega. When inside structure, turn right toward Gregory Way and park. The pedestrian exit door to La Cienega is near Gregory Way. Walk out of the structure, turn left, cross the street, and there is the building (291 So. La Cienega Blvd.) We are in Suite 409.

Please note:

There is NO street parking after 4:00 PM on La Cienega.