

A New Way Clinic
Dr. Tal Cohen LAc. DAOM

WELCOME TO A NEW WAY CLINIC

Our team will work with you on finding and treating the root cause of your health problems. To do that successfully, we will need to have a complete picture of your physical, mental, and emotional state. Please take the time to complete this health history questionnaire thoroughly.

All your answers will remain confidential.

Thank you.

Date today ____/____/____

Name _____ Sex M / F / _____

Address _____ City _____ State _____ Zip Code _____

Birth Date _____ M / _____ D / _____ Year

Home Phone (_____) _____ Business Phone (_____) _____

Email (Please write clearly) _____

Occupation (past or present) _____ ☐ Part time ☐ Full time ☐ Retired

Marital Status: ☐ Single ☐ Married ☐ Separate ☐ Divorce ☐ Widowed

Live with: ☐ Family ☐ Partner ☐ Spouse ☐ Children

In Emergency Notify _____ Relationship _____

Phone # () _____

For Women: Are you pregnant? ☐ Yes. Which month ____ ☐ No

Who is your Primary Care Physician? _____ Phone # (____) _____

Are you seeing other healthcare providers? ☐ No. ☐ Yes. _____

Occasionally, working with other healthcare professions assist us in understanding your condition better and might increase the success of your treatment. If you prefer that we will not contact your doctor please check this box: ☐

Please list **Past Hospitalizations or surgeries:**

Reason? _____ When? _____

Reason? _____ When? _____

	Reason?	When?
1. <i>What is the purpose of the study?</i>		
2. <i>What are the research questions or hypotheses?</i>		
3. <i>What methods will be used to collect data?</i>		
4. <i>How will data be analyzed?</i>		
5. <i>What are the expected outcomes or contributions?</i>		
6. <i>What are the limitations of the study?</i>		
7. <i>What are the ethical considerations?</i>		
8. <i>What is the timeline for the study?</i>		
9. <i>What resources are needed for the study?</i>		
10. <i>What is the budget for the study?</i>		

	Reason?	When?
1. <i>What is the purpose of the study?</i>		
2. <i>What are the research objectives?</i>		
3. <i>What is the research methodology?</i>		
4. <i>What are the research findings?</i>		
5. <i>What are the conclusions?</i>		
6. <i>What are the limitations?</i>		
7. <i>What are the implications?</i>		
8. <i>What are the future research directions?</i>		
9. <i>What are the contributions?</i>		
10. <i>What are the references?</i>		

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4. <i>What are the hypotheses?</i>		
5. <i>What are the variables?</i>		
6. <i>What are the methods?</i>		
7. <i>What are the results?</i>		
8. <i>What are the conclusions?</i>		
9. <i>What are the implications?</i>		
10. <i>What are the limitations?</i>		
11. <i>What are the future research directions?</i>		
12. <i>What are the contributions?</i>		
13. <i>What are the strengths?</i>		
14. <i>What are the weaknesses?</i>		
15. <i>What are the ethical considerations?</i>		
16. <i>What are the funding sources?</i>		
17. <i>What are the acknowledgments?</i>		
18. <i>What are the references?</i>		
19. <i>What are the appendices?</i>		
20. <i>What are the glossaries?</i>		
21. <i>What are the footnotes?</i>		
22. <i>What are the endnotes?</i>		
23. <i>What are the indexes?</i>		
24. <i>What are the tables?</i>		
25. <i>What are the figures?</i>		
26. <i>What are the charts?</i>		
27. <i>What are the graphs?</i>		
28. <i>What are the diagrams?</i>		
29. <i>What are the flowcharts?</i>		
30. <i>What are the maps?</i>		
31. <i>What are the photos?</i>		
32. <i>What are the videos?</i>		
33. <i>What are the audios?</i>		
34. <i>What are the interviews?</i>		
35. <i>What are the focus groups?</i>		
36. <i>What are the surveys?</i>		
37. <i>What are the experiments?</i>		
38. <i>What are the case studies?</i>		
39. <i>What are the ethnographies?</i>		
40. <i>What are the phenomenologies?</i>		
41. <i>What are the grounded theories?</i>		
42. <i>What are the action researches?</i>		
43. <i>What are the participatory action researches?</i>		
44. <i>What are the emancipatory researches?</i>		
45. <i>What are the feminist researches?</i>		
46. <i>What are the queer researches?</i>		
47. <i>What are the postcolonial researches?</i>		
48. <i>What are the decolonial researches?</i>		
49. <i>What are the critical race researches?</i>		
50. <i>What are the intersectional researches?</i>		
51. <i>What are the transnational researches?</i>		
52. <i>What are the global researches?</i>		
53. <i>What are the local researches?</i>		
54. <i>What are the indigenous researches?</i>		
55. <i>What are the community researches?</i>		
56. <i>What are the participatory researches?</i>		
57. <i>What are the collaborative researches?</i>		
58. <i>What are the co-researches?</i>		
59. <i>What are the co-designs?</i>		
60. <i>What are the co-productions?</i>		
61. <i>What are the co-evaluations?</i>		
62. <i>What are the co-implementations?</i>		
63. <i>What are the co-innovations?</i>		
64. <i>What are the co-creations?</i>		
65. <i>What are the co-laborations?</i>		
66. <i>What are the co-partnerships?</i>		
67. <i>What are the co-ventures?</i>		
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99. <i>What are the co-ventures?</i>		
100. <i>What are the co-ventures?</i>		

Please list Current **Medications, Herbs, Vitamins, or Supplements:** (please be specific and include the name of the manufacturer or brand name of medication or supplement)

Name _____ Brand _____ Dosage _____

Name _____	Brand _____	Dosage _____
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[illegible]

Name _____	Brand _____	Dosage _____
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Name _____	Brand _____	Dosage _____
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Name _____	Brand _____	Dosage _____
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Name _____	Brand _____	Dosage _____
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Name	Brand	Dosage
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On the following chart please indicate any illnesses you or your family members have had. Please write the year you were diagnosed with each of the following as well.

Illness	You (date)	Family (who)
Cancer or tumors		
Diabetes		
Heart Disease		
Infectious Disease		
Seizures		
Heart Pacemaker		
Bleeding Disorder		

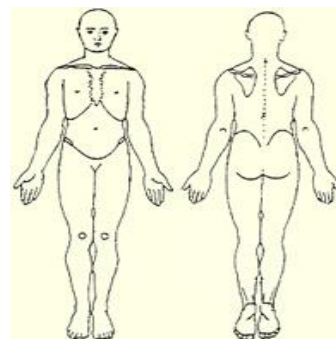
Illness	You (date)	Family (who)
Hepatitis		
HIV / AIDS		
High Blood Pressure		
Stroke		
Thyroid condition		
Emotional Disorder		
Sudden Weight Loss		

Please mark on the following chart the location of your pain:

Severity of pain: ____ (1-10)

1=Mild pain

10=Severe pain



How did you hear about us?

- ☐ Friend or family. If you don't mind, please write their name _____
- ☐ Health event
- ☐ Lecture
- ☐ Website
- ☐ Online search
- ☐ Other _____

What are your goals with us?

- ☐ Resolve my immediate health problem
- ☐ Improve my wellbeing
- ☐ Life style and diet program for optimized living
- ☐ Detoxification program
- ☐ Boost your brain function program
- ☐ All the above
- ☐ Other: _____

What health problems concern you?

_____. When did it start? _____

_____. When did it start? _____

_____. When did it start? _____

_____. When did it start? _____

What is your main concern? _____

Do you know how this problem may have started? _____



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What have you tried doing to resolve these problems that did NOT work?

Does these problems causing you to be:

- ☐ Irritable
- ☐ Moody
- ☐ Restricted on daily activities
- ☐ Interrupt your sleep

How are these problems affecting your life?

- ☐ I'm less productive than I could be
- ☐ I'm tired at the end of the day
- ☐ Unable to work long hours
- ☐ I'm Less patience with my spouse or children
- ☐ These problems prevent me from enjoying life

How does this problem interfere with the following areas in your life?

Work: _____

Family: _____

Hobbies: _____

Life: _____

Have you become discouraged or stressed about handling this problem?

When your problem is at its worst, how does it make you feel?

Where do you picture yourself being in the next 3-5 years if this problem is not taken care of? Please check all that apply

- ☐ I might not be able to work as much and I will lose money
- ☐ I might spend less time with my spouse or children
- ☐ My mood will get worse and it might affect my relationship
- ☐ I will lose my ability to workout
- ☐ I won't be able to enjoy my hobbies
- ☐ The pain might increase
- ☐ My stress levels will increase
- ☐ I won't enjoy life.
- ☐ I will gain weight
- ☐ I will be in a worse financial state
- ☐ This health problem will get worse and I will be in the hospital

How will your life be without these problems? _____



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Imagine that you get rid of these problems. What would that improve in your life? Please check all that apply

- ☐ I will be pain free
- ☐ I will be happier and will enjoy life more
- ☐ My energy will increase and I will enjoy my hobbies and activities
- ☐ I will be more social and enjoy my family and friends
- ☐ My Self-Esteem will improve
- ☐ I will be sleeping better
- ☐ I will be able to support my family better

If we were to sit down and discuss your life 3 years from now and look back at today, what would have to have happened for you to be happy with your progress?

(Please take your time and don't sell yourself short! Include anything that is part of your happiness, whether health, family, work, finances, travel, marriage or bucket list)

What potential barriers do you foresee that would prevent these things from happening?

Do you feel it is possible to eliminate or prevent these potential barriers?

Which one of these statements reflects your current state? Please mark ONE option

- ☐ These problems bother me, but I'm not sure that I am ready to do what needed to get better
- ☐ I had enough these problems, however I afraid that I would not be able to commit to my health
- ☐ I am ready! I want to get rid of these problems and enjoy my life

What are your strengths that will enable you to accomplish your goals? Check all that apply

- ☐ I believe in, "If there is a will, there is a way" and I know that I can do this
- ☐ I am not very good about taking supplements
- ☐ Changing my diet is difficult and I might need some help or coaching to succeed
- ☐ I am very good about following recommendations
- ☐ I am willing to change my diet to get better results
- ☐ My spouse or other family support me to get better
- ☐ I want to get better and learn how about health and wellbeing



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Rate on a scale of 1 to 10:

- _____ How important is it for you to resolve your health concerns?
- _____ Do you feel that you are coachable and would enjoy a mentor in helping you?
- _____ Are you prepared to make the appropriate lifestyle changes that may be necessary in order to achieve your goals?

Have you ever been evaluated with Functional Medicine? ☐ Yes ☐ No ☐ I don't know what that is.

Please read the following and answer the question at the end:

Imagine a medicine that focuses on you. Not the disease. Not just the symptoms. You! Imagine using an evidence based medicine that is health-enhancing, drug-free, and focused on fixing and improving you. Sounds too good to be true? Think again. I want to introduce to you Functional Medicine as the modern solution. In Functional Medicine, a disease (or any health problem) is caused by an underlying dysfunction. What can cause that? There are several factors that can damage the function of your body and lead to a dysfunction of an organ or system:

1. Toxins (from pesticides in vegetables, hormones in animal products, air pollution, etc.)
2. Hormonal imbalance
3. Digestive problems (e.g. leaky gut or food allergy that causes chronic inflammation)
4. Chronic stress that causes imbalance in your immune, neurologic, or hormonal systems
5. Brain dysfunction (e.g. low serotonin causing depression)

Advantages of Functional Medicine are

- ✓ Find and treat the core of your health problems, the factors that caused the dysfunction, rather than managing the symptoms.
- ✓ Personal medicine – Not a “one pill fits all” medicine. The treatments are individually tailored according to your needs.
- ✓ Proven results – Our treatment protocols are based on evidence based medicine, which was developed by research and the Institute of Functional Medicine.
- ✓ Natural and safe treatment protocols that include nutritional medicine, personal diet and lifestyle guidance, western herbal medicine, and specific nutritional supplements with highest level of effectiveness.

After reading this, please check the right answers:

- ☐ Functional medicine is treating the symptoms, rather than my underlying problem
- ☐ Mainstream medicine is treating the symptoms, rather than my underlying problem
- ☐ A Functional medicine doctor looks at how my body works and will focus on correcting the parts or systems that do not work well.
- ☐ Mainstream medicine uses diet, supplements, and healthy lifestyle changes to get people better
- ☐ If I eat food that my body does not like, I might increase chronic inflammation
- ☐ In Functional medicine, the doctor utilizes unique tests to measure the function of systems in your body



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Continue – Functional Medicine:

- ☐ Mainstream medicine usually try to suppress the symptoms with drugs
- ☐ Stress can cause dysfunction the hormonal system

Thank you! Please read our policies and sign that you understood them. Please let us know if you have any questions.

Consent for Evaluation/treatment

I understand that if I cannot arrive for my scheduled appointment, I am required to notify the clinic staff 24 hour in advance. If I did not provide a notice 24 hours before, I agree to pay the amount of the missed appointment.

By signing this, I hereby authorize Dr. Tal Cohen LAc. DAOM to evaluate/treat me according to the principles of Chinese Medicine, Functional Medicine, and integrative medicine. I understand that Dr. Tal Cohen will do his best to evaluate/treat me, but make no guarantee to cure me. I understand that A New Way Clinic does not provide primary care and does not substitute the need for primary care. If I would be recommended to do labs or other tests, I will be presented with options and I have the choice to the decide where I am going to get these tests done. I understand that the providers at A New Way Clinic do not analyze or directly prescribe labs, only recommends.

I understand that my healing and cure process will be faster and more affective, if I will follow the instructions provided to me, including herbs and medical supplements that are prescribed to me. I understand that if I will not follow these recommendations, I will prevent the treatment from being affective. Therefore, I will do my best to follow these guidelines.

Patient Signature

Dr. Tal Cohen Lac DAOM