

Center for Integrative Health, LLC  
Nancy H. O'Hara, MD & Gail M. Szakacs, MD  
3 Hollyhock Lane Wilton, CT 06897  
Tel: 203-834-2813 Fax: 203-834-2831



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**ADULT INITIAL CONTACT FORM:**

Please indicate your interest in being evaluated by Dr. Szakacs by completing and signing the form below and returning it to the address above. Please note that Dr. Szakacs has a specialized consultation-based practice and you must maintain a separate primary care physician for your general health care needs and follow-up.

Patient Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Patient Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ (Indicate if home or cell)

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

**In order to schedule a consultation with Dr. Szakacs, you must send the following items to the address above (all forms can be downloaded from our website [www.ihealthnow.org](http://www.ihealthnow.org)):**

- A completed Adult Patient Initial Contact Form (this form) – MUST BE SIGNED BY PATIENT
- A check for the \$150 non-refundable deposit (made payable to Center for Integrative Health)
- A completed Adult Patient Consent Form – MUST BE SIGNED BY PATIENT
- The HIPAA Notice of Privacy Practices Form – MUST BE SIGNED BY PATIENT
- A completed Credit Card Authorization Form – MUST BE SIGNED BY PATIENT
- A completed questionnaire
- Practice Policies Form – MUST BE SIGNED BY PATIENT
- Any laboratory reports, medical test results or previous relevant consultations

Please sign below to indicate that you:

- Understand and agree to our fees.
- Understand our integrative approach to your medical problems.
- Understand that Dr. Szakacs has a specialized consultation-based practice and she will not become your primary care physician.
- Understand that Center for Integrative Health does not participate with any health insurance. Therefore, it is up to you to contact your insurance company before committing to our program so you can know what reimbursement, if any, can be expected.



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Please indicate which type of consultation you would like for your child (check one):

**Consultation for Adult with Injury or Inflammation (including Post-Concussive Syndrome) \* Hyperbaric Oxygen Therapy (HBOT)**

- One (1) hour pre-therapy evaluation for use of HBOT in our office. If you are cleared for HBOT, you will work with the doctors to set up a schedule of sessions for your treatment. There will also be a brief post-HBOT consultation shortly after the completion of the last session. The cost of HBOT is:
  - HBOT evaluations plus ten (10) one-hour HBOT sessions = \$1,750
  - HBOT evaluations plus twenty (20) one-hour HBOT sessions = \$3,000
  - HBOT evaluations plus thirty (30) one-hour HBOT sessions = \$4,000
  - or HBOT evaluations plus 4 week rental of soft chamber = \$2,000, or as discussed with doctor
- If at your or the doctors' discretion you are unable to proceed with HBOT, the fee for the initial evaluation is \$600, less the non-refundable \$150 deposit.

**Consultation for Adult (excluding HBOT patients)**

- Initial consultation with Dr. Szakacs for 1-2 hours. This includes a review of your history and a nutritional physical examination. Dr. Szakacs will present a detailed treatment plan. The cost is \$1,100, less the non-refundable \$150 deposit.

**Second Opinion**

- Second opinion consultation with Dr. O'Hara or Dr. Szakacs for approximately 2 hours. This includes a review of your child's history and a physical examination. Treatment recommendations will be presented to you. The cost is \$1,000, less the non-refundable \$150 deposit.
- This is a one time consultation and there will be no follow-up consultations by phone, office visit or email. There will be no blood drawn or IV medication administered at the time of the second opinion consultation.

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

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