



PEDIATRIC INITIAL CONTACT FORM:

Please indicate your interest in being evaluated by Dr. O'Hara and Dr. Szakacs by completing and signing the form below and returning it to the address above. Please note that Center for Integrative Health, LLC is a specialized consultation-based practice and you must maintain a separate primary care physician for your child's general health care needs and follow-up.

Child's Name:	Sex:	Age:
Parent/Guardian Name:	Date:	
Street:		
City:	State:	Zip:
Country:		
Home Phone:	Cell Phone:	
Email Address:		

In order to schedule a consultation with Center for Integrative Health, you must send the following items to the address above (all forms can be downloaded from our website www.ihealthnow.org):

- This Pediatric Patient Initial Contact Form – which MUST be signed by both parents
- A check for the \$150 non-refundable deposit, payable to Center for Integrative Health
- The HIPAA Notice of Privacy Practices – form MUST be signed by both parents
- Patient Consent Form – form MUST be signed by both parents
- Practice Policies – form MUST be signed by both parents
- A completed questionnaire
- Completed credit card authorization form
- 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 child's medical problems.
- Understand that Center for Integrative Health is a specialized consultation-based practice and Dr. O'Hara and/or Dr. Szakacs 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.

Please indicate below which type of consultation you would like for your child (check one). Final decisions about the type of consultation will be at the discretion of the physicians after reviewing all of the submitted information. Please note, the fees below are for the initial consultation only.



- **Consultation for Child with ASD or complex Neurodevelopmental Disorder(s)**
 - Initial consultation with Dr. O'Hara and Dr. Szakacs for up to 4 hours. This includes a review of your child's history, a nutritional physical examination and observation of your child's interactions. They will present a detailed treatment plan for your child. The cost is \$1,800, less the non-refundable \$150 deposit.
- **Consultation for Child with PANDAS/PANS**
 - Initial consultation with Dr. O'Hara or Dr. Szakacs for up to 3 hours. This includes a review of your child's history, a physical examination and observation of your child. Treatment recommendations will be presented to you. The cost is \$1,200, less the non-refundable \$150 deposit.
- **Consultation for Child with other Chronic Illness (incl. ADHD, Allergies, IBD, etc.)**
 - Initial consultation with Dr. O'Hara or Dr. Szakacs for up to 2 hours. This includes a review of your child's history, a physical examination and observation of your child. Treatment recommendations will be presented to you. The cost is \$800, less the non-refundable \$150 deposit.
- **Consultation for Child 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.
- **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.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____