



Existing Patient Update

You are scheduled for an upcoming consult with our office. Please send an update to optimize consultation time. Please note that this is a requirement prior to each consult. If this is not received on time, we may have to reschedule the consult.

Please email an update to ihealthnow@ihealthnow.org and include the following information:

1. Please make sure you have signed and returned the most current consent forms which can be found on our website <http://ihealthnow.org/forms/index.html>.
 - Practice Policies
 - HIPAA Notice of Privacy Practices
 - Consent Form (either Pediatric or Adult)
2. If you have had blood work or other testing done at another facility (since our last consult), please let us know so that we can obtain copies of the results prior to your appointment.
3. General Update – progress, setbacks, list of concerns/biggest issues
4. **MUST HAVE** Current detailed list of supplements and medications (names, doses, frequencies, good and bad reactions), regardless of timing of last visit
5. Current stool and sleep pattern
6. Current diet (include the starting date if on a special diet and note general response to diet – good or bad)
7. Current therapy (types and hours/week for each therapy)
8. If applicable, please also include a list of supplements or medications that have caused bad reactions in the past (and specify the reaction – for example, if something that was supposed to be calming caused increased hyperactivity or stimming).
9. What are your goals and/or specific questions for this consultation?

PRIOR TO YOUR CONSULTATION,
PLEASE EMAIL THIS INFORMATION TO:
IHEALTHNOW@IHEALTHNOW.ORG

Thank you,
Dr. O'Hara
Dr. Szakacs