6740 Perimeter Drive, Suite 300
Dublin, Ohio 43016-8063
T 614.733.9737 F 614.707.4377

Practice Policies

Our Partnership with You

We are proud of the results our clients achieve with our services and want to help you get great results too.

We work to determine and correct the root causes of your problems – not just mask your symptoms with medication. This approach often requires more effort on your part than just taking medications. To achieve optimal results, you may need to make significant lifestyle and dietary changes.

When you are ready and willing to make the changes necessary to live a healthier life, we are here to help you.

The following Practice Policies have been designed to help us provide you with outstanding care.

Office Hours

Our current office hours are as follows but are subject to change at any time:

Monday – Friday 9:00 am – 4:30 pm

Appointments

All appointments are provided on a scheduled basis only.

Phone appointments are available for your convenience. They are billed at the same rate as an office visit.

Payment for Services

We accept cash, check, and credit cards (VISA, MasterCard, Discover, and American Express).

Missed Appointments

We dedicate time and resources to prepare for every appointment. If you miss or cancel your appointment without adequate notice, we are unable to utilize that time to provide service to other clients.

We will charge $25 for appointments missed without 24 hours' notice. Exceptions to this policy will be determined on an individual basis. Clients with a history of missed appointments will be required to prepay for future appointments, or may be dismissed from the practice.

Initial Consultation

It is important for us to have current information and lab results to prepare for your Initial Health Optimization Consultation.

We must have your lab results within 4 months from your submission of necessary forms.
Your appointment must be scheduled within 2 months of our receipt of your lab results.

Medical Insurance

We are not in network with any health insurance.

We will not submit claims or communicate with any insurance company or their agents regarding your care, payment for your care, or prior authorization of prescriptions.

We can provide you with a superbill which you may submit to your health plan to request reimbursement. We will code the superbill accurately for your visit but cannot assure it will meet the requirements of your health plan or result in reimbursement for you. We are unable to provide superbills for lab work.

Medicare Participation

Because Medicare does not reimburse for most services we provide, we can only provide services to Medicare Part B Beneficiaries who enter a Private Contract with our providers who have Opted-Out of Medicare.

Dr. Stafford has Opted-Out of Medicare and is able to provide services to clients who are MedicareBeneficiaries.

Relationship with Primary Care Physician

The providers of Wellness ReSolutions do not serve as primary care physicians. It is important for you to maintain a relationship with a primary care physician for acute care, routine care, and age-appropriate screenings.

Labs to Monitor Progress

Labs are an important tool in assessing progress. We may request clients have labs done periodically and after a medication is started or changed.

Recommendations Based on Lab Results

Reference ranges on your lab results are averages for patients of similar gender and age and vary from lab to lab. Reference ranges show what is average but not necessarily optimal.

Our recommendations indicate what is optimal for you and may differ from lab reference ranges.

Communication via Patient Portal

We maintain your medical records in an electronic health records system from Hello Health. This system includes a Patient Portal which allows you to see copies of your labs and medical records, and to communicate securely with us.

For the security of your personal health information and to receive more timely responses, please use the Hello Health Patient Portal to communicate with us regarding any medical issues.

If you need help using the Patient Portal, please contact Hello Health support at 866-779-1526.

Follow-up Questions

Our staff will respond to simple questions sent via the Patient Portal. We may ask you to schedule a follow-up appointment to discuss more complex concerns.

If you have a concern that a new symptom is a side effect of a new medication or supplement we have recommended, discontinue using the new medication/supplement and contact our office immediately.

Remaining Active

To remain “active” for prescription refills and practitioner support via the Patient Portal, you must:

- Have an office or phone visit with one of our providers every 6 months, and
- Be seen in person by one of our providers every 12 months, and
- Have a full set of labs and an annual consultation with one of our providers every 12 months.

Prescriptions

Prescriptions will only be written for “active” clients. Prescriptions will be written for no more than 6 months. No early refills will be given for controlled substances (e.g. testosterone). Please allow 72 hours for your refill request to be processed.

Compounded Prescriptions

Compounded pharmaceuticals must be made with appropriate ingredients and properly prepared to produce consistent results. To assure best outcomes for you, we send prescriptions for compounded pharmaceuticals only to pharmacies whose products we have found to provide consistent and reliable results.

Supplements

We offer preferred pricing to our clients on high quality supplements from Fullscript, Emerson Ecologics, MD Prescriptives, and Designs for Health. These supplements are available for purchase in our office, or directly from these vendors via links on our website. You may purchase supplements from our office during normal business hours or we can ship them to you for a shipping fee of $8.95.

Client Signature:	Date:

WELLNESS ReSolutions

6740 Perimeter Drive, Suite 300
Dublin, Ohio 43016-8063
T 614.733.9737 F 614.707.4377

Symptom Checklist for Women

Date	**Name**	**D.O.B**

Date of last Pap: ☐ Normal ☐ Abnormal

Date of last Mammogram: ☐ Normal ☐ Abnormal

Date of last Bone Density test: ☐ Normal ☐ Abnormal

If still having periods:	Date of the 1st day of your last period:
	Periods start every_______days; # of days of flow:_______
	Periods: ☐ Regular ☐ Irregular ☐ Pain/Cramps ☐ Heavy
	Current birth control method:
	Premenstrual symptoms: ☐ Yes ☐ No
If no periods:	Reason: ☐ Menopause ☐ Hysterectomy ☐ Ablation ☐ Other
	If menopausal, date of your last period:
	If menopausal, any spotting: ☐ Yes ☐ No

Changes since last visit

Changes in medication:

Major health changes:

Symptoms at this time	**None**	**Mild**	**Moderate**	**Severe**
Sleep problems	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐
Anxiety/nervousness/irritability	☐	☐	☐	☐
Depression/emotional swings	☐	☐	☐	☐
Memory and/or concentration loss	☐	☐	☐	☐
Food cravings	☐	☐	☐	☐
Breast swelling, tenderness, or lumps	☐	☐	☐	☐
Hot flashes	☐	☐	☐	☐
Night sweats	☐	☐	☐	☐
Vaginal dryness	☐	☐	☐	☐
Urine leakage	☐	☐	☐	☐
Acne	☐	☐	☐	☐
Dry skin/wrinkles	☐	☐	☐	☐
Dry hair	☐	☐	☐	☐
Hair loss	☐	☐	☐	☐
Loss of libido/orgasm	☐	☐	☐	☐
Muscle weakness/loss	☐	☐	☐	☐
Muscle and joint pain	☐	☐	☐	☐

Notes: ____

____

WELLNESS ReSolutions

6740 Perimeter Drive, Suite 300
Dublin, Ohio 43016-8063
T 614.733.9737 F 614.707.4377

Medical History - Annual

Weight/Height

Current weight: Desired weight: Height:

Nutrition
Provide details about general dietary habits, food intolerances.

Ounces per day of caffeinated beverages:

Do you consume artificially sweetened drinks or foods? ☐ Yes ☐ No

Do you consume soy? ☐ Yes ☐ No

Exercise/Fitness Activities - Check only one and provide details under "Comments".

☐ Inactive: no regular physical activity with a sit-down job

☐ Light activity: no organized physical activity during leisure time

☐ Moderate activity: occasionally involved in activities such as weekend golf, tennis, jogging, swimming, or cycling

☐ Heavy activity: consistent lifting, stair climbing, heavy construction, or regular participation in jogging, swimming, cycling or active sports at least three times per week

☐ Vigorous activity: participation in extensive physical exercise for at least 60 minutes per session ≥ 4 times per week

Comments:

Sleep Habits

Number of hours slept each night: Bedtime: Awaken:

Quality of sleep: ☐ Excellent ☐ Good ☐ Poor

Number of times you awaken at night: Are you able to return to sleep? ☐ Yes ☐ No

Social Habits

Smoking: ☐ Never ☐ Former ☐ Current – cigarettes/day:

Alcohol: ☐ Yes ☐ No If Yes, what kind: How many drinks/week:

Recreational drugs: ☐ Yes ☐ No

Miscellaneous
Include comments on current sources of stress, additional information you would like to share, or to elaborate on previous questions.

Client Signature: **Date:**

Client Name (print):

Wellness ReSolutions

6740 Perimeter Drive, Suite 300
Dublin, Ohio 43016-8063
T 614.733.9737 F 614.707.4377

Consent for Hormone Therapy

Risks and Side Effects of Hormone Therapy

Some of the following risks and side effects are derived from the official Food and Drug Administration (FDA) labeling requirements for these drugs, for therapeutic drug levels in the blood stream.

Testosterone

Precautions should be taken to avoid the transfer of testosterone creams to others and pets.

Men

Risks of testosterone therapy include, but are not limited to: stimulation of pre-existing benign or malignant prostate tumor. Testosterone therapy is not recommended in clients with known prostate or breast cancer.

Testosterone therapy may cause a reduction in the sperm count, resulting in infertility.

Side effects of testosterone therapy may include, but are not limited to: overactive libido; acne; oily hair and/or skin; increased hair growth; hair loss; aggressiveness; prostate enlargement; gynecomastia (breast enlargement); edema due to water and sodium retention; heart attack; erythrocytosis; blood clots; and reduction in testicle size. Testosterone therapy may reduce insulin requirements in insulin-dependent diabetics.

Women

Testosterone is listed as a category X drug (may cause birth defects) and cannot be given to pregnant women. Clients who are pre-menopausal are advised to continue reliable birth control while participating in testosterone therapy.

My birth control method is:

☐ Abstinence ☐ Birth Control Pill ☐ IUD ☐ Menopause ☐ Hysterectomy ☐ Tubal Ligation ☐ Vasectomy

☐ Other: ____

Side effects of testosterone therapy may include, but are not limited to: overactive libido; acne; oily hair and/or skin; increased hair growth; hair loss; aggressiveness; change in voice; clitoral enlargement; menstrual irregularities; virilization; edema due to water and sodium retention; heart attack; erythrocytosis; and blood clots.

Estrogen (women only)

Risks associated with estrogen therapy include, but are not limited to: heart attacks or blood clot formation (for oral therapy); gallstones; increased risk of uterine cancer (if progesterone is not administered concurrently); growth of certain pre-existing liver tumors; growth of pre-existing uterine fibroids or polyps.

Estrogen therapy is not recommended in women with a history of breast or uterine cancer. Oral therapy is not recommended in women with a history of blood-clot related disorders such as heart attack, stroke, and venous thrombosis.

Side effects may include, but are not limited to: fluid retention; uterine bleeding; breast tenderness; and irritability.

Progesterone (women only)

Bioidentical progesterone protects the endometrium (uterine lining), and exerts no negative effects on the cardiovascular system.

Side effects of progesterone therapy may include, but are not limited to: nipple or breast tenderness; drowsiness; fluid retention; slight dizziness; and acne.

Progestins are not the same as bioidentical progesterone and may have serious side effects. Progestins may cancel the protective effect of estradiol, and promote constriction of the coronary arteries. Progestins may cause birth defects, blood clots, and breast cancer. Dr. Stafford does not prescribe progestins.

DHEA (Dehydroepiandrosterone)

Risks of DHEA therapy include, but are not limited to stimulation of pre-existing breast or prostate cancer.

Side effects of DHEA therapy may include, but are not limited to: acne or oily skin; increased hair growth; hair loss; mood changes; fluid retention; and insomnia.

Thyroid Hormone

Risks/adverse reactions include, but are not limited to: palpitations and rapid heart rate; heart arrhythmias; excitability; increased metabolism; and increased bone loss.

Cardiac sensitivity is a contraindication to thyroid therapy.

Side effects may include, but are not limited to: sleep disturbances; hand tremors; excessive hunger and thirst; sweating; anxiety; and headaches.

Alternatives to Hormone Therapy

I understand the reasonable alternatives to hormone therapy include leaving hormone levels as they are. This alternative may result in experiencing symptoms of hormone deficiency, increased risk for aging-related diseases or dysfunction resulting from declining hormone levels and the need to treat diseases or dysfunction associated with declining hormone levels.

My Compliance Obligation While Receiving Hormone Therapy

I agree to comply with the proposed treatment and therapy as prescribed and agree to periodic monitoring which may include laboratory monitoring of blood, saliva, or urine chemistries and hormone levels; physical examinations; and regular screening evaluations.

I agree to notify Wellness ReSolutions regarding all signs or symptoms of possible reactions to my therapy.

I agree to comply with all other healthy lifestyle activities that have been individually recommended for me. In the future I will ask recommendations in advance from Wellness ReSolutions before stopping any prescribed therapeutic regimens or taking additional preparations that are not recommended by its health care professionals.

Informed Consent to Receive Treatment

I understand some aspects of this treatment may be viewed by the medical community as new, controversial, and/or unnecessary by the Food and Drug Administration.

I understand that Wellness ReSolutions and its health care professionals cannot guarantee any health benefits or that there will be no harm from the use of hormone therapy. I certify I am under the care of a physician(s) for any and all other medical conditions. I certify I have been given the opportunity to ask any and all questions I have concerning the proposed treatment, and I have received all requested information and all questions have been answered. I understand I have the right to not consent to hormone therapy. I believe I have adequate knowledge upon which to base an Informed Consent.

I authorize and give my Informed Consent to Wellness ReSolutions and its health care professionals for the administration of hormone therapy.

Client Signature:	**Date:**
Client Name (print)**:**	
Patricia A. Stafford, MD: **Martha Minnich, CNP:**	**Date:**