

## Pre-Application to become a patient of Dr. Ou

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

City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I have reviewed the website and the new patient paperwork at <a href="http://www.bridgestohealthatl.com/orientation.pdf">www.bridgestohealthatl.com/orientation.pdf</a>	Y	N
I have read the information on ART and the ART informed consent (pages 9 & 40 of the new patient paperwork)	Y	N
I have read Dr. Ou's comprehensive protocol on pages 10-11	Y	N
I have read Dr. Ou's article on Public Health Alert (see link at bottom of <a href="http://www.bridgestohealthatl.com">www.bridgestohealthatl.com</a> )	Y	N
I have read Dr. Ou's article as part of the Healing Chronic Illness Series at Well Scent (see link at bottom of <a href="http://www.bridgestohealthatl.com">www.bridgestohealthatl.com</a> )	Y	N
I have read the reasons of why some people do not get well on page 5 and I believe they will not significantly limit me.	Y	N
I have scanned Bridges to Health's Facebook page at <a href="http://www.facebook.com/bridgestohealthatl">www.facebook.com/bridgestohealthatl</a> and I resonate with most of the posts	Y	N
I understand there is a \$200 deposit needed to make an appointment (see <a href="http://www.bridgestohealthatl.com/contact.html">www.bridgestohealthatl.com/contact.html</a> )	Y	N
I understand Dr. Ou's financial policy (pages 1, 6, 27-29 of the new patient paperwork)	Y	N
I am making the appointment for myself (unless the patient is a minor)	Y	N

What are you main health concerns that you'd like Dr. Ou to address?

How did you learn about Dr. Ou?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date