Carol N. Rowsemitt, PhD, RN, FNP-C – Comprehensive Weight Management, A Nursing Corp. (CA)
At: Liberty Physical Therapy, 100 Highland Ave., #305, Providence, RI 02906

Name____ DOB__________________ Date___________________

Address ____ Age__________________ Male/Female

City ______________________________State____________Zip___________________

Best Phone_________________________ Alt 1_________________________ Alt 2_________________________

Occupation_________________________________ How did you hear about my practice?_____________________

Primary Physician________________________________ Other Providers_________________________________

Consent for Treatment

I, ____, agree to be treated by Carol Rowsemitt, RN, FNP-C, family nurse practitioner.

I UNDERSTAND THAT:

- **Carol does not provide primary care and that her practice is restricted to issues related to weight management and thyroid disorders. I agree to maintain a primary care provider for other aspects of my health care.**
- **Many of the prescribed treatments for both weight management and thyroid disorders are not considered "standard of care" that is, the treatments used here are somewhat different than those typically accepted by the majority of the medical community. Some medications are used for treatments not authorized by the FDA.** I understand that these issues will be explained to me and discussed with me so that I will have the benefit of comprehensive informed consent.
- **Current research may be limited on some new therapies.** Treatment options will be discussed in regard to potential risks and benefits. I have the right to decline any treatment at any time.
- **Some risks/outcomes may be unknown and I agree to assume these risks.**
- Vitamins and supplements advised during my visits as well as laboratory tests requested are necessary to help me remain healthy while on my program.

Signed:____ Date:__________________________

Print Name: ____

Cancellation/Rescheduling Charges

We do not double-book appointments. Therefore, the following charges will be applied:

Cancellation with less than 24-hr notice	**$35**
Rescheduling with less than 24-hr notice	**$35**
No-Show	**$50**
No-Show first visit	**$100**

By signing this, I acknowledge that I have read the above, and agree to comply with this policy.

Signed:____

Patient Name____________________________Medical History (revised 8/19) Date ________________________

Disease/Problem	Current	Past	Disease/Problem	Current	Past	Comments
Migraines			Arthritis (Osteoarthritis)			
Other Headaches			Asthma			
Frequently feel hot			Bladder/kidney problems			
Frequently feel cold			Blood clot - leg			
Frequently have cold hands or feet			Blood clot - lung			
More tired than I deserve			Blood transfusion			
Glaucoma			Breast lump (benign)			
Other vision problems			Cancers			
Seizures			Cataracts			
Chest pain at rest			Chicken pox			
Chest pain on exertion			Colon polyp			
Short of breath at rest			Diverticulitis			
Short of breath on exertion			Diabetes Type 2-adult onset			
High blood pressure			Diabetes (gestational)			
Heart palpitations (racing or irregular)			Emphysema			
Chronic cough			Heart Disease-iheart attack, angina			
Swelling, for example, hands/feet			High cholesterol			
Heart problem			Stroke			
Sleep apnea			Low thyroid			
For weight loss patients only:			High Thyroid			
Check all that describe your appetite lately			Chronic Fatigue Syndrome			
Large appetite			Fibromyalgia			
Normal appetite			Overweight/obese			
Small appetite			Underweight			
Never feel full			Alcoholism			
Always hungry			Drugs problems			
I don't crave any kinds of foods			Autoimmune diseases:			
I crave:			Multiple sclerosis			
No cravings, but snack a lot			Rheumatoid arthritis			
Anorexia			Vitiligo			
Bulimia			Celiac Disease			
Often constipated			Crohn's Disease			
Often diarrhea			Ulcerative colitis			
Heartburn			Graves' disease			
Get up to urinate at least 2 times at night			Lupus			
Kidney stones			Hashimoto's desease			
Women only:			Psoriasis			
Last menstrual period			Diabetes Type 1-childhood onset			
Method of birth control			Hair Thinning			
Trouble falling asleep			Dry Skin			
Trouble staying asleep			In the past 2 years, have you had:			
Depression			eye exam?			
Anxiety			dentistry?			
Joint pain (where?)			general physical exam?			
Muscle pain (where?)			mammogram? (women only)			
Numbness or tingling (where?)			Have you had a screening			
Tattoos			colonoscopy (if over 50)?			
Allergies			**Comments:**			
Anemia						

Patient Name ___________________

Surgeries

Surgeries and Procedures	X for Yes	Year	Comments
Abdominal			
Appendectomy			
Back surgery			
Biopsy (location)			
Breast biopsy			Circle: R L Both
Breast surgery			Circle: R L Both
Cataract			
Colonoscopy			
Coronary Artery Bypass			
Coronary Stent			
Endoscopy (Stomach)			
Gallbladder removal			
Gastric bypass			type:
Heart surgery (other)			
Hip surgery			Circle: R L Both
Hysterectomy			
total, includes ovaries			
partial, ovaries remain			
Knee surgery			Circle: R L Both
LEEP (cervix surgery)			
Neck surgery			
Tubal Ligation			
Ovary removal			Circle: R L Both
Vasectomy			
Sigmoidoscopy			
Sinus surgery			
Other: please list			

Medications/Supplements

Date ___________

(Print here or attach list)

Name	Dosage	Times/day	Purpose

Allergies to Medications:

Response:

No Medication Allergies ☐

Name ______________________________ Family History Date_________________

Disease/Problem	Mother	Father	Sister(s)	Brother(s)	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad	Offspring	Other Relative	Comments
No history known											
Weight problems											
Anorexia											
Bulimia											
Diabetes (adult onset)											
Heart Disease											
Heart Attack											
Angina (chest pain)											
High cholesterol											
High blood pressure											
Stroke											
Cancers											
Include type in comments											
Low thyroid											
High Thyroid											
Depression											
Suicide											
Kidney Stones											
Alcoholism											
Drugs problems											
Autoimmune diseases:											
Multiple sclerosis											
Rheumatoid arthritis											
Vitiligo											
Celiac Disease											
Crohn's Disease											
Ulcerative colitis											
Graves' disease											
Lupus											
Hashimoto's desease											
Psoriasis											
Diabetes (childhood onset)											
Other											
											© C. Rowsemitt 2019