

# KAILO COUNSELING

LIFESTYLE CHANGE AND  
NUTRITIONAL COUNSELING  
MARRIAGE, FAMILY AND  
INDIVIDUAL COUNSELING



628 NORTH MAIN STREET  
ASHLAND, OR 97520  
KIA@KAILOCOUNSELING.COM  
541.821.3618 (CELL)

KIA SANFORD MS CN

## New Client Check List

Please be sure everything on this list pertinent to your health is included. If materials are incomplete, the quality of the consultation may be jeopardized. In some instances I may need to reschedule your appointment to assure this quality if your file is incomplete. The following items are your responsibility to get to me:

- Completely filled out Intake Form
- Signed copy of Informed Consent and Policies page
- Signed copy of HIPPA Privacy Policy
- Signed copy of Information Sharing Form
- Signed copy of this checklist

You may want to use the Medical Release form to gather the following items:

- |   |                                   |                                     |                              |
|---|-----------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> Surgical reports   | <input type="checkbox"/> Included | <input type="checkbox"/> Being sent | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Pathology reports  | <input type="checkbox"/> Included | <input type="checkbox"/> Being sent | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Hormone and HER-2-Nu receptor reports if pertinent   | <input type="checkbox"/> Included | <input type="checkbox"/> Being sent | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Chemotherapy treatment(s): type, dosage and dates  | <input type="checkbox"/> Included | <input type="checkbox"/> Being sent | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Radiation treatment(s): amount, location and dates   | <input type="checkbox"/> Included | <input type="checkbox"/> Being sent | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Most recent lab results (not ALL lab results)  | <input type="checkbox"/> Included | <input type="checkbox"/> Being sent | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Reports for most recent x-ray, CT Scan, bone scan, MRI, and PET scan   |                                   |                                     |                              |
| Please DO NOT send the actual films   | <input type="checkbox"/> Included | <input type="checkbox"/> Being sent | <input type="checkbox"/> N/A |
| <input type="checkbox"/> A complete history and physical exam report relating to your current challenge from your specialist or your family physician | <input type="checkbox"/> Included | <input type="checkbox"/> Being sent | <input type="checkbox"/> N/A |

If any of the above does not apply to you, please mark the N/A box so I know it has not been forgotten. **I urge you to make copies of all these documents for your own files.** This is essentially the beginning of your next educational degree program, and you will need copies of these materials to refer to in the future. Your attention to detail will help everything go smoothly from the start!

I, \_\_\_\_\_, have sent, or am having sent, all the above items to complete my file.

Signed \_\_\_\_\_ Date \_\_\_\_\_