



Grant Williams MD  
115 E. Micheltorena St., Santa Barbara, CA 93101  
(805) 564 2900 (805) 564 2988 (Fax)

## PATIENT REGISTRATION

Please handwrite legibly, or download this from our website and fill this out on your computer; then print it out and bring with you.

### PATIENT INFORMATION:

Ms. Mrs. Miss Mr. Dr. Name:

\_\_\_\_\_

(circle one) (First) (Middle) (Last)

Mailing address:

\_\_\_\_\_

Care of \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Sex \_\_\_\_\_

Marital Status: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home fax: (\_\_\_\_) \_\_\_\_\_ Office Fax: (\_\_\_\_) \_\_\_\_\_

Other fax: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Special instructions for faxing: Does it need a cover sheet? Yes\_\_ No\_\_ Do we need to call before faxing? Yes\_\_ No\_\_

Send fax c/o: \_\_\_\_\_

Other \_\_\_\_\_

**Providing a FAX NUMBER IS VERY IMPORTANT when working with us if you want to do phone consultations. If you do not have a fax at home or your office, try a friend, spouse, or neighbor. Otherwise, try your local drugstore or copy center.**

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Other: \_\_\_\_\_



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My primary care physician is: \_\_\_\_\_ Telephone No. \_\_\_\_\_

My preferred pharmacy is: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**DID A PHYSICIAN REFER YOU TO OUR PRACTICE?**

Physician's full name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax:  
(\_\_\_\_) \_\_\_\_\_

RESPONSIBLE PARTY INFORMATION: Please complete any information different from patient information.

MS. MRS. MISS MR. DR. Name: \_\_\_\_\_

(circle one) (First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:  
\_\_\_\_\_

Relationship to the Patient: Spouse: \_\_\_ Parent/Guardian: \_\_\_ Other:  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax:  
(\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Optional: If you wish to leave a credit card number on file to speed check-out, particularly after telephone consultations, or plan to have nutritional supplements mailed to you in the future, please complete the following section. Life Balance Centre accepts VISA and Mastercard only.

I authorize Life Balance Centre or its representatives to debit my credit card listed below for any charges incurred by me or others for whom I authorize charges.

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ VISA \_\_\_\_\_  
Mastercard \_\_\_\_\_

I authorize charges to my account for

Myself \_\_\_ Spouse \_\_\_ (Name \_\_\_\_\_)

Dependent \_\_\_ (Name: \_\_\_\_\_)

Cardholder Signature: \_\_\_\_\_

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



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## CHECK LIST FOR YOUR NEW APPOINTMENT

Welcome to the Life Balance Centre the practice of Dr. Grant P. Williams. We are happy that you have chosen to work with our team of motivated professionals, including our staff Physicians, Physician Assistants, and Dietitians. All providers in the clinic follow the same principles and utilize the team approach.

In order for us to work with you effectively, we need to gather a lot of information. Please review the following checklist and ensure all forms are completed; place a check mark next to each number to ensure you are ready for your initial patient visit. We look forward to working with you!

For your information and personal files:

\_\_\_\_\_ 1. Read "The Program" book before your appointment.

\_\_\_\_\_ 2. New Patient General Information (2 pages).

Forms to be completed and turned in at your initial appointment.

\_\_\_\_\_ 5. Patient Registration (2 pages - ensure your fax number is provided).

\_\_\_\_\_ 6. Financial and Cancellation Policy (2 pages).

\_\_\_\_\_ 7. Medical History (8 pages).

\_\_\_\_\_ 8. General Habit Questions (4 pages).

\_\_\_\_\_ 9. Medical Release Form (1 page). Make sure you request your medical records as soon as possible in order to receive them before your appointment. Photocopy the original and fill out one Medical Request Form for each physician from which you are requesting medical records.

\_\_\_\_\_ 10. Diet history (1 page).

\_\_\_\_\_ 11. Food - Mood - Exercise Diary (2 pages).

\_\_\_\_\_ 12. Menstrual History (2 pages - if applicable).

\_\_\_\_\_ 13. Menstrual Cycle Calendar (1 page - if applicable).



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## CHECKLIST FOR YOUR NEW APPOINTMENT (continued)

### **BRING TO YOUR APPOINTMENT:**

- \_\_\_ 1. A recent photo for your chart (a photo will be taken if you do not have one).
- \_\_\_ 2. Your current medications and all over-the-counter vitamins and supplements.
- \_\_\_ 3. If you are diabetic and monitor your blood sugar, bring those records.
- \_\_\_ 4. If you choose to pay by check, bring at least two (2) checks with you. We also accept Visa and Mastercard.
- \_\_\_ 5. We encourage your spouse/partner to sit in on at least the nutrition portion of your visit so you can both understand the plan. You are welcome to have your spouse/partner sit in on the entire visit if you wish to do so.



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## FINANCIAL and CANCELLATION POLICY

It is our office policy to collect full payment for services rendered at the time of each visit. We accept VISA and Mastercard as well as checks or cash. Returned checks are charged a \$15.00 fee for processing.

I understand that if an appointment takes longer than the time originally scheduled, I will be charged for a longer appointment. This includes both new patient appointments and follow-up visits.

New patient appointments must be canceled or rescheduled by noon at least four (4) business days in advance of the appointment. If an appointment is cancelled a second time, we reserve the right to not schedule a third time. Appointments not canceled or rescheduled in accordance with this policy will not be rescheduled.

Follow-up appointments, including both telephone and in-office consultations, must be canceled or rescheduled by noon at least two (2) business days in advance of the appointment. Follow-up appointments not canceled or rescheduled in accordance with this policy are billed at our customary visit rates. You should plan to arrive for follow-up appointments at least ten (10) minutes before the appointment time to allow for check-in. If you arrive late, we cannot guarantee that you will be seen, but you will be charged for a full appointment. If you arrive late and we are able to see you, your appointment may be shorter, but you will still have to pay the full appointment fee.



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#### FINANCIAL and CANCELLATION POLICY (continued)

“No charge” appointments not canceled or rescheduled by noon at least one business day in advance of the appointment will be rescheduled as a charged consultation.

I have read, understand and agree to the Financial and Cancellation Policy of the Life Balance Centre.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### REGARDING OUR FINANCIAL POLICY.

We find that communication with our patients regarding our financial policy assists us in providing the best of service to you. We have therefore taken the time to answer some of the most commonly asked questions.

#### WHY DO WE REQUIRE PAYMENT AT THE TIME OF YOUR VISIT?

Unlike many other physicians' offices, our practice does not do expensive procedures that help us meet our overhead. Thus, you are expected to pay the doctor's bill, and then collect from your insurance company. You should understand that the doctor's services are provided directly to you and not to an insurance company. We simply cannot afford to render service on the assumption that the charges will be paid for by the insurance company.

#### HOW DO I FILE MY OWN INSURANCE CLAIM?

Our office uses a standardized accounting system. The bill you are given after your visit when attached to your own insurance claim form, is usually accepted by insurance companies as the doctor's portion of the claim. If you have questions about how to do this, please let someone at the front desk know, and we will be glad to advise you.



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## Hormone Replacement Consent Form

Medical Record #

\_\_\_\_\_

I, \_\_\_\_\_ (print your name) understand that hormone replacement therapy (HRT) has become even more controversial. I know that the recent Women's Health Initiative study (WHI) has reported an increased risk of breast cancer, strokes, heart attacks and blood clots in the arm of the study where PremPro was used. I also am fully aware that the medical providers at Life Balance Center do not use PremPro or synthetic drugs to replace the hormones lost in women who are in menopause. Furthermore, they have disclosed to me that there are no studies to support the type of HRT therapy of bioidentical hormones that they use and in the manner that they prescribe them. They have, however, gone over the normal physiology of the menstrual cycle before menopause and have explained how they try to mimic this physiology as much as possible when prescribing HRT in menopausal women.

All of my questions have been answered to my satisfaction and I understand that the staff of Life Balance Center is available to answer any further questions I may have.

Although no studies have been done, I am willing to take the risk of continuing or starting HRT in this manner.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## **NEW PATIENT GENERAL INFORMATION**

We hope that the following information will be helpful to you in assessing whether or not this is the place for you, answer commonly asked questions, and to explain our office policies and procedures.

The Life Balance Centre is a specialty clinic. We commonly treat problems such as diabetes, thyroid disease, menopause, and abnormal cholesterol levels as well as nutritional and lifestyle concerns. Ours is a specialty medical practice, and we do not provide primary or urgent care services. We recommend you also have a primary care physician.

PLEASE READ Dr. Schwarzbein's book "The Program" before your first appointment with us. Reading this book will ensure that you have the background information you need to understand your treatment plan. We also ask that you read this book prior to your first visit to be sure you are committed to the diet and lifestyle changes that are required to accomplish your treatment goals.

## **CANCELLATION OR RESCHEDULING OF APPOINTMENTS**

If you need to cancel or reschedule a new patient appointment, please call us **BY NOON AT LEAST FOUR BUSINESS DAYS IN ADVANCE OF YOUR APPOINTMENT**. Please understand that these appointments involve a number of personnel and a large time commitment on our part. We simply cannot afford vacant appointments, and we do have a long waiting list. Patients who do not follow this policy will not be allowed to reschedule.

For follow-up appointments, we bill our usual and customary fees for appointment not canceled or rescheduled by noon at least two business days in advance of the appointment.

## **PAYMENT POLICIES AND FEES**

Full payment is required for all visits at the time of service. We are **NOT** providers for any insurance company. We are also **NOT** Medicare of Champus providers. If you belong to an HMO, Medicare, or Champus, you must pay out of pocket all fees generated by our office. If you have private insurance, you should check with your insurance company to determine what they will cover. Medicare clients must sign and return a Medicare consent form indicating understanding that we are not providers prior to being seen in our office.



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## OFFICE POLICY AND HOW TO REACH US

### WHAT DO I DO IF I HAVE A PROBLEM BETWEEN VISITS?

If you have a problem between visits to the office, please call the front desk and let them know what kind of a problem you are having. This helps us to triage your call effectively. We make every effort to return calls the same day you contact us, but understand that on busy days, routine problems or questions may take a day or two for us to get back to you. For urgent or emergent problems, we will usually get back to you within an hour or two if no one is immediately available to talk to you. If you feel your problem is an emergency that can't wait and you are told someone will call you back, please be sure the front desk staff understands the nature of your problem. *Please don't abuse the system by calling everything you need an emergency!*

Because we are with patients during the day, **we will not be able to talk to you personally on the phone when you call with questions.** The front desk staff will help you determine who it is most appropriate for you to speak with if you briefly describe your problem or question.

If you have a **brief**, non-urgent question or two that you feel needs my personal attention, you may send it to us by Fax. If we feel your question is too complex for a faxed answer or we need more information, we will ask the front desk staff to contact you to set up an appointment to discuss your concerns.

When leaving a recorded message for the front desk, **do not** leave lengthy, detailed descriptions of medical problems or questions! Leave only a brief description of what you need, and they will be sure the appropriate staff member calls you back to get the details.

Everyone in my office, including myself, is human. If you do not hear back from us in a timely fashion, *please call us back!* *There's a lot of paper in the office, and occasionally, much to our dismay, a message does get lost.* **Please understand, be patient, and we will all do our best to help. Thank you!**



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## **WHAT IF I NEED TO REACH YOU AFTER BUSINESS HOURS OR ON WEEKENDS?**

If you have an emergency or feel you must reach us after hours, we are reachable through the exchange. Just call the office, and the recorded message will tell you how to reach the answering service.

We leave it to your discretion and common sense to determine what is urgent and cannot wait until the following business day.

Please ***do not*** use the answering service for routine matters or prescription refills.

## **WILL YOU BE MY PRIMARY DOCTOR?**

We are a specialty clinic and will not serve as primary care providers. Each of you should have a primary care physician for other health care matters. We are available to you for any questions and concerns related to our program or for those non-hormonal/non-metabolic questions that we feel we are qualified to answer.

We encourage you to discuss other health concerns with your primary care physician. If he/she does not know whether the prescribed treatment will interfere with your hormones, then please ask your doctor to call us. We discourage you from being the middleman in your health care.

As always, we are more than happy to discuss your medical care with any of your other doctors who have a question or are interested. However, if they did not refer you to us, they need to call us with their specific questions and concerns. We will not send your records to them without your written consent.



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**El Prado Inn (basic)**  
1601 State Street  
Santa Barbara, CA 93101  
805-966-0807  
800-669-8979

info@elprado.com  
elprado.com

3-Diamond rating by AAA

Directions: Go straight through light on Arrellaga Street, then take your first right on Anacapa Street, get in the left hand lane and take your next left on East Micheltorena Street. We are the third building on the left side. Pull down the driveway and park in any parking spaces that say "Fidelity".

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**The Upham Hotel (higher end)**  
1404 De La Vina Street  
Santa Barbara, CA 93101  
805-962-0058

www.uphamhotel.com

Directions: Go to Sola Street and head towards the mountains, go straight until you come to Santa Barbara Street, take a left and stay in the left lane, take a left on East Micheltorena Street, look for a cream colored building with arches and pull down the driveway on your right and park in any un-marked parking spaces.