

Case Review Process

Thank you for your interest in Lapis Light. This case review process has two important purposes:

1. To determine if our type of care is the best approach for you.
2. To provide the single most important factor for successful case management: a comprehensive and detailed history.

It takes a lot of time and energy for any healthcare provider to manage a complicated case. Please bear in mind that successful management requires appropriate testing, diagnosis, financial commitments, and realistic clinical expectations. A deficiency in any one of these can lead to clinical failure.

In addition to answering the questions on the following pages, please complete these assessment forms:

- ✓ Metabolic Assessment Form
- ✓ Subjective Brain Assessment Form
- ✓ Neurotransmitter Assessment Form
- ✓ DASS Assessment Form
- ✓ Credit Card Authorization

Please e-mail the completed assessment forms to office@lapislight.com, or print and fax them to (415) 373-4193.

Please use a Word document to answer the case review questions and e-mail your responses back to office@lapislight.com.

CASE REVIEW QUESTIONS

Instructions: Please type answers to the following questions with as much detail as possible. PLEASE ANSWER ALL QUESTIONS INDEPENDENT OF EACH OTHER.

HEALTH HISTORY QUESTIONS

1. Please list your name, age, sex, education, profession, sports and hobbies.
2. List your chief complaints in order of their importance to you.
3. Provide a detailed narrative of your health history in a timeline sequence.
4. List all diagnoses given to you in a timeline sequence and your personal opinions about them.
5. Write your opinion of what you think has happened to your health.
6. List all healthcare providers you have consulted and their opinions and treatments about your case.
7. List any in a timeline sequence treatments, medications, supplements or procedures that have improved your health.
8. List in a timeline sequence any treatments, medications, supplements or procedures that have caused reactions or decreased your health.
9. List in a timeline sequence any significant laboratory or imaging results.
10. List in a timeline sequence any exposure to environmental, industrial, or toxic compounds.
11. List any history of infections (excluding common colds).

PERSONAL OPINION QUESTIONS

Please do not answer, "I don't know" to any of these questions.

1. Why do you think healthcare practitioners have failed with your case?
2. Do you believe your condition can be cured or improved?
3. What are you looking for in a healthcare practitioner?
4. What things do you dislike in a healthcare practitioner?
5. What do you consider a realistic window of time to see changes in your health under our care?
6. How long would it take for you to discontinue management under our care if you see no improvements in your health?
7. What are your expectations from us?
8. Is there anyone you blame for your health condition?
9. What specific improvements in your health would you consider a successful outcome in your case?
10. How much money do you project in laboratory tests to manage your case in the next year?
11. How much money do you project in consulting fees to manage your case in the next year?
12. How much money do you project in supplement fees to manage your case in the next year?

13. Are you prepared to handle the financial costs of further assessment?
14. Do you feel our practice fee (\$300 an hour) is fair and appropriate?
15. Are you emotionally and spiritually able to handle further case management?
16. How would you feel if you spent more time, energy and money under our care and had no improvements in your case?
17. Is there anything you feel you should tell us about yourself or your case?
18. Is there anything in your belief system that you think may be holding back your health?
19. Are you willing to change your belief system to gain more health?
20. Are there any emotional experiences that may be significant to your health condition?
21. Do you have a distinct purpose in life?
22. Are there any patterns in childhood or adulthood that have contributed to your health problems?
23. Is your partner and/or family supportive of you and your health condition?
24. Is your partner and/or family supportive of you seeking care at our office?
25. How did you feel about answering all of these questions and the case review process?