

**General Information:****Today's Date:** _____**Name:** _____ **DOB:** _____ **Age:** _____**Address:** _____ **Email:** _____**City:** _____ **State:** _____**Cell Phone:** _____ **Work/Home Phone:** _____**Allergies: (medications/supplements or food reactions)**

Complaints/Concerns:*What do you hope to achieve at your visit today?*

When was the last time you felt well? _____**Did something trigger your change in health?** _____**What makes you feel worse?** _____**What makes you feel better?** _____**Surgeries/Hospitalizations:** *check appropriate box & fill in year if known and complications if any*

- Appendectomy _____
- C/section(s) _____
- Bladder suspension _____
- Hysterectomy+/-ovaries? _____
- GallBladder _____
- Hernia _____
- Tonsillectomy/Adenoids _____
- Dental _____
- joint: _____ when _____
- Heart (bypass) Surgery, Angioplasty, stent _____
- Heart Pacemaker _____
- other Hospitalizations _____
- broken bones _____



Medical History: Do you have any of the following conditions or experienced any of the following symptoms in the past 6 months? Check the appropriate boxes.

Musculoskeletal/Skin	Eyes/Ears/Throat/Respiratory	Endocrine/Autoimmune/
<input type="checkbox"/> joint pains <input type="checkbox"/> muscle pain <input type="checkbox"/> muscle cramps <input type="checkbox"/> joint stiffness <input type="checkbox"/> joint redness <input type="checkbox"/> skin rashes <input type="checkbox"/> acne <input type="checkbox"/> athlete's foot <input type="checkbox"/> bruising <input type="checkbox"/> hair loss <input type="checkbox"/> brittle nails <input type="checkbox"/> shingles <input type="checkbox"/> vitiligo <input type="checkbox"/> hives <input type="checkbox"/> eczema <input type="checkbox"/> itching <input type="checkbox"/> tendonitis <input type="checkbox"/> osteoarthritis <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Herpes virus Mood <input type="checkbox"/> Depression <input type="checkbox"/> irritable <input type="checkbox"/> rage/anger <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> suicidal thoughts <input type="checkbox"/> phobias	Diseases <input type="checkbox"/> asthma <input type="checkbox"/> Ear fullness/pain <input type="checkbox"/> ringing of ears <input type="checkbox"/> hearing loss <input type="checkbox"/> chronic sinusitis <input type="checkbox"/> eye problems <input type="checkbox"/> distorted smell <input type="checkbox"/> swallowing problems. <input type="checkbox"/> sore throat <input type="checkbox"/> change in voice <input type="checkbox"/> bronchitis <input type="checkbox"/> emphysema <input type="checkbox"/> pneumonia <input type="checkbox"/> tuberculosis <input type="checkbox"/> sleep apnea <input type="checkbox"/> snoring <input type="checkbox"/> chronic cough <input type="checkbox"/> allergic rhinitis <input type="checkbox"/> seasonal allergies <input type="checkbox"/> chemical allergies Neurologic <input type="checkbox"/> tension headache <input type="checkbox"/> dizziness <input type="checkbox"/> fainting <input type="checkbox"/> tremor <input type="checkbox"/> hallucinations <input type="checkbox"/> migraines <input type="checkbox"/> seizure <input type="checkbox"/> dementia	Cancer <input type="checkbox"/> Cancer(type) _____ <input type="checkbox"/> fatigue <input type="checkbox"/> Type 1 diabetes <input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> hypoglycemia (low blood sugar) <input type="checkbox"/> cold hands/feet <input type="checkbox"/> heat intolerance <input type="checkbox"/> metabolic syndrome <input type="checkbox"/> low thyroid <input type="checkbox"/> overactive thyroid <input type="checkbox"/> Lupus SLE <input type="checkbox"/> Immune Deficiency <input type="checkbox"/> polycystic ovary syndrome <input type="checkbox"/> PMS <input type="checkbox"/> infertility <input type="checkbox"/> weight problems <input type="checkbox"/> enlarged lymph nodes <input type="checkbox"/> enlarged glands <input type="checkbox"/> exposure to pesticides/herbicides <input type="checkbox"/> exposure to heavy metals or industrial chemicals <input type="checkbox"/> Exposure to mold (prior or current) Digestive <input type="checkbox"/> Acid reflux/heartburn <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea



Insomnia

memory issues

Irritable bowel syndrome

Hormone triggered

Multiple Sclerosis

Colon polyps

Autism

Colon cancer

restless leg syndrome

Hemorrhoids

Ulcers

Food sensitivities

Inflammatory bowel disease

gas/bloating excessive

vomiting/nausea

Any other problems you think we should know about?

Primary Care Physician: _____

Any Specialist Physicians: _____



Gynecological History for Females:

Obstetric: check box if yes and provide #

pregnancies _____

Caesarean _____

Vaginal _____

Miscarriages _____

Abortion _____

Living Children _____

postpartum depression _____

baby >8# _____

breast feeding _____

Menstrual History for Females:

Age at 1st period _____ Menses every _____ days period length? _____ days
pain? yes / no clotting? yes / no Is your period regular? yes / no

Date of last menstrual period _____

Sex drive issues? yes / no? Orgasm issues? yes / no?

Have you ever used birth control pills? yes / no?

Have you had or have an IUD? yes / no?

Other problems? _____

Men's History: Circle any of the following

prostate problems decreased libido erection problems weak stream

painful urination testicle pain or lumps Other problems? _____

Birth History:

Were you born on time? _____ or Premature? _____ Any Complications? _____

Dental History:

Name of Dentist: _____

Circle any of the following: fillings root canals implants gum disease

Medications:

Please include prescription, over the counter & supplements; write on the back or attach sheet

Name	Dose	Reason For Use
(Example) Vitamin D	5000 IU tablet 1x day	Low Vitamin D Level



Have you used NSAIDs (Advil, Aleve, naproxen, Motrin, or ibuprofen) for prolonged periods? Y/N

Have you used Tylenol (acetaminophen) for prolonged periods? Y/N

Have you used acid blocking drugs for heartburn (Prilosec, Zantac, Tagamet, Nexium etc?) Y /N

Do you use antibiotics more than 3 times / year? Y/N

Ailment	Family Member	Ailment	Family Member
Breast Cancer		Eczema / Psoriasis	
Colon Cancer		Celiac Disease	
Prostate Cancer		Crohn's Colitis	
Other Cancer		Ulcerative Colitis	
Heart Disease		Parkinson's	
Diabetes		Dementia	
Stroke		ADHD	
Obesity		Autism	
Autoimmune Disease		Other Neurological Disease	
Thyroid Disease			
Asthma			



Social History: circle yes or no

- Currently smoking? yes / no If yes, how many years? _____ Packs/day? _____
- Former smoker? yes / no If yes, how many years did you smoke? _____
- Alcohol use? yes / no How many drinks per week? _____
- Caffeine Intake: coffee? ___ cup/day; colas? ___ cans/day; diet colas? ___ can/day
- Current recreational drug use? yes / no If yes, type: _____
- Previous recreational drug use? yes / no If yes, type: _____
- Currently Exercising? yes / no If yes, list type and frequency (days/week):

- Do you enjoy exercise? yes / no
- Do you feel like you have an excessive amount of stress? yes / no If yes, explain: _____

- Do you go to counseling? yes / no If yes, who? _____
- Are you willing to make significant health changes, including diet, exercise and stress management? yes / no

Relationship Status: Please circle all that apply

single married divorced gay/lesbian/transgender long-term partnership widow

Any recent changes / stressors (e.g. death of loved one, separation, etc)?

Employment / Occupation: _____

Are you satisfied in relationship? yes / no

Are satisfied in current employment? yes / no

Top Health Goal:

Please bring form to your appointment



Deposit for New Patient Appointments

In consideration of time allotted to new patient appointments, a deposit of **\$150.00** is collected when the appointment is scheduled. This deposit will be applied to your bill upon checkout. We request 3 business days' notice to reschedule or cancel your appointment. If you cancel/reschedule your new patient visit without 3 business days notice or fail to show up on the day of your appointment, the deposit is not refunded.

Cancellation / Reschedule Policy For Follow-up Appointments

We have a 2 business day cancellation policy. A cancellation fee (\$150 for doctor appointment, \$75 for nutritionist appointment) may be charged if an appointment is canceled or rescheduled with less than 2 business days' notice. No-Shows and same day cancellations may result in a payment of 100% of the cost of your visit. If you are late for your appointment, your allotted time will be reduced accordingly.

I understand and agree to the above terms.

Patient Name: _____

Patient Signature: _____

Date: _____

I authorize Hill Country Integrative Medicine to charge my credit or debit card according to this policy.

Credit Card Number: _____

Expiration Date: ____ / ____ CVV Code: ____ Billing ZIP Code: _____

Name on Card _____

Signature: _____

Hill Country Integrative Medicine accepts cash, check, credit cards and HSA cards.



Practice Policies

Please read and initial each of the below items.

Office Hours are 7:30 to 4:30 pm, Monday through Thursday.

New patient appointments require a deposit of 50% of the new patient consultation fee.

HCIM does not participate with Medicare or any insurance company. All patients will be responsible for payment in full at the time of each appointment. I have received a copy of the practice fee schedule.

I consent to receiving reminders for upcoming appointments by the following means: Email, phone / voicemail, and text message.

We understand emergencies occur, but due to the amount of time given to your visit, we ask for 2 business days notification to cancel or reschedule appointments. A cancellation fee will be charged for missed appointments or failure to provide 48 hours notice to cancel or reschedule. This includes telemedicine/phone appointments.

We request 3 business days notice to process prescription refill requests.

As Integrative and Holistic Medicine specialists, HCIM providers do not provide management of hospital patients, after-hours or weekend call. We recommend all of our patients maintain a relationship with a primary care physician as we cannot guarantee same- day acute visits and well examinations.

A patient who has not been seen in the past three years will be considered inactive and will need to re-establish care as a new patient.

HCIM offers telephone consultations. Patients utilizing telemedicine are asked to keep a credit/ debit card on file.

Patients may communicate directly with their provider via Patient Fusion. Depending on the circumstances and time spent responding to questions, providers may charge an email consultation fee.

Due to allergic sensitivities and health concerns arising from exposure to scented products, HCIM is a fragrance-free facility. Fragrance is defined as any product that produces a scent strong enough to be perceptible to others including but not limited to perfume, cologne, aftershave, lotion, hair products, laundry detergent, dryer sheets and similar products. See the following page for additional information.

I understand and agree to abide by the above policies.

Name (please print): _____

Signature: _____

Date: _____



A Deeper Dive into Fragrances

1) Why are we a fragrance-free clinic?

Fragrances contain synthetic chemicals that are harmful to our health. Many of our patients are chemical sensitive. Phthalates are the most common toxic chemical found in fragranced products and classified as endocrine-disrupting chemicals because they mimic hormones in the body, especially estrogen. Unfortunately, they also create lasting disruption in the body. Once absorbed, they can interfere with the normal functioning of the endocrine system, leading to hormonal imbalances.

2) How do phthalates affect fertility and pregnancy?

There is strong research showing that phthalates negatively affect both male and female fertility. In women, phthalates can disrupt ovarian follicle growth pattern, increase oxidative stress and cause ovarian follicle death. These effects could lead to infertility, difficulty getting pregnant, miscarriage, preterm birth and low birth weight. Additionally, phthalate exposure disrupts the menstrual cycle and has been linked to endometriosis. In males, phthalates can lower testosterone and sperm production resulting in reduced fertility.

3) Can fragrances affect our thyroid?

The answer in short is yes. Research strongly suggests that phthalates alter thyroid hormone levels by interfering with thyroid hormone syntheses, transport into the cells, and metabolism. They alter the hypothalamic-pituitary-thyroid (HPT) axis which regulates the thyroid hormone levels. Children, especially girls, born to pregnant women exposed to phthalates can have lowered thyroid function resulting in developmental issues.

4) What toxic chemicals are found in fragrances?

Harmful compounds include: phthalates, parabens, styrene, formaldehyde, propylene glycol, benzyl salicylate, benzaldehyde, benzophenone and synthetic musks. Unfortunately, in the United States, the Fair Packaging and Labeling Act does not currently require disclosure of toxic ingredients and allows them to be listed as

“fragrance” or “parfum.” The lack of transparency is irresponsible and harmful to consumers.

5) What products contain fragrances?

Perfume and cologne, lotions, make-up, hair-spray and hair products, laundry products, air fresheners (car and home), room deodorizers, cleaning products.

6) Where can I find healthy alternatives?

EWG - Healthy Living App - from the authors of “The Dirty Dozen” and “The Clean Fifteen”. A great resource for evaluating cosmetics and personal care items.

Yuka App - this app also allows you to scan barcodes of both personal hygiene and food items to check for unhealthy ingredients.

***We are asking that you not only avoid these for your personal health benefits but also for the benefits of those around you. If others can smell you then they are also being affected by the fragrances in the products you are using.*



Effective February 16, 2026

**Dr. Christa O'Leary, D.O.
Dr. Yoon Hang Kim, MD**

New Patient Consultation (Typically 60 minutes)	\$415.00	Email / Phone Consult per 15 minute interval	\$100.00
Office Visit up to 15 minutes	\$100.00	Office Visit up to 45 minutes	\$300.00
Office Visit up to 30 minutes	\$200.00	Office Visit up to 60 minutes	\$400.00

Christina Exum, APRN, PMHNP-BC

New Patient Consultation (Typically 60 minutes)	\$315.00	Office Visit up to 45 minutes	\$225.00
Office Visit up to 15 minutes	\$75.00	Office Visit up to 60 minutes	\$300.00
Office Visit up to 30 minutes	\$150.00		

Charity Lawson M.S., CNS
Nutritionist Fee Schedule

New Client	\$215.00	15 minute consultation	\$50.00
60 minute consultation	\$200.00	30 minute consultation	\$100.00
45 minute consultation	\$150.00		

Visits in excess of 60 minutes are billed at the applicable provider rate in 15-minute intervals.

Fee schedule is subject to change.

HCIM accepts cash, check, credit cards, and Health Savings Cards.



Keeping Healthcare Affordable

We strive to provide the best care possible at an affordable price. With that in mind, we wanted to offer the following suggestions to maximize your healthcare dollars:

- Let your provider know you are on a budget. This helps them prioritize which labs are most important to do now and which can wait.
- Purchase supplements from Fullscripts (follow the link from our website or call if you don't already have an account). With Fullscripts, you automatically save 10% and supplements are shipped straight to your home. Fullscripts also has an "Autoship" option to save an **additional 5%**.
- Utilize the Patient Fusion portal to review labs results prior to your follow-up appointments. Trouble with the portal? We're happy to email lab results to you.
- Since follow-up appointments are billed based on time, come with a written list of questions and items to discuss. It's perfectly OK to tell your provider, "I only budgeted for 30 minutes today." [Note: each patient's situation is unique. If you have multiple lab results to review, or numerous questions, a thorough explanation will consume an appropriate amount of time.]
- Keep things in perspective. While healthcare certainly can be costly, dealing with disease is far more expensive in the long run. Is it worth \$5/day to be in optimal health? \$10/day?

We appreciate your trust in us as we journey together toward optimal health.