



**Thank you for scheduling with The HFM Zone!** We would like to give you an overview of what you can expect at your initial visit with us.

The HFM Zone is a one-year wellness program focused on health, fitness, and motivation. This is where you come to assess your health and work to prevent serious chronic illnesses that are more common as we age, such as: heart disease, diabetes, or cancer. Individual goals will be set and together we will work toward reaching those goals. What sets The HFM Zone apart from other medical practices is our concentration on wellness.

Unlike traditional doctor visits, which are generally very short, the initial The HFM Zone appointment will be extensive and lengthy. Your visit will last approximately two hours. It will include a consultation with Dr. Holden, during which you will discuss your previous medical history, any current health concerns, and he will listen to goals you would like to reach within this year long program.

After seeing Dr. Holden, you will have the following tests performed:

**Bioscan** – A full body scan that shows body fat and muscle mass percentages to get an understanding of your body's composition. We will use this as the starting point and do this test again over the next 1 year to verify your body's composition is changing.

**Antioxidant Screen** – This test measures antioxidants, the first line of defense against disease. It will show your personalized Skin Carotenoid Score, which is a general indication of your overall antioxidant status. We will do this test again over the next 1 year to verify your anti-oxidant score is improving.

**Metabolic Rate Test** – The REEVUE measures the oxygen that the body consumes. Using this measurement it calculates a patient's Resting Energy Expenditure (REE), commonly referred to as a Resting Metabolic Rate (RMR).

**EKG** – This is a noninvasive test that is used to reflect underlying heart conditions by measuring the electrical activity of the heart. Information about many heart conditions can be learned by looking for characteristic patterns on the EKG.

**\*\*You will also have comprehensive labs drawn. These lab tests will require you to be fasting for 10-12 hours. \*It is ok to drink water and take meds the morning of testing.\* Please drink lots of water the day before so you will be well hydrated.**

**Please wear comfy clothes to your appointment. Also, please avoid wearing any metal on clothing, and no jewelry. (This will save a little bit of time in the process.)\*\***

**It will be necessary for you to read, complete, and return all paperwork we have included in this packet.**

We will schedule your follow-up appointments at each visits. Dr. Holden will see you back in two weeks to discuss all your test results. You will receive his recommendations and treatment plan at this time. How often you are seen after this will depend on what treatment is recommended. *For instance, patients focusing on weight loss will be seen more often than patients being seen for hormone replacement therapy.* You will alternate seeing Dr. Holden and Amy Gibbens-Nurse Practitioner every other visit. At this point, you can then decide to continue with us or take his recommendation with no further commitment.

When you approach the end of your first year, you will be offered the opportunity to extend your commitment for another year. **We will collect the Yearly Scan Fee at that time.** Should you decide to continue, a complete re-evaluation will be done. We will see how close you are to meeting your goals. We will perform another full body scan and antioxidant screening, along with a complete physical. These results will be side by side with those from your first visit. With a re-evaluation, we can determine how to proceed as we continue your journey to great health.

**We look forward to seeing you soon!**



# HFM Zone Financial Agreement

*Thank you for choosing The HFM Zone for your health care needs. We are committed to providing the best possible care. Please understand that management of your billing is important in ensuring that we can continue to take care of your health care needs. Please read the following information carefully and sign where noted below.*

By executing this agreement, you are agreeing to pay for all services that are received.

**Many of the labs and tests done as part of the Zone program are for screening purposes. These tests are NOT considered medically necessary and therefore may not be covered by your insurance.**

The \$500 yearly program fee must be paid in full by the date of service, or a credit card must be on file for automatic withdrawal. Payments may be made up to the date of service or on the date of service, but if not, we will need to put a card on file, giving HFM the authorization to make payments on the date/dates agreed upon by the patient, to be paid in full within 3 months.

We bill participating insurance companies as a courtesy to you. You are expected to pay all deductibles, co-insurances, co-payments, and program fees at the time of service. If a balance occurs and is not paid at the time of visit, future visits will not be scheduled until the balance is paid in full.

***By signing this agreement, I understand that I am completely and fully responsible to pay any balance that my insurance company may leave to my responsibility and future visits will not be scheduled until the balance is paid in full.***

***If there are any charges not covered by Medicare or Medicare replacement policies, I understand that I am completely and fully responsible to pay any amount that may be left to my responsibility.***

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

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

# THE HFM ZONE

## Late Appointment/Cancellation/No Show Policy

1. Late Appointments:

We understand delays can happen, however, we must try to keep other patients and the doctor on time. If you arrive **10** minutes past your scheduled time, we will ask that you reschedule your appointment.

2. Appointment Cancellations:

When you do not call to reschedule/cancel an appointment, you are preventing another patient from receiving treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” schedule. We ask that you give at least 24 hours advance notice to reschedule an appointment or for appointment cancellations.

3. No Show Appointments:

If your appointment is not cancelled AND you have previously “no showed” more than one appointment, you will be charged a fifty dollar (**\$50**) fee; this will not be covered by your insurance company and must be paid **prior** to your next appointment.

My signature below indicates that I understand the above cancellation/no show policy for my appointments with Dr. Holden through the HFM Zone Program. If I am unable to keep my scheduled appointment, I will reschedule or cancel within 24 hours. If I am a “no show” appointment more than once, I understand a charge of \$50.00 will be applied to my account.

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Patient Signature

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Date



## Appointment Checklist

To ensure proper check-in, we have designed this checklist to help you remember what time to check-in and what to bring with you to your first HFM Zone appointment.

- Arrive 15 Minutes Early to Check In
- Come Fasting 10-12 Hours
- Complete All Zone Paperwork and Bring to Your Appointment
- Bring Your Photo ID and Insurance Card/Cards
- Have Your Zone Payment Ready at the Time of Service
- Sign up for Our Patient Portal

(For quicker/easier access, please sign up for our HFM Patient Portal.

You can request appointments and leave messages all through the easy to use patient portal.)

\*Just go to [www.harrisonvillefamilymedicine.com](http://www.harrisonvillefamilymedicine.com) and the link to sign up is in the top right corner.\*

**\*\*Please give us a call if you have not received your paperwork packet before your visit. You may need to arrive earlier to ensure this paperwork is done before you meet with Dr. Holden. \*\***

We can't wait to see you at your appointment!

Please give us a call at (816)380-3582 if you have any last minute questions!



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Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

### Health History

### Circle All That Apply

High Blood Pressure  
 Heart Attack  
 Heart Stent  
 Heart Bypass Surgery  
 Atrial Fibrillation  
 Aneurysm  
 Peripheral Arterial Disease  
 Carotid Artery Disease  
 Stroke/TIA  
 High Cholesterol  
 Diabetes  
 Sleep Apnea  
 Depression  
 Anxiety  
 Chronic Kidney Disease  
 Auto-Immune Disease  
 Blood Clots  
 Liver Disease

Breast Cancer  
 Ovarian Cancer  
 Prostate Cancer  
 Colon Cancer  
 Endometrial Cancer  
 Other Cancers:  
 Irritable Bowel  
 Interstitial Cystitis  
 Fibromyalgia  
 Migraine Headaches  
 Reflux  
 COPD  
 Asthma  
 Other:

**Surgeries:**  
 Gallbladder  
 Appendix  
 Cataracts  
 Sinus  
 Thyroid  
 Shoulder Surgery  
 Knee Surgery  
 Low Back Surgery  
 Neck Surgery  
 Hip Surgery  
 Hysterectomy  
 Do you still have ovaries? Y/N  
 Mastectomy  
 Carpal Tunnel  
 Bariatric Surgery

**Social**                  Smoking: Current / Past / Never                  Alcohol: None / Occasional / Daily

**Testing:** Please provide date or approximate date if unknown

Colonoscopy \_\_\_\_\_ Mammogram \_\_\_\_\_ Bone Density \_\_\_\_\_ Pap Smear \_\_\_\_\_  
 Echocardiogram \_\_\_\_\_ Stress Test \_\_\_\_\_ PSA \_\_\_\_\_ Carotid Doppler \_\_\_\_\_

**Family History:** Circle all that apply

Colon Cancer                  Heart Disease                  Diabetes                  Alzheimers/Dementia  
 Parkinson's Disease          Prostate Cancer                  Breast Cancer                  Mental Illness

**Other:**

# THE HFM ZONE

## Intake Form

### Symptoms:

Fatigue	Y / N	Do you get up at night to urinate?	Y / N
Excessive Daytime Sleepiness	Y / N	Pain on Urination	Y / N
Cold Hands/Feet	Y / N	Urinary Incontinence	Y / N
Cold Intolerance	Y / N	Recurrent Urinary Infections	Y / N
Decreased Body Temperature	Y / N	Trouble with starting or stopping stream	Y / N
Chest Pain	Y / N	Joint Pain	Y / N
Shortness of Breath	Y / N	Muscle Aches	Y / N
Heart Palpitations	Y / N	Muscle Cramp	Y / N
Leg Pain with Activity	Y / N	Muscle Weakness	Y / N
Swelling in Legs	Y / N	Muscles Decreasing in Size	Y / N
Fluid Retention	Y / N	Low Back Pain	Y / N
Puffy Face in Morning	Y / N	Hip Pain	Y / N
		Leg Aches	Y / N
		Knee Pain	Y / N
Heartburn	Y / N	Shoulder Pain	Y / N
Bloating	Y / N		
Nausea	Y / N	Acne	Y / N
Constipation	Y / N	Dry Skin	Y / N
Diarrhea	Y / N	Thin/Brittle Fingernails	Y / N
		Thickened Skin, Especially Heels	Y / N
Trouble Sleeping	Y / N	Dry or Thinning Hair	Y / N
Do you snore?	Y / N	Loss of or Thinning Eyebrows	Y / N
Do you stop breathing at night?	Y / N	Hair Loss	Y / N

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## Symptoms (continued)

Decreased Concentration	Y / N	Hot Flashes	Y / N
Memory Concern or Loss	Y / N	Night Sweats	Y / N
Dizziness	Y / N	Decreased Libido/Sex Drive	Y / N
Headaches	Y / N	Breast Tenderness	Y / N
Numbness in Arms/Legs/Feet/Hands	Y / N	Excessive Facial or Body Hair	Y / N
Tingling in Arms/Legs/Feet/Hands	Y / N	Vaginal Dryness	Y / N
		Regular Menses	Y / N
Depressed Mood	Y / N	Irregular Menses	Y / N
Anxiety	Y / N	Mid-Cycle Bleeding	Y / N
Agitation	Y / N	Heavy Menstrual Bleeding	Y / N
Feeling Nervous	Y / N	Post-Menopausal	Y / N
Racing Thoughts	Y / N	Fibrocystic Breasts	Y / N
Anger	Y / N	Irritable Before Menses	Y / N
Low Self-Esteem	Y / N	Emotional Before Menses	Y / N
Mood Swings	Y / N	Weight Gain/Inability to Lose	Y / N
Hypersensitive/Overly Emotional	Y / N		

Through the HFM Zone Program, Dr. Holden's attention will focus on wellness only. Issues addressed within the Zone program will include: cardiac risk reduction, diabetes, weight loss, fatigue, motivation, nutrition, and exercise, along with bio-identical hormone replacement therapy.

It is important for you to have a primary healthcare provider who will oversee your primary care and any acute health issues. Typical acute or primary health issues may include: sinusitis, bronchitis, asthma, low back pain, knee pain, flu symptoms, or stomach virus. You should contact or schedule with your primary care provider for any "traditional" healthcare needs.

Tell us, who is your primary healthcare provider? \_\_\_\_\_