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I. Biomedical Treatment

Biomedical treatment focuses on the very complex issues that effect many autistic children, including gastrointestinal, immunological, and neurological problems.

- A. The normal biomedical patient initial patient intake is three 1 hour appointments. We recommend each appointment about one month apart. They cost \$500 per hour. Before we schedule your first appointment we do take a \$275 deposit that goes toward the cost of the appointment.
- B. The more aggressive biomedical initial patient interview takes about two hours and costs \$1000. After that, the first follow up is one hour and costs \$500. Before we schedule your first appointment we do take a \$325 deposit that goes toward the cost of the appointment.
- C. Initial Appointment booking: We are unable to book any initial appointments under any circumstances until we have received the following:
 - Complete Medical Record (including immunization record and all previous doctors' notes and testing)
 - New Patient intake packet
 - Insurance card
 - Credit card for appointment deposit
- D. For patients 13 years and older, to ensure that everyone receives the best medical care, Dr. Jerry must review the complete medical record before we can schedule an appointment.
 - a. Based on the complexity of some cases, Dr. Jerry may require the two hour initial appointment in order to have adequate time to address the patient's medical history.
- E. **Travel Surcharge:** Due to the additional expenses of Dr. Jerry's travel to California, there is an additional fee for California visits and his hourly rate while in California will be \$595 and 30 minute appointments will be \$325.

After your initial biomedical appointments, the hourly rate is \$500 for future appointments; \$275 for half an hour (\$595 per hour and \$325 for 30 minutes for CA in person visits). While we do not require it, we do recommend that you plan on having an appointment with Dr. Kartzinel at least every 3 months.

We do not accept any insurance, but we will give you a form you can submit to your insurance company for



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reimbursement. We do not guarantee they will cover you. You would be responsible for the costs of any labs or supplements necessary for the treatment of your child.

If you do need to cancel or reschedule your appointment, we ask that you give us a least one week's notice when you need to cancel or reschedule an appointment. Whenever you cancel an appointment with short notice or do not call in for your appointment, we miss the opportunity to help another family. If an appointment is cancelled with 24 hours or less notice, we will charge a fee based on the length of the appointment:

30 minutes \$100.00 Cancellation Fee

60 Minutes \$175.00 Cancellation Fee

Initial Visit \$325 Cancellation Fee

In that patient information form, regarding the credit card information, we accept Visa, MasterCard, or Discover only.

Our fax number to send your child's labs to is (949) 407-6788. Alternatively, you may mail them to our Orlando office Kartzinel Wellness Center 125 Terra Mango Loop, Suite B, Orlando, FL 32835..

II. Policies

- a. Any time you speak with Dr. Jerry, whether it is in person, by phone, or Skype, it is considered an appointment and is billed at \$475 per hour and prorated if you use less than one hour.
- b. Full payment is due on the day of service.
- c. We do not accept any form of insurance and are not a participating provider with any insurance company. If you have Medicaid or HMO insurance, this means they will not cover any prescriptions or laboratory orders from us. However, your local Medicaid or HMO doctor may be willing to rewrite them for you.
- d. We do not call with laboratory results. Instead, you must call to set up an appointment to discuss them with the doctor. This appointment is a normal appointment and will be billed at our hourly rate.



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- e. We do not charge for emails. However, emails for Dr. Jerry should be kept short, ideally no longer than 4-5 sentences with a clear question for Dr. Jerry. Questions about future treatment options or laboratory results cannot be addressed by email and will require an appointment.
- f. Please allow for up to 2 business days for an email response from Dr. Jerry.
- g. In order to be your physician, Dr. Jerry must see the patient in person no less than once per year. If you have not seen him in over a year, he will not be able to provide prescriptions or order any laboratory testing for you until you have seen him in person.
- h. Due to the additional expenses of Dr. Jerry's travel to California, there is an additional fee for California visits and his hourly rate while in California will be \$575 and 30 minute appointments will be \$300.

I understand and agree to the above policies.

Signature

Date



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Patient Information

Date _____

Patient's Legal Name _____ DOB _____

Gender _____ Height _____ Weight _____

Home Address _____

Home Phone _____ FAX _____

Cell Phone (s) Mom _____ Dad _____

Email _____

Credit Card, Number, Expiration Date, and CVS

Parent or Legal Guardian

Name(s) _____

Mother's DOB _____ Father's DOB _____

Mother's Employer _____ Father's Employer _____

Insurance Information (We do not participate in any insurance "networks" and fees are due in full at the time of your visit, however we can create a universal claim form for you to file for reimbursement.)

Please provide a front and back copy of your insurance and pharmacy card if you have one.

Pharmacy Information



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Preferred Pharmacy _____

Phone # _____

Fax # _____

Compounding Pharmacy _____

Phone # _____

Fax# _____

Medical History

Please list PRESCRIPTION medications:

NAME of Medicine	Dose (mg)	How often given?	Approximate date started?
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1.

2.

3.

4.

5.

6.

Please list supplements

Name of Supplement	Dose	How often given?
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1.

2.

3.



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- 4.
- 5.
- 7.
- 8.
- 9.
- 10.

Prior medications tried:

Name	Reason discontinued
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Current behaviors:

Aggression toward self (self-injurious behaviors):



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Aggression toward others:

Aggressive Behavior Symptoms

Please place a check mark beside behaviors that could describe your child during an aggressive episode.

- 1. The child has explosions of sudden anger when frustrated.
- 2. During episodes, the child has mostly random, unfocused hitting out at whatever is nearby (others, objects, or himself/herself)
- 3. During episodes, the child becomes flushed (face or body reddens).
- 4. Afterwards, the child says that he/she tried to stop but could not.
- 5. Afterwards, the child apologizes.
- 6. Certain adults can calm the child quickly (either by talking to or holding the child).
- 7. The child complains that his or her heart was beating fast or hurting during the episode.
- 8. During episodes or when excited, the child has hand or finger tremors (fingers or hands shake slightly).
- 9. The child has a habit of biting or picking at fingernails or skin.
- 10. During episodes, the child is unusually strong.
- 11. The child is very physically active as a part of his or her normal personality (i.e., rarely sits still even while watching television).



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- 12. The child tends to run a high resting heart rate (90 beats per minute or above).
- 13. During episodes, the child has “crazy” or “evil” looking eyes. Eyes may appear dilated, unfocused, or nonresponsive.
- 14. During episodes, the child’s personality seems changed, for example, becoming hateful with swearing and threatening.
- 15. During episodes, the child threatens to kill or harm others or claims to hate people who he or she loves.
- 16. After episodes, the child does not apologize or seem remorseful.
- 17. After episodes, the child denies certain behaviors that happened.
- 18. After episodes, the child seems not to remember the whole event.
- 19. During episodes, the child becomes more violent if there is any attempt to hold or restrain him or her.
- 20. The child’s aggression seems focused and deliberate toward particular people or targets.
- 21. The child has anger episodes that move from being anxious and upset to getting wild-eyed and “going crazy.”
- 22. The child will suddenly have an extreme increase in energy and activity that lasts for several days or weeks in a row.
- 23. During times of extreme energy and activity, the child will sleep fewer hours without acting tired (several days or weeks in a row).



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- 24. The child's changes in mood happen for no apparent reason, not in response to events or people around him or her.
- 25. The child has times of intense and unrealistic feelings that everyone is against him or her.
- 26. The child's mood changes suddenly from several days of extreme activity to several days in a row of completely normal personality.
- 27. During periods of extreme activity or a mood change, the child has wild and unrealistic ideas about his or her own abilities.

Obsessions:

Anxiety:

Hyperactivity:

Focus and concentration (ADD):

Echolalia (repeating phrases):

Shouting/screaming:



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Stimming behaviors:

Masturbation/self-stimulation:

Picking at self/sores:

Pulling hair:

Sensory issues (sounds, touch, etc)

Current sleep patterns

Time child goes down:

Time child is actually asleep:

Where does the child sleep:

Next time child awakes:

Naps?:

Current Diet:

Proteins:

Vegetables:

Fruits:

Carbohydrates:



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Drinks:

Stool Patterns:

Frequency

Quantity

Size

Color

Odor

Health:

Frequency of illnesses

Type of illnesses

Hospitalizations:

Surgeries:

Drug Allergies:

MRI:

EEG:



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Chromosomes:

Previous lab work: please include in this report.

Vaccines:

Pregnancy information

Pregnancy number:

Problems during the pregnancy

Post Delivery course:

Birth to 6 months: how were things going?

6 months to 1 year:

12months-18months:

18 months- 24 months:

Did your child regress, if so, when?



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Currently: how is your child doing?

What is the next problem you would like addressed?