



Notice to New Patients

Dr. William S. Clark, DO is a physician who is focused on Integrative Medicine. Medical services provided by William S. Clark, DO are expressly limited to the following Integrative medicine services for purposes of *immunity consultation*:

- patient physical assessments
- patient education regarding immunity, infectious disease, and vaccination
- integrative health risk analysis and medical testing relating to the above
- vaccination and medical exemption to vaccination

If you would like William S. Clark, DO to be your primary care physician, you will need to request a mutually signed primary care physician agreement with William S. Clark, DO. If you do not have a mutually signed primary care physician agreement with William S. Clark, DO, then you are advised that **Dr. William S. Clark, DO** is not your primary care physician.

Dr. William S. Clark, DO is not a chiropractor and he does not provide any chiropractic services whatsoever. Any chiropractic services provided separately by chiropractors through Escalon Physical Medicine are completely independent of William S. Clark, DO. Further, all patients are advised that an adjustment is never considered a substitute for a vaccination. Parents and patients should decide for themselves whether or not to vaccinate after being fully informed and educated.

Immunity Consultation - New Patient Intake Form

Patient (Full) Name _____ Age ____ Sex ____ DOB _____

Place of Birth: Country _____ State _____ City _____

Soc Sec # _____

Biological Mother Name _____ DOB _____

Soc Sec # _____ Unknown, adopted – provide guardian/adoptive parents information

Home address _____ City _____ State ____ Zip _____

Home phone _____ Cel _____ Work _____

Email _____ Employer _____

Employer address _____ City _____ State ____ Zip _____



Biological Father Name _____ DOB _____

Soc Sec # _____ Unknown, adopted – provide guardian/adoptive parents information

Home address _____ City _____ State _____ Zip _____

Home phone _____ Cel _____ Work _____

Email _____ Employer _____

Employer address _____ City _____ State _____ Zip _____

Siblings

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Primary Care Physician

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____



Patient History

(Please complete the next three (3) pages for each patient)

Patient (Full) Name _____ Age ____ DOB _____

Birth History (Patient only – each patient)

- | | |
|-----------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Full Term | <input type="checkbox"/> Meconium in amniotic fluid |
| <input type="checkbox"/> Pre-term | <input type="checkbox"/> Breech presentation |
| <input type="checkbox"/> Post-term | <input type="checkbox"/> Multiple gestations (twins, triplets, etc...) |
| <input type="checkbox"/> Premature | <input type="checkbox"/> APGAR scores (if known) |
| <input type="checkbox"/> Large for gestation age | <input type="checkbox"/> Birth weight |
| <input type="checkbox"/> Small for gestation age | <input type="checkbox"/> Birth length |
| <input type="checkbox"/> Vaginal delivery | <input type="checkbox"/> Birth anomalies |
| <input type="checkbox"/> Forceps or vacuum delivery | <input type="checkbox"/> Home birth (or outside of hospital) |
| <input type="checkbox"/> C-section delivery (scheduled) | <input type="checkbox"/> Breast-fed |
| <input type="checkbox"/> C-section delivery (emergent) | <input type="checkbox"/> Bottle-fed (type) |
| <input type="checkbox"/> Complications during pregnancy | <input type="checkbox"/> Thrush (patient or maternal) |
| <input type="checkbox"/> Complications during delivery | <input type="checkbox"/> Maternal post-partum yeast infection |
| <input type="checkbox"/> Complications after delivery | <input type="checkbox"/> Maternal post-partum depression |
| <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Maternal age at delivery |
| <input type="checkbox"/> Admission to NICU | <input type="checkbox"/> Maternal complications |
| <input type="checkbox"/> Medications received at birth | <input type="checkbox"/> Maternal medications during pregnancy |
| <input type="checkbox"/> Vaccines received at birth | <input type="checkbox"/> Maternal medications at delivery |
| <input type="checkbox"/> Use of life support (ventilator) | <input type="checkbox"/> Maternal use of breast pump |
| <input type="checkbox"/> Premature rupture of membranes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prolonged rupture of membranes | |

Vaccination History (Patient only – each patient)

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Rotovirus | <input type="checkbox"/> MMR |
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> PCV | <input type="checkbox"/> HPV |
| <input type="checkbox"/> IPV | <input type="checkbox"/> other |

(Please bring current vaccination record to your appointment)

Past Medical History (each patient)



Medications (prescription)

Medications (over the counter)

Medications (herbal)

Medications (essential oils/aromatherapy)

Medications (multi-vitamins)

(Please bring all medications listed above to your appointment)

Allergies (medications, seasonal, foods, etc...)

Surgeries

School _____ **Grade** _____

Interests/Hobbies/Sports/Music/other _____



Signs & Symptoms (Patient only – each patient)

- Abdominal cramping
- Black tarry stools
- Bladder problems
- Bloody stools
- Blurred vision
- Confusion
- Congestion
- Constipation
- Cough
- Dairy issues
- Diarrhea
- Difficulty breathing
- Difficulty chewing
- Difficulty walking
- Digestive problems
- Dizziness
- Excessive appetite
- Excessive thirst
- Excessive urination
- Excessive gas/bloating
- Fainting
- Fatigue
- Flashing lights
- Gluten issues
- Headaches
- Hearing loss
- Heartburn
- Incontinence
- Irregular heartbeat
- Joint pain
- Joint swelling
- Lack of eye contact
- Memory loss
- Menstrual cramping
- irregularity
- Mental status changes
- Musculoskeletal pain
- Nausea
- Painful urination
- Poor appetite
- Poor balance
- Poor coordination
- Seizures
- Sleep difficulties
- Social withdrawal
- Swallowing difficulty
- Tics
- Tinnitus (ringing in the ears)
- Tremor
- Twitches
- Uncontrollable behavior
- Violent behavior
- Violent comments
- Violent thoughts
- Visual disturbances
- Vomiting
- Weakness
- Weight problems



Please Include Patient and Family History for the Remainder of this Form

Pt = Patient **BB** = Biological Brother **BS** = Biological Sister **BM** = Biological Mother
BF = Biological Father **M** = Maternal **P** = Paternal **GM** = Grandmother
GF = Grandfather **U** = Uncle **A** = Aunt **C** = Cousin (1st, 2nd, 3rd) (C1,C2,C3)

Example: Anxiety Instructions: 1. Place an “X” in the box if it applies to you or your family
2. Use the above abbreviations after the word “Agitation”
(**Pt, MGF, PC1**)
3. Please use whatever space you need. Neatness is not required.
4. Please don’t be limited in any way. Communication is the key.

Vaccination Reactions

- ADHD
- Aggression
- Anxiety
- Arching of Back
- Aspergers
- Autism Spectrum
- Coma
- Coordination difficulties
- Depression
- Encephalitis
- Fainting
- Febrile Seizure
- Global developmental delay
- Guillain-Barre Syndrome
- Hypersomnia
- Hypertonia
- Hypotonia
- Incoordination
- Learning disability
- Loss of interest or ability to play games
- Loss of smile
- Loss of the ability to walk
- Meningitis
- Pervasive Developmental Delay
- Regression of focus
- Regression of speech
- Screaming
- Seizure
- Self-destructive behavior
- Self-stimulating behavior
- Socialization changes
- Tics
- Visual disturbance
- Vocalization changes
- Withdrawal



Infections

- Bronchitis
- Bursitis
- Cancer
- Ear infections
- Hepatitis
- Herpes
- Inflammatory bowel disease
- Irritable bowel
- Nasal allergies
- Parasites
- Pneumonia
- Rheumatic fever
- Ringworm
- Roseola
- Scarlet fever
- Thrush
- Thyroid disease
- Tuberculosis

Autoimmune Disease

- Acute Disseminated Encephalomyelitis
- Acute necrotizing hemorrhagic leukoencephalitis
- Addison's disease
- Agammaglobulinemia
- Alopecia areata
- Amyloidosis
- Ankylosis spondylitis
- Anti-GBM nephritis
- Anti-TBM nephritis
- Antiphospholipid syndrome (APS)
- Autoimmune angioedema
- Autoimmune aplastic anemia
- Autoimmune dysautonomia
- Autoimmune hepatitis
- Autoimmune hyperlipidemia
- Autoimmune inner ear disease (AIED)
- Autoimmune myocarditis
- Autoimmune oophoritis
- Autoimmune pancreatitis
- Autoimmune retinopathy
- Autoimmune Syndrome Induced by adjuvants
- Autoimmune thrombocytopenic purpura (ATP)
- Autoimmune thyroid disease
- Autoimmune urticaria
- Axonal and neuronal neuropathies
- Balo disease
- Behcet's disease
- Benign mucosal pemphigoid
- Bulbous pemphigoid
- Cardiomyopathy
- Castleman disease
- Celiac disease
- Chagas disease
- Chronic fatigue syndrome
- Chronic inflam. demyelinating polyneuropathy
- Chronic recurrent multifocal osteomyelitis
- Churg-Strauss syndrome
- Cicatricial pemphigoid
- Cogans syndrome
- Cold agglutinin disease
- Congenital heart block
- Cocksackie myocarditis
- CREST disease
- Crohn's disease
- Demyelinating neuropathies
- Dermatitis herpetiformis
- Dermatomyositis
- Devic's disease (neuromyelitis optica)
- Discoid lupus
- Dressler's syndrome



- Endometriosis
- Eosinophilic esophagitis
- Eosinophilic fasciitis
- Erythema nodosum
- Essential mixed cryoglobulinemia
- Evans syndrome
- Experimental allergic encephalomyelitis
- Fibromyalgia
- Fibrosing alveolitis
- Giant cell arteritis (temporal arteritis)
- Giant cell myocarditis
- Gillian-barre syndrome
- Glomerulonephritis
- Goodpasture's syndrome
- Granulomatosis with polyangitis (GPA)
- Granulomatosis with polyangitis (GPA)
- Grave's disease
- Gulf War syndrome
- Hashimoto's encephalitis
- Hashimoto's thyroiditis
- Hemolytic anemia
- Henoch-Schonlein purpura
- Herpes gestationis
- Hypogammaglobulinemia
- Idiopathic pulmonary fibrosis
- Idiopathic thrombocytopenic purpura (ITP)
- IgA nephropathy
- IgG4-related sclerosing disease
- Immunoregulatory lipoproteins
- Inclusion body myositis
- Interstitial cystitis
- Juvenile arthritis
- Juvenile diabetes (Type 1 diabetes)
- Juvenile myositis
- Kawasaki syndrome
- Lambert-Eaton syndrome
- Leukocytoclastic vasculitis
- Lichen planus
- Lichen sclerosus
- Ligneous conjunctivitis
- Linear IgA disease (LAD)
- Lupus
- Lyme disease, chronic
- Meniere's disease
- Microscopic polyangitis
- Mixed connective tissue disease (MCTD)
- Mooren's ulcer
- Mucha-Habermann disease
- Multiple sclerosis
- Myasthenia gravis
- Myositis
- Narcolepsy
- Neuromyelitis optica (Devic's)
- Neutropenia
- Ocular cicatricial pemphigoid
- Optic neuritis
- Palindromic rheumatism
- PANDAS
- Paraneoplastic cerebellar degeneration
- Paroxysmal nocturnal hemoglobinuria (PNH)
- Parry Romberg syndrome
- Pars planitis (peripheral uveitis)
- Parsonage-Turner syndrome
- Pemphigus
- Peripheral neuropathy
- Perivenous encephalomyelitis
- Pernicious anemia
- POEMS syndrome
- Polyarteritis nodosa
- Polyglandular syndromes, Types I, II, III
- Polymyalgia rheumatica
- Polymyositis
- Postmyocardial infarction syndrome
- Postpericardiotomy syndrome
- Primary biliary cirrhosis
- Primary sclerosing cholangitis
- Progesterone dermatitis
- Psoriasis
- Psoriatic arthritis
- Pure red cell aplasia



- Pyoderma gangrenosum
- Raynauds phenomenon
- Reactive arthritis
- Reflex sympathetic dystrophy (RSD)
- Reiter's syndrome
- Relapsing polychondritis
- Restless leg syndrome (RLS)
- Retroperitoneal fibrosis
- Rheumatic fever
- Rheumatoid arthritis
- Sarcoidosis
- Schmidt syndrome
- Scleritis
- Scleroderma
- Siliconosis
- Sjogern's syndrome
- Sperm autoimmunity
- Stiff person syndrome
- Subacute bacterial endocarditis (SBE)
- Susac's syndrome
- Sympathetic ophthalmia
- Systemic Lupus Erythematosus (SLE)
- Takayasu's arteritis
- Temporal arteritis (Giant cell arteritis)
- Testicular autoimmunity
- Thrombocytopenic purpura (TTP)
- Tolosa-Hunt syndrome
- Transverse myelitis
- Type I diabetes
- Ulcerative colitis
- Undifferentiated connective tissue disease (UCTD)
- Uveitis
- Vasculitis
- Vesiculobullous dermatosis
- Vitiligo
- Wegener's granulomatosis

Neurodevelopmental Disorders

- ADD
- ADHD
- Aspergers
- Auditory processing disorder
- Autism Spectrum
- Clicking
- Coordination Difficulties
- Dysgraphia
- Dyslexia
- Facial grimaces
- Grunting
- Head banging
- Hissing
- Intellectual Delay
- Intellectual Regression
- Jerking of the arms, legs, head and/or body
- Math difficulties
- Moaning
- Pervasive Developmental Delay
- Reading difficulties
- Rocking back and forth
- Snorting
- Social Delay
- Social Regression
- Speech Delay
- Spelling difficulties
- Spinning
- Throat clearing
- Visual processing
- Writing difficulties



Neurologic Diseases

- Alzheimer's disease
- Amyotrophic Lateral Sclerosis (ALS)
- Bell's Palsy
- Cerebral Palsy
- Complex Region Pain Syndrome (CRPS)
- Down's Syndrome
- Dysautonomia
- Encopresis
- Enuresis
- Epilepsy
- Erb's Palsy
- Essential Tremor
- Febrile Seizure
- Fetal Alcohol Syndrome
- Hirschsprung's Disease
- Migraines
- Narcolepsy
- Neurofibromatosis
- Neuropathy
- Optic Neuritis
- Paresthasias
- Parkinson's
- Pseudotumor Cerebri
- Restless Leg Syndrome
- Reye's Syndrome
- Sensory Processing Disorder
- Sleep Apnea
- Stuttering
- Syncope
- Syringomyelia
- Tardive Dyskinesia
- Tic doloreux
- Tourette's
- Transient Ischemic Attack (TIA)
- Tremor
- Trichotillomania
- Trigeminal Neuralgia

Neuropsychiatric Disorders

- Addictions
- Bipolar
- Depression (severe)
- Eating disorders
- Hypersomnia
- Incarceration
- Insomnia
- Mood disorders
- Multiple personalities
- Narcolepsy
- Neurotic disorders
- OCD
- Psych Hospital admissions
- Psychosis
- Schizophrenia

Malignancy

- Choroid Plexus Papilloma
- Ependymoma
- Medulloblastoma
- Mesothelioma
- Osteosarcoma



Immunologic Reactions

- | | |
|------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Allergies (other) | <input type="checkbox"/> Hashimoto's Thyroiditis |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Arm pain | <input type="checkbox"/> Hospitalizations |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Idiopathic thrombocytopenic purpura (ITP) |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Juvenile Rheumatoid Arthritis |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Kawasaki's disease |
| <input type="checkbox"/> Chronic infections | <input type="checkbox"/> Loss of motion in an extremity |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Death | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Deltoid bursitis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes (IDDM) (Type I DM) | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Recurrent infections |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Respiratory difficulty |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Rheumatoid arthritis (RA) |
| <input type="checkbox"/> Food allergies | <input type="checkbox"/> Shoulder pain |
| <input type="checkbox"/> Frozen Shoulder | <input type="checkbox"/> Whooping cough |

Allergic Disorders

- | | |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> Animal | <input type="checkbox"/> Hayfever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Drug | <input type="checkbox"/> Insect |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pollen |
| <input type="checkbox"/> Food | <input type="checkbox"/> Sinusitis |

**Please provide any further details that you feel are important and would like for us to know.
