

Russ Canfield, MD  
Medical Director  
Board Certified, Family Medicine  
Practicing Integrative Holistic Medicine



66 Avenida Aldea  
Santa Fe NM 87507  
Phone (505) 795-7111  
Fax (505) 795-7112  
www.360medicine.com

## Practice Information, Policies and Procedures

We are an innovative medical clinic directed by Russ Canfield MD who is Board Certified in both Family Medicine and Integrative Holistic Medicine with over 15 years of clinical experience. We implement a multidimensional, multidisciplinary approach to health and healing in order to achieve integral wellness. Our center is able to deliver the highest quality comprehensive medical care by assessing your health concerns from multiple angles simultaneously. Each client is treated as an individual with an effort to understand the underlying antecedent causes of your particular health situation as well as its triggers. We emphasize a strong healing partnership between you and our staff in order to skillfully roll out a personalized medical treatment program with you.

Patients with a relatively uncomplicated health history and normal lab tests may receive nutritional and detoxification services at our practice, including IVs, after an intake visit with our registered nurse. Our RN is also available to provide weight loss and nutritional education services. We maintain a cost competitive natural medicine dispensary on site stocked with high quality nutritional supplements to assist you in achieving wellness. We tend to recommend a solid foundation of lifestyle, nutritional, detoxification and energetic self-care practices and interventions. Stronger and more directed therapeutics, including targeted pharmaceuticals, are employed in more challenging conditions.

Dr. Russell Canfield and Dr. Stephen Weiss are both out-of-network physician with respect to all health insurance plans. To submit an out-of-network insurance claim, the client mails our invoice with a claim form directly to the insurance company. We have opted out of Medicare. Although Medicare will not reimburse for our care, Medicare will cover labs, x-rays and other tests we order, as long as they are deemed medically necessary by Medicare.

Appointments are made by calling the office on weekdays between 9am and 5pm. Please give us at least 24 hours notice if you need to cancel an appointment. We require that you have your pharmacy fax us with routine medication refill requests. When lab tests are ordered, we schedule a follow-up appointment to thoughtfully discuss the results of your studies and any needed adjustments to your treatment plan.

Physician charges for Dr. Canfield are \$450 for a 90 minute visit, \$300 for a 60 minute visit, \$150 for a 30 minute visit and \$75 for a 15 minute visit. Physician charges for Dr. Weiss are \$412.50 for a 90 minute visit, \$275 for a 60 minute visit, \$137.50 for a 30 minute visit and \$69.00 for a 15 minute visit. Most physician injections are \$80 per region. Nursing visits are charged at \$100/hour. Our services menu outlines the rates for medical treatments administered by our nursing staff. These rates are subject to change. Payment is due at the time of service. Tax is not included in these costs. A \$30 service charge is assessed on any account balance after 30 days. The return check fee is also \$30. We accept Visa, MasterCard, Discover, and AMEX.

Many clients like the convenience of telephone or e-mail consultations directly with their doctor. Dr. Canfield can be reached after hours on his mobile (505) 980-4812 or at russcanfield@gmail.com. In the case of telephone calls, the regular rates apply and will usually be charged to the client's credit card. E-mails are charged based on time spent composing the response. There is no charge for straightforward issues that are handled in a brief call. The *Telephone/E-Mail Consultation Agreement* outlines the specifics of this service.

Dr. Weiss does not provide after-hours consultations. If a problem arises after normal business hours or on Friday, Saturday, or Sunday and you need medical attention, please go to Urgent Care or the nearest emergency room. Dr. Weiss's patients taking homeopathic remedies will be given specific instructions about after-hours homeopathic coverage at the time of their office visit.

Many of our clients are chemically sensitive. Please come to your appointment fragrance free. It is very helpful to us if you can make copies of your recent lab work for your initial visit. We look forward to seeing you in the clinic.

*I have read and understand the above clinic policies and procedures.*

---

Print Name of Patient or Legal Guardian

---

Signature of Patient or Legal Guardian

---

Date

Russ Canfield, MD  
Medical Director  
Board Certified, Family Medicine  
Practicing Integrative Holistic Medicine



66 Avenida Aldea  
Santa Fe NM 87507  
Phone (505) 795-7111  
Fax (505) 795-7112  
www.360medicine.com

### Demographic Information

Name \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Preferred first name \_\_\_\_\_ Date of birth \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Would you like to receive a future e-mail newsletter? Yes \_\_\_ No \_\_\_

Patient's employer \_\_\_\_\_ Tel # \_\_\_\_\_

Employer street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient's occupation \_\_\_\_\_ Are you a Veteran? Yes \_\_\_ No \_\_\_

Marital status: Single Married Partner Spouse/partner name \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_ Address \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

### Insurance Information *(Needed to authorize some diagnostic tests and non-formulary medications)*

Are you eligible for Medicare? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of insured person (if not patient) \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Tel # \_\_\_\_\_

Insurance Company name \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Tel # \_\_\_\_\_

### Patient Consent for Use & Disclosure of Protected Health Information

Russ Canfield, MD  
Medical Director  
Board Certified, Family Medicine  
Practicing Integrative Holistic Medicine



66 Avenida Aldea  
Santa Fe NM 87507  
Phone (505) 795-7111  
Fax (505) 795-7112  
www.360medicine.com

I hereby give my consent for Russell Canfield MD, PC/Stephen P. Weiss MD, PA to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by Russell Canfield MD, PC describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Russell Canfield MD, PC reserves the right to revise its Notice of Privacy Practices at any time. To obtain a revised Notice of Privacy Practices, send a written request to Russell Canfield MD, PC.

With this consent, **Russell Canfield MD, PC/Stephen P. Weiss MD, PA may call** my home or an alternative location and leave a message on voice mail or with a person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, clarifying insurance information and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, **Russell Canfield MD, PC/ Stephen P. Weiss MD, PA may mail or e-mail** to my home or an alternative location these and other items that assist the practice in carrying out TPO.

With this consent, **Russell Canfield MD, PC/ Stephen P. Weiss MD, PA may disclose my PHI to other health care providers involved in my care** for purposes related to my medical treatment.

Your protected health information may be disclosed in the form of a "limited data set" for research, public health, and health care operations. A "limited data set" does not contain any direct identifiers of individuals (e.g. should not include name, address, phone number, social security number, etc.), but may contain any other demographic or health information needed for public health research or health care operations purposes.

I have the right to request that Russell Canfield MD, PC/Stephen P. Weiss MD, PA restrict how it uses or discloses my PHI in carrying out TPO.

By signing this form, I am consenting to allow Russell Canfield MD, PC/Stephen P. Weiss MD, PA to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures based upon my prior consent.

\_\_\_\_\_  
*Print Name of Patient or Legal Guardian*

\_\_\_\_\_  
*Signature of Patient or Legal Guardian*

\_\_\_\_\_  
*Date*

**Required Medicare Part B Private Services Contract**

Russ Canfield, MD  
Medical Director  
Board Certified, Family Medicine  
Practicing Integrative Holistic Medicine



66 Avenida Aldea  
Santa Fe NM 87507  
Phone (505) 795-7111  
Fax (505) 795-7112  
www.360medicine.com

*This is a contract between L. R. Canfield MD or Stephen P. Weiss, MD ("Physician"), and \_\_\_\_\_ ("Patient"), who resides at \_\_\_\_\_ and is currently a Medicare Part B beneficiary or may become a Medicare Part B beneficiary in the future, who is seeking services now or in the future covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. Physician has informed Patient that Physician has elected to opt out of the Medicare program.*

- L. R. Canfield MD and Stephen P. Weiss, MD have not been excluded from Medicare under Sections 1128, 1156 or 1892 of the Social Security Act.
- I the Medicare beneficiary or my legal representative accept full responsibility for payment of charges for all services furnished by L. R. Canfield MD/ Stephen P. Weiss MD.
- I the Medicare beneficiary or my legal representative understand that Medicare limits do not apply to what L. R. Canfield MD/ Stephen P. Weiss MD may charge for items or services furnished.
- I the Medicare beneficiary or my legal representative agree not to submit a claim to Medicare or to ask L. R. Canfield MD/ Stephen P. Weiss MD to submit a claim to Medicare.
- I the Medicare beneficiary or my legal representative understand that Medicare payment will not be made for any items or services furnished by L. R. Canfield MD/Stephen P. Weiss MD that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- I the Medicare beneficiary or my legal representative enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted-out of Medicare, and that the I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
- This contract remains in effect for as long as Dr. Canfield and Dr. Weiss extends the current opt-out status.
- I the Medicare beneficiary or my legal representative understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.
- This contract cannot be entered into by myself, the Medicare beneficiary, or by my legal representative during a time when I, the Medicare beneficiary, require emergency care services or urgent care services. (However, a physician/practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with §3044.28 of the Medicare Carriers Manual)
- I the Medicare beneficiary or my legal representative will or have received a copy or photocopy of this contract before items or services are furnished to me under its terms.
- L. R. Canfield MD and Stephen P. Weiss MD will retain the original contract (original signatures of both parties required) for the duration of the opt-out period.
- Physician will supply CMS with a copy of this contract upon request.
- I L. R. Canfield MD/ Stephen P. Weiss MD understand that the current opt-out period is for two years. If I again opt-out of Medicare, I will expediently submit the appropriate affidavit(s) to all local Medicare carriers.

_____	_____	_____	_____
(Physician's Signature)	(Date)	(Patient's Signature)	(Date)
_____	_____	_____	_____
(Patient's Legal Representative Signature)	(Date)	(Witness)	(Date)

### Telephone Consultations, E-Mails and Clerical Services

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Russ Canfield, MD  
Medical Director  
Board Certified, Family Medicine  
Practicing Integrative Holistic Medicine



66 Avenida Aldea  
Santa Fe NM 87507  
Phone (505) 795-7111  
Fax (505) 795-7112  
www.360medicine.com

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

- I may reach Dr. Canfield on his Albuquerque calling area cell phone (505-980-4812) and speak with him immediately, or have my call returned promptly. Dr. Weiss may only be reached during office hours Monday -Thursday only.
- I may reach Dr. Canfield via e-mail at russcanfield@gmail.com. Dr. Weiss may only be reached via e-mail at 360physician@gmail.com during office hours Monday thru Thursday only.  
I understand he or his assistant will respond to my e-mail within 24 hours.  
This e-mail service is not via an encrypted server; therefore, I understand that these e-mails are not totally protected.
- I understand that telephone consultations and e-mails are charged at regular office rates, based on time involved. I understand I will be charged only for calls I initiate, or when the doctor calls me back in response.  
When Dr. Canfield or Dr. Weiss initiates a call or e-mail to ask how I am doing, there is no charge.
- There is no charge for most refill requests faxed to us directly from your pharmacy.  
We do charge \$20 for controlled substance refills that require special documentation, refills that need to be phoned into a new pharmacy and urgent medication requests.

**BILLING PREFERENCE**

\_\_\_\_ (Our preferred option)

Please keep my credit card information on file. It will be kept strictly confidential.

Card type (please circle one) VISA MASTERCARD AMEX DISCOVER

Name as it appears on card \_\_\_\_\_

Card number \_\_\_\_\_

3-digit code (4 for AMEX on front) on reverse of card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing address zip code \_\_\_\_\_

\_\_\_\_ Please bill me at the time of service.

This agreement is subject to any restriction I request.  
(Example: *The doctor should reach me only on my cell phone number.*)

Restriction(s): \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

If you would like a copy of this agreement, please ask us and a copy will be provided to you.

**Medical Symptom Questionnaire**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health concerns (i.e. weight, fatigue, pain, anxiety, heart problems, pain etc.):

---

---

---

Russ Canfield, MD  
Medical Director  
Board Certified, Family Medicine  
Practicing Integrative Holistic Medicine



66 Avenida Aldea  
Santa Fe NM 87507  
Phone (505) 795-7111  
Fax (505) 795-7112  
www.360medicine.com

Health goals (i.e. more energy, better sleep, balanced mood etc.):

---

---

---

Use the point scale below to rate each of the following symptoms based upon your typical health over the past 30 days.

- 0** Never or almost never have the symptom  
**1** Occasionally have it, effect is not severe  
**2** Occasionally have it, effect is severe  
**3** Frequently have it, effect is not severe  
**4** Frequently have it, effect is severe

**HEAD**

\_\_\_ Headaches  
\_\_\_ Faintness  
\_\_\_ Dizziness  
\_\_\_ Insomnia  
Total \_\_\_\_\_

**EYES**

\_\_\_ Swollen, reddened or sticky eyelids  
\_\_\_ Blurred or tunnel vision  
(does not include near or far-sightedness)  
\_\_\_ Bags or dark circles under eyes  
\_\_\_ Watery or itchy eyes  
Total \_\_\_\_\_

**EARS**

\_\_\_ Earaches, ear infections  
\_\_\_ Drainage from ear  
\_\_\_ Ringing in ears, hearing loss  
\_\_\_ Itchy ears  
Total \_\_\_\_\_

**NOSE**

\_\_\_ Excessive mucus formation  
\_\_\_ Sinus problems  
\_\_\_ Hay fever  
\_\_\_ Sneezing attacks  
\_\_\_ Stuffy nose  
Total \_\_\_\_\_

**MOUTH**

\_\_\_ Chronic coughing  
\_\_\_ Gagging, frequent need to clear throat  
\_\_\_ Sore throat, hoarseness, loss of voice  
\_\_\_ Swollen or discolored tongue, gums, lips  
\_\_\_ Canker sores  
Total \_\_\_\_\_

**SKIN**

\_\_\_ Acne  
\_\_\_ Hives, rashes, dry skin  
\_\_\_ Hair loss

\_\_\_ Flushing, hot flashes  
\_\_\_ Excessive sweating  
Total \_\_\_\_\_

**HEART**

\_\_\_ Irregular or skipped heartbeat  
\_\_\_ Rapid or pounding heartbeat  
\_\_\_ Chest pain  
Total \_\_\_\_\_

**LUNGS**

\_\_\_ Chest congestion  
\_\_\_ Asthma, bronchitis  
\_\_\_ Shortness of breath  
\_\_\_ Difficulty breathing  
Total \_\_\_\_\_

**DIGESTIVE**

\_\_\_ Nausea, vomiting  
\_\_\_ Diarrhea  
\_\_\_ Constipation  
\_\_\_ Bloating feeling  
\_\_\_ Belching, passing gas  
\_\_\_ Intestinal/stomach pain  
\_\_\_ Heartburn  
Total \_\_\_\_\_

**JOINTS/MUSCLES**

\_\_\_ Pain or aches in joints  
\_\_\_ Pain or aches in muscles  
\_\_\_ Stiffness or limitation of movement  
\_\_\_ Feeling of weakness or tiredness  
\_\_\_ Arthritis  
Total \_\_\_\_\_

**WEIGHT**

\_\_\_ Binge eating/drinking  
\_\_\_ Craving certain foods  
\_\_\_ Excessive weight  
\_\_\_ Compulsive eating  
\_\_\_ Water retention

Russ Canfield, MD  
 Medical Director  
 Board Certified, Family Medicine  
 Practicing Integrative Holistic Medicine



66 Avenida Aldea  
 Santa Fe NM 87507  
 Phone (505) 795-7111  
 Fax (505) 795-7112  
 www.360medicine.com

\_\_\_\_ Underweight                      Total \_\_\_\_\_

**ENERGY/ACTIVITY**

\_\_\_\_ Restlessness  
 \_\_\_\_ Fatigue, sluggishness  
 \_\_\_\_ Apathy, lethargy  
 \_\_\_\_ Hyperactivity                      Total \_\_\_\_\_

**MIND**

\_\_\_\_ Poor memory  
 \_\_\_\_ Confusion, poor comprehension  
 \_\_\_\_ Poor concentration  
 \_\_\_\_ Poor physical coordination  
 \_\_\_\_ Difficulty in making decisions

\_\_\_\_ Stuttering or stammering  
 \_\_\_\_ Slurred speech  
 \_\_\_\_ Learning disabilities                      Total \_\_\_\_\_

**EMOTIONS**

\_\_\_\_ Mood swings  
 \_\_\_\_ Anxiety, fear, nervousness  
 \_\_\_\_ Anger, irritability, aggressiveness  
 \_\_\_\_ Depression                      Total \_\_\_\_\_

**OTHER**

\_\_\_\_ Frequent or urgent urination  
 \_\_\_\_ Genital itch or discharge  
 \_\_\_\_ Frequent illness                      Total \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_

**Personal Health Information:** *Please check only those items that apply. Feel free to provide more specifics as appropriate.*

**FEMALE**

Date of last period \_\_\_\_\_ Problems  
 with periods \_\_\_\_\_ Pelvic  
 pain \_\_\_\_\_ Excessive  
 bleeding \_\_\_\_\_  
 Birth control type \_\_\_\_\_ Breast  
 tenderness \_\_\_\_\_  
 Urinary incontinence \_\_\_\_\_

**MALE**

Prostate problems \_\_\_\_\_ Scrotal  
 pain \_\_\_\_\_  
 Frequent urination \_\_\_\_\_

**PSYCHOLOGICAL**

Describe your mood  
 \_\_ Happy    \_\_ Calm    \_\_ Safe    \_\_ Optimistic  
 \_\_ Depressed    \_\_ Anxious    \_\_ Angry    \_\_ Afraid  
 Stress level                      \_\_ Low    \_\_ Medium    \_\_ High  
 Average nightly hours of sleep \_\_\_\_\_  
 \_\_\_\_\_ What brings you joy/meaning?  
 \_\_\_\_\_

**SOCIAL**

Connected/supported? Yes\_\_ Somewhat\_\_ No\_\_

Type of job \_\_\_\_\_ Enjoy your  
 work? Yes\_\_ Somewhat\_\_ No\_\_

**FAMILY** Circle your relationship status Single Married  
 Separated Divorced Partner  
 Same Sex Partner Widow/Widower  
 Number of children \_\_\_\_ Ages \_\_\_\_\_

**HABITS**

Tobacco- smoke or chew \_\_\_\_\_  
 Alcohol \_\_\_\_\_ drinks per week  
 Coffee \_\_\_\_\_ cups per day  
 Tea \_\_\_\_\_ cups per day  
 Illicit drugs \_\_\_\_\_  
 Aerobic exercise \_\_\_\_\_  
 Weight training \_\_\_\_\_  
 Relaxation/Meditation \_\_\_\_\_

**DIET**

	<i>Frequent</i>	<i>Often</i>	<i>Seldom</i>	<i>Never</i>
Eat at restaurants	_____	_____	_____	_____
pastries/cookies/sweets	_____	_____	_____	_____
fish/poultry	_____	_____	_____	_____
beef/lamb/pork	_____	_____	_____	_____
milk/cheese/butter	_____	_____	_____	_____

Russ Canfield, MD  
 Medical Director  
 Board Certified, Family Medicine  
 Practicing Integrative Holistic Medicine



66 Avenida Aldea  
 Santa Fe NM 87507  
 Phone (505) 795-7111  
 Fax (505) 795-7112  
 www.360medicine.com

vegetables/salads \_\_\_\_\_  
 bread/pasta/cereal \_\_\_\_\_  
 beans/legumes \_\_\_\_\_

**MEDICAL CONDITIONS**

\_\_ Diabetes      \_\_ Arthritis  
 \_\_ Hypertension      \_\_ Cancer \_\_ Heart disease  
 \_\_ Osteoporosis  
 Other:  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>SURGERIES</b>	<b>DATES</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any metal plates/rods/screws? Yes \_\_\_ No \_\_\_

**FAMILY MEDICAL HISTORY**

\_\_\_\_\_ Diabetes  
 \_\_\_\_\_ Hypertension      \_\_\_\_\_ Cancer;  
 what types?  
 \_\_\_\_\_ Alzheimer's Disease  
 \_\_\_\_\_ Heart problems      \_\_\_\_\_ Arthritis  
 \_\_\_\_\_ Other      \_\_\_\_\_

**DATES OF MEDICAL TREATMENT**

Pap smear \_\_\_\_\_  
 Mammogram \_\_\_\_\_  
 Rectal exam \_\_\_\_\_  
 EKG \_\_\_\_\_  
 Bone density test \_\_\_\_\_  
 Test for blood in stool \_\_\_\_\_  
 Colonoscopy \_\_\_\_\_

**MEDICATIONS, HERBS, SUPPLEMENTS**

Please list medications and supplements taken regularly with doses if known:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALLERGIES and SENSITIVITIES**

Medications \_\_\_\_\_  
 Foods \_\_\_\_\_  
 Animals \_\_\_\_\_  
 Pollens \_\_\_\_\_  
 Chemicals/Mold \_\_\_\_\_

**CURRENT PAIN LEVEL** (1-none, 5-very high)

1      2      3      4      5

Explain: \_\_\_\_\_  
 \_\_\_\_\_

**OVERALL HEALTH STATUS**

Excellent    Good    Average    Declining    Debilitated