

David Musnick MD, PLLC
1300 114th Ave SE, Suite 105
Bellevue, WA 98004
(P) 425-462-7325 (F) 425-462-7345
www.peakmedicine.com

Welcome to the practice of Dr. David Musnick, MD

Included in this document are the following forms:

- Patient information and consent for treatment
- Information about the medical practice of Dr. Musnick
- Doctor and patient information
- Insurance and Financial Policies
- Health History Form
- Medical Symptom/Toxicity Questionnaire
- Directions to the clinic
- PIP insurance information if you have been in an auto accident
- L&I information if you have had a work-related injury

Please fill out all relevant forms to the best of your ability. Feel free to call the clinic with any questions.

In preparation for you visit please bring the following:

- Copies of past medical records including: other doctors' notes, reports of x-rays, MRIs, and/or blood work. If you have access to the original x-ray films please bring them on a CD.
- Supplements and medications in their original bottles.
- Usual shoes that you wear and orthotics if applicable.

Please plan on enough traveling time to arrive 10 minutes early, given enough time for traffic. You will need enough time to check in so you have all of the time allotted for your appointment.

Please notify the clinic ASAP if you have any questions, concerns, or cannot make your appointment. If you do not provide at least 24 hours notice, you will be charged \$75.

Sincerely,
Larissa Severson
Office Manager
office@peakmedicine.com

Patient Information and Consent for Treatment of Patients of David Musnick, MD

Name: _____ Date: _____
 Home Address: _____
 City: _____ State: _____ Zip code: _____
 Phone: Daytime: _____ Cell: _____
 Preferred phone to leave a message: _____
 Date of Birth: _____ Email: _____
 Emergency Contact: Name: _____ Phone: _____
Referred by: Name: _____ Phone: _____

Please read the following policies and sign your initials once you have read them and agree to them.

Insurance and Financial Policies: Because of the unique background and experience, extensive time spent in visits, cutting edge treatment modalities and integrative approach, Dr. Musnick is not a preferred provider with private insurance companies. **This means that you are responsible for payment at the end of the visit.** Your insurance should cover x-rays, physical therapy and certain tests ordered outside of the clinic. You can take a copy of the forms that will be given to you and submit them to your insurance company for "Out of Network Reimbursement." Every insurance company is different in regard to their policies of what percentage of out of network coverage you can receive. **The exception to this is:** you have a motor vehicle accident claim that is open with PIP insurance and you have cleared it with the receptionist for billing or you have an open L&I or self-insured work claim that has been cleared for billing.

I have read the insurance and financial policies and I agree to them: _____

Environmental Policies: The clinic tries to have safe air for our patients to breathe. Some patients are irritated by perfume, cologne and deodorants. For this reason please do not wear any fragranced products and do not wear any clothes that have a tobacco smoke or paint fumes scent on them to your appointment. Please let the receptionist know if you are sick with an infection to determine if it is appropriate to change your appointment until the infectious phase of your illness is over.

I have read the environmental policies and I agree to them: _____

Consent for Examination: When you see Dr. Musnick for a health problem he will take an in-depth history and do an exam. Physical exams are done to get information on what your problem is and why it may be persisting. Dr. Musnick will make every effort to be careful during the exam. Low back problems may require examination of the buttock or bones of the pelvis. Please feel free to give him any feedback before or during the exam. Exams may rarely cause pain, especially if you have a musculoskeletal problem that is easily flared. Please advise Dr. Musnick if there are any particular areas that he should be cautious of during your exam.

I give my consent to be examined considering the above information: _____

Functional Medicine: Dr. Musnick integrates conventional medicine approaches of diagnosis and treatments (labs, x-ray, physical exams, etc.) with an expanded set of approaches to diagnosis and treatment including: specialized lab tests and functional medicine treatment modalities.

I understand the above information: _____

David Musnick MD, PLLC
 1300 114th Ave SE, Suite 105
 Bellevue, WA 98004
 (P) 425-462-7325 (F) 425-462-7345
 www.peakmedicine.com

Sports, Orthopedic Medicine Functional, Internal Medicine

27 years in practice

Practice Philosophy: I strive to **take time** with each patient, to **treat everyone as an individual** with care and compassion and to understand their symptoms and concerns. I will take an in-depth history and use physical exam and lab testing as appropriate. I honor each person's preferences in treatment. I strive to **offer the best approach** of what is available in functional medicine and conventional medicine. I will **educate my patients** and **listen well**. I will be concerned with your present symptoms as well as be thinking of **optimizing function** and **preventing or decreasing further disease or musculoskeletal problems**. I am happy to work as **part of a team** with other practitioners to see that each person has the best care available. I can act as your primary doctor or as a doctor on your team.

FUNCTIONAL INTERNAL MEDICINE

Functional Medicine is a unique approach to symptoms and diseases. Dr. Musnick combines Functional Medicine approaches with Internal Medicine to offer you the best in diagnosis and treatment of symptoms and diseases. Dr. Musnick is one of 40 doctors in the world that teach Functional Medicine for the Institute of Functional Medicine. He can help you treat your symptoms and prevent certain diseases as well as slow down your aging process.

- Excellent for: Weight Management, Coronary Artery Disease, Menopause, Andropause (Men), Fatigue, Fibromyalgia, Food Allergies, Gastrointestinal Disorders, Irritable Bowel Syndrome, Fibromyalgia, Memory Loss, Pain, Depression and Anxiety, Cholesterol Management, Autoimmune and Neurological Disorders, and Attention Deficit Disorder.

Functional medicine is **individualized, research-based** and can help you **get at the root of the symptoms** as well as **help to prevent disease**.

- In-depth and **expanded history**
- Lab testing **beyond the basic labs** (food allergy testing, organic acid testing, testing for toxic metals, etc.)
- Knowledge of the function and **interrelationships of your internal systems** (hormonal, immune, gastrointestinal, etc.)
- **Optimizing and improving function of:** internal organ systems including the gastrointestinal tract to decrease inflammation and improve digestion; the immune system so that each person has an improved resistance to disease and cancer; cellular energy systems so that mitochondria in cells resist damage from free radicals and your cells and hormone-producing glands are functioning well to give you enough energy.
- Bio-identical hormone assessment and management of menopause and andropause (men)
- **Age management** to increase the amount of healthy, enjoyable life and decrease disease and illness.
- **Prevention** and reduction of the severity of heart disease, strokes, cancer, arthritis, Alzheimer's disease and age-related mental decline.
- **Interrelationships of internal systems.**
- **Individualized medicine** and optimizing each person's biochemistry and cell function.
- Using **nutritional supplements and herbs** instead of drugs when possible and integrating treatment with drugs so that a person's body functions better on medication.
- **Decreasing** inflammation, toxicity and preserving organ and hormone function.

Internal Medicine: Dr. Musnick keeps up with primary care as well as the many subspecialties of Internal Medicine, including cardiology, endocrinology (male and female hormones, thyroid and adrenal), gastroenterology, pulmonary medicine, and management of lipid abnormalities, hypertension, and type II diabetes.

Primary Care: Dr. Musnick takes a very comprehensive and integrative approach to acute illness and primary care.

Sleep Medicine: Dr. Musnick has extensive experience in evaluating and improving sleep and decreasing insomnia. He gives lectures on this subject.

Publications, Writing and Lecturing: Dr. Musnick is the Author of “Conditioning for Outdoor Fitness: A Complete Book on Exercise, Training, and Injury Prevention.” He has written chapters in 5 other books. He is a national speaker and teacher on topics of Functional Medicine, Internal Medicine and Orthopedic Medicine. He is on the clinical faculty in Orthopedics and Sports Medicine at UW.

ORTHOPEDICS AND SPORTS MEDICINE

- **Regenerative Injection Therapy (RIT) for Chronic Tendinitis:** This is an injection treatment that is used for tendinitis. It can regenerate degenerative tendons in chronic tendinitis of the shoulder, elbow, knee or ankle region. RIT works by stimulating the release of growth factors in the tendon.
- **RIT for Ligaments and Joints:** This injection treatment is done on joints to build ligament and stabilize a lax joint. It is excellent for the SI joint and low back joint conditions. RIT is very effective for any spinal region or joint that has developed loose ligaments or degeneration. Dr. Musnick can do RIT with fluoroscopic guidance. It can be used to treat pain and preserve the life of a joint. It can also be used to prevent certain spinal surgeries. Dr. Musnick has been doing RIT for more than 15 years, has had thousands of hours of training and has trained with the some best physicians in the field. He has developed unique ways to prepare patients for RIT so that it is more successful with fewer sessions.
- **Platelet Enriched Plasma (PRP):** This is an injection technique in which the patient’s blood is drawn and processed. Platelet growth factors are then injected into tendons or ligaments. It is especially useful in the rotator cuff, but can be used in the elbow, spine and knee.
- **Scar Injection:** Dr. Musnick has taken extensive training in Neural Therapy and scar injections. He has developed unique methods to test scars and to inject scars to provide the maximum benefit to his patients. This is a treatment to treat surgical scars or wound scars that may be causing pain, muscle recruitment problems or loss of motion in a joint.
- **Trigger Point Injection:** This is an injection technique to treat muscle trigger points.
- **Joint and Bursa Injection:** Dr. Musnick has extensive experience with joint and bursa injection.
- **Low Level Cold Laser:** This is a laser treatment to treat nerve pain, tendinitis, and chronic joint pain
- **Frequency Specific Microcurrent (FSM):** This is a very sophisticated type of microcurrent treatment to treat nerve, muscle, joint, disc and chronic pain.
- **Motor Vehicle and Work Related Accidents:** Dr. Musnick has 21 years of experience taking care of patients with auto and work related injuries. He has a very comprehensive approach to treat pain and improve healing. He can act as a consultant in a case for pain management or for injection, laser or FSM treatment
- **Back and Neck Pain:** Dr. Musnick has extensive training in evaluating and treating spinal pain, both acute and chronic.
- **Sports Injuries:** Dr. Musnick is board certified in Sports Medicine and teaches Sports Medicine. He has written a book on exercise and prevention of sports injuries. He can take an integrative approach to sports injuries using nutrition, exercise, supplements, and special modalities (such as low level laser and FSM) etc. to aid the healing and pain of sports injuries.
- **Arthritis and Fibromyalgia:** Dr. Musnick has extensive experience with Functional Medicine approaches to treat fibromyalgia and arthritis. He also does specialized injections for degenerative arthritis.

Insurance and Financial Policy Questions and Answers For Prospective Patients of David Musnick, MD

Does Dr. Musnick take my private insurance?

Dr. Musnick is an “out of network” provider. This means that he is not signed up to directly bill your private insurance. We are only able to bill PIP for auto accidents and L&I for work-related injuries.

What are the fees for the visit?

You will be asked at the end of your visit to pay with a credit card or cash. We do accept checks but credit cards are preferred for the first visit. All appointments are charged at an hourly rate of \$360 per hour (or \$180 per half hour) with \$90 for each additional 15 minutes. All new patient appointments are 45 minutes to 1.5 hours but most visits are 1 hour to 1.25 hours. If you would like an estimate of charges for a new visit before you come in please request to talk with Dr. Musnick to get an estimate based on your health needs. You will owe the total amount of your appointment charges at your first appointment.

Out-of-Network Reimbursement

We will give you a form with the proper codes to send to your insurance so that you can request out of network reimbursement. This means that you are responsible for the payment of the visit by check or credit card at the time of the visit unless you have a PIP or work-related injury claim that is open and cleared for billing by the Office Manager. Out of network reimbursement is not likely to be for the full amount of your visit and our office guarantees no out of network reimbursements. We advise calling your insurance company before your appointment to find out your insurance company’s policies on out of network visits and procedures.

Visit charges are not refundable for full or partial refunds. This also means that you cannot call your credit card company to dispute the charge that you are quoted based on time spent. You also agree not to cancel a check used to pay for your visit and to have adequate funds to be able to pay for your visit if you use a check. If you do request a partial dispute on a credit card transaction or have a check that bounces we reserve the right to not see you until these financial issues are resolved. There are also standard charges for checks that bounce. Dr. Musnick will make every effort to understand your priorities for your visit. His success in diagnoses and treatment cannot be guaranteed. Each person is different and every person has different needs and expectations. Not everyone’s body responds the same way to treatment. Please communicate your priorities for each visit and any concerns you have with your visit to Dr. Musnick.

Our charges are not dependent on your results but are dependent on the time spent with you. We request that you do not discuss financial issues in front of other patients in the waiting room but instead ask to talk with the office manager in private if you have an issue or a concern.

Why is Dr. Musnick “out of network”?

Dr. Musnick has 27 years of experience practicing medicine and is a published book author and a national speaker. He has patients referred to him from all around the state of Washington, Oregon, Alaska, and even Canada. It is his priority to take **extra time** and to acquire a **more comprehensive health history and physical examination**. He spends **extra time explaining and educating**. He suggests nutritional and other integrative treatments that are unique for you and that other doctors may not be aware of. He could not spend the extra time nor do the individualized and integrated approaches for you if he was in a network, billing insurance and having very small amounts of time to spend with each patient. He may see 8-14 patients a day. Therefore he sees fewer patients each day, spends more time with each person and often gets closer to the root of the problem.

Is it worth me paying at the time of service and waiting for my insurance to decide how much they will reimburse?

Yes, if you want the **individualized, integrated care** and want someone with this level of experience and treatment options to offer you. Remember you will not need to see Dr. Musnick very often. You might think of this as an

investment in your health. Putting a few dollars into your health now can save you a lot of money and problems in the future. **NOTE:** Lab tests or imaging studies should be covered by your insurance company. Always check with your insurance company if you have any questions regarding what is covered and what can be reimbursed. **Also you might already know that your insurance company and plan does not pay for everything, especially in regard to wellness and prevention.** They do not usually pay for scar or prolotherapy injections. They may not pay for extended time in heart attack, stroke or cancer prevention. They may not pay for alternative therapies.

I've been in an auto accident. Does Dr. Musnick bill my PIP insurance?

Yes, Dr. Musnick bills auto insurance PIP if you have had a motor vehicle accident, have an open claim and your PIP is covering your medical expenses. You will need to give the front desk your insurance company's name, claim number, claim agent's name and address for insurance verification **before** your appointment.

I have a work-related injury. Does Dr. Musnick bill L&I or my personal insurance?

Yes we do bill L&I, but we must make sure that you have an open claim and that you have been approved to see Dr. Musnick. His opinion and treatments may be very helpful for you to give you pain relief and to get you back to work.

I have Medicare. Will you bill Medicare?

Dr. Musnick is not a participating provider in Medicare. No, our office does not bill Medicare but you can be seen here and receive excellent care, though you must pay for the services. Please ask for a copy of our Medicare policy if you are over 65 years of age. If you have Medicare we ask you not to submit out visit charges to Medicare because you will not be reimbursed, as Dr. Musnick is not contracted with Medicare.

Will I be charged for a missed or no-show appointment?

Our office requires 24 hours' notice for a cancelled appointment if you are not acutely sick. We require you to call and notify us even if you are sick. There is a \$75 charge if you do not give us 24 hours' notice to reschedule and do not show up for your appointment. We request a call rather than an email.

Supplements are charged separately from your appointment charges. Dr. Musnick may recommend a vitamin or supplement for your condition. We carry the highest quality products at our clinic. You do not have to agree to purchase the product but if you do there will be taxes on that product. All supplement purchases are non-refundable.

Phone Call Policies:

Phone calls to the front desk can be made at 425-462-7325, but they will only be answered between Monday and Friday. Voice messages that are left will be answered within 24-48 hours. If your call has not been returned between that time, please call the front desk again as your calls are important to us. Phone calls that require more time will be charged at the office phone consult rate. Please call the front desk to schedule phone visits which will be charged as if you were in the clinic, but can be used to review lab tests, treatment plans, etc.

I have read the above Financial and Insurance Policies of Dr. Musnick's clinic.
I agree to these financial policies. If I have questions I have asked them and am fine with the answers.

Patient Signature: _____

Date: _____

Doctor and Patient Information and Responsibilities for Patients of David Musnick, MD

As a Doctor:

- I will treat you with compassion and respect. I will listen and communicate well.
- I will respect your health choices and preferences.
- I can work as part of a health team, communicating and referring to other providers.
- I will try to be prompt in answering your phone messages.
- I will keep current in my fields of training and interests by attending seminars and lectures.
- I will let you know what I think is causing your symptoms as well as the options for diagnosis and treatment.
- I will think about the complex interrelationships in your body and will work on improving function, decreasing symptoms, and optimizing wellness.
- I will think about prevention of heart disease and cancer if you tell me this is a priority for you.
- I will consider lifestyle interventions as well as other interventions.
- I will try to be fair in prices for services. Either the front desk or I can provide you with an estimate of costs. The front desk, with my assistance, will copy a sheet with diagnosis and procedure codes for you to send to your insurance company to get whatever amount your insurance will reimburse for your visit and services.
- When an injection procedure is to be done you will be informed of benefits, risks, and alternatives.

Information and responsibilities for you as a patient:

As a patient I agree to:

- Know that my body is unique and may react in unique ways to treatment.
- Avoid blaming the doctor for my health problems and symptoms. Know that we are a team working together.
- Take charge of my attitude and work on improving it in regard to my physical, emotional or financial health.
- Let the doctor know if there are ways to communicate with me better.
- Tell the doctor my goals and priorities for each visit as well as my long-term health goals (if appropriate).
- Give the doctor feedback about how things are going for me and how things could go better.
- Let the doctor know if I have side effects from any treatments.
- Let the doctor know if I would like a copy of his records for me or sent to someone else.
- Do my "health homework" (exercises, diet, supplements, lab tests, etc.) to the best of my abilities unless it causes me to experience side effects.
- Tell the doctor at the time of my visit (or by phone or fax) if I do not agree with something or do not want a test, physical exam, medication or supplement.
- Have another doctor on my team in case of an emergency if Dr. Musnick is not reachable.
- Call the office if I am running late. Give the office as much notice as possible if I cannot make my appointment. Office policies hold for less than 24 hours' notice on cancellations.
- To take responsibility for scheduling my appointments and for scheduling my "health homework".
- Know that my insurance does not always cover me for wellness, prevention, and integrative services.
- Know that I have the right to obtain the kind of healthcare that I need. If I have to pay for it outside of my insurance, that is my decision for my wellbeing. As a patient I am aware that I have the right to invest in my healthcare needs even if my insurance does not/only partially reimburses me. A small investment in my body now can have a big payoff in the future and can actually save me money in the long-term.

I have read and agree with the above.

Patient signature: _____

Date: _____

HEALTH HISTORY FORM

Please read all headings, circle or fill in all words that apply to your past history or present symptoms. Please inform us if there is any additional information not covered in this form during your care.

Name: _____ R / L Handed Age: _____ Today's Date: _____

List your chief complaint and health problems that you would like to address in order of priority:

Date of last complete physical exam: _____ Primary Care Provider: _____

Medications: List all prescription and non-prescription medications, including doses: _____

Prednisone in the last year?	Yes	No	Coumadin or other blood thinner?	Yes	No
Chemotherapy?	Yes	No	If yes, when was the last dose?	_____	

Supplements: List names and doses: _____

Allergies: medications, food, other: (list type of reaction such as hives, rash, shock, tongue swelling, difficulty breathing, etc.): _____

Surgeries: list all surgeries, including C-sections, from earliest to most recent: _____

Dental: list any procedures, including root canals: _____

Imaging (X-rays, MRI, CT): (specify by name, location, dates of studies, and results if known): _____

Exercise (when injury-free). List your aerobic, strength-training, and balance exercises. List how frequently you work out and the average duration: _____

Infections: TB, bone, heart valve, kidney, chronic lung, abscesses, skin, hepatitis B, hepatitis C, HIV/AIDS, lyme, other: _____

Circle if recent: fevers, chills, night sweats, rash

Lung: asthma (normal peak flow _____), chronic bronchitis, TB, pneumothorax, lung diseases, hoarseness, pain worse with a deep breath, shortness of breath, other: _____

Heart: heart attack, angina, valve disorder, arrhythmia (fast, slow), WPW, heart block, cardiac arrest, implantable defibrillator, pacemaker, congestive heart failure, IHSS, cardiac hypertrophy, myocarditis, heart transplant, bypass surgery, high blood pressure, high cholesterol, high CRP values. Circle if recent symptoms of: chest, arm, jaw pain with exercise, palpitations, fainting, other: _____

Blood vessels: deep vein thrombosis, arteriosclerosis of leg vessels, artery bypass surgery, PAD. Circle if recent symptoms: calf pain with walking, enlargement of calf or thigh, cold legs, leg or calf pain at rest, chest pain, other: _____

Gastrointestinal: ulcer, GERD, irritable bowel, gallbladder stones, infection, colitis, Crohn’s, celiac disease, gluten sensitivity. *Circle if recent symptoms:* nausea, vomiting, gas, bloating, belly pain, diarrhea, bloody stool, changes in stools, swallowing difficulties, constipation, other: _____
How often do you have a bowel movement? _____ Is it normal size? _____

General: fibromyalgia, chronic fatigue syndrome, fatigue, sleepiness. *Circle if recent symptoms:* fatigue, weakness, weight loss/gain, other: _____

Kidney: kidney infection, kidney stone. *Circle if recent symptoms:* pain with urination, facial swelling, no urination for 24 hours, loss of urine control, decrease in urination, other: _____

Reproductive Organs – Women: birth control pills, hormone replacement, ovarian cysts, endometriosis, ectopic pregnancy, currently pregnant, difficult delivery. Date of last period: _____
Circle if recent symptoms: excessive vaginal bleeding, pelvic pain, other: _____
Men: prostate infection or cancer, hernia, urethra infection, low testosterone, other: _____

Endocrine: thyroid condition, adrenal condition, osteoporosis, early menopause, eating disorder, diabetes (year of onset _____), diabetes complications (neuropathy, eye, kidney, skin), other: _____

Rheumatologic: rheumatoid arthritis, fibromyalgia, lupus, Sjögren’s, scleroderma, psoriatic arthritis, ankylosing spondylitis, reactive arthritis. *Circle if recent symptoms:* joint swelling/deformity, muscle aches, other: _____

Neurologic: seizures, multiple sclerosis, Guillain-Barré syndrome, ALS, disc bulge, traumatic brain injury, memory loss.
Circle if recent symptoms: Right: leg weakness, arm weakness, pain, tingling, burning, loss of sensation
Left: leg weakness, arm weakness, pain, tingling, burning, loss of sensation

Skin: cellulitis, lymphedema, psoriasis, hives, painful cyst, rash, red streaks, other: _____

Spine/Muscle/Bone: fracture, dislocation, neck/back problem, past motor vehicle injury, past work-related injury, other: _____

Mental: severe depression, panic attack, generalized anxiety, psychotic disorder, borderline personality disorder, suicide attempt, decline in memory, decline in cognitive function, other: _____

Cancer/Blood: anemia, bleeding disorder. List any history of cancer and dates: _____

Sleep: restless legs, insomnia, other: _____ Number of hours of sleep per night: _____

Family History: mother, father, brother(s), and/or sister(s) diseases: _____

Occupational history: any occupations with chemical exposure: _____

Are you sensitive to chemicals or drugs?: _____

What do you eat in an average day?: _____

Describe and detail any of the above: _____

MEDICAL SYMPTOM/TOXICITY QUESTIONNAIRE

NAME: _____

DATE: _____

The Toxicity and Symptom Screening Questionnaire identifies symptoms that help to pinpoint the underlying causes of illness, and helps you track your progress over time. Rate each of the following symptoms based upon your health profile for the past 30 days.

POINT SCALE:

- 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

DIGESTIVE TRACT

- Nausea or vomiting
 - Diarrhea
 - Constipation
 - Bloating feeling
 - Belching or gas
 - Heartburn
 - Intestinal/stomach pain
- Total: _____

EARS

- Itchy ears
 - Earaches or ear infections
 - Drainage
 - Ringing or hearing loss
- Total: _____

EMOTIONS

- Mood swings
 - Anxiety, fear or nervousness
 - Anger, irritability or aggressiveness
 - Depression
- Total: _____

ENERGY/ACTIVITY

- Fatigue or sluggishness
 - Apathy or lethargy
 - Hyperactivity
 - Restlessness
- Total: _____

EYES

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

HEAD

- Headaches
 - Faintness
 - Dizziness
 - Insomnia
- Total: _____

HEART

- Irregular or skipped heartbeat
 - Rapid or pounding heartbeat
 - Chest pain
- Total: _____

JOINTS/MUSCLES

- Pain or aches in joints
 - Arthritis
 - Stiffness or limitations
 - Pain or aches
 - Feeling of weakness or tiredness
- Total: _____

LUNGS

- Chest congestion
 - Asthma or bronchitis
 - Shortness of breath
 - Difficulty breathing
- Total: _____

MIND

- Poor memory
 - Confusion or poor comprehension
 - Poor concentration
 - Poor physical coordination
 - Difficulty making decisions
 - Stuttering or stammering
 - Slurred speech
 - Learning disabilities
- Total: _____

MOUTH/THROAT

- Chronic cough
 - Gagging, frequent need to clear throat
 - Sore throat, hoarseness or loss of voice
 - Swollen/discolored tongue, gums, lips
 - Canker sores
- Total: _____

NOSE

- Stuffy nose
 - Sinus problems
 - Hay fever
 - Sneezing attacks
 - Excessive mucus formation
- Total: _____

SKIN

- Acne
 - Hives, rashes or dry skin
 - Hair loss
 - Flushing or hot flashes
 - Excessive sweating
- Total: _____

WEIGHT

- Binge eating/drinking
 - Craving certain foods
 - Excessive weight
 - Compulsive eating
 - Water retention
 - Underweight
- Total: _____

OTHER

- Frequent illness
 - Frequent or urgent urination
 - Genital itch or discharge
- Total: _____

GRAND TOTAL: _____

KEY TO QUESTIONNAIRE

Add individual scores and total each group. Add each group scores to give a grand total.

<10: Optimal

10-50: Mild Toxicity

50-100: Moderate Toxicity

>100: Severe Toxicity

Directions to the clinic of David Musnick, MD

Address: David Musnick, MD
 Madrona Building (Bellefield Office Park)
 1300 114th Ave SE, Suite 105
 Bellevue, WA 98004

Phone: 425-462-7325

The clinic is located near I-90 and I-405. It is in the Bellefield Office park in the Madrona Building off of **Southeast 8th Street**.

If you are exiting off of I-405 at SE 8th Street, do not take the first right onto SE 114th Ave. Go one more light and turn **left** onto 114th SE. **Do not take the NE 8th Exit.**

From Seattle or South of Bellevue:

- Head northbound on I-405
- Take **exit 12** towards SE 8th street and keep right
- Turn left at the signal and go through the first set of lights
- Turn left at the second signal, onto SE 114th Avenue
- Cross the bridge into Bellefield Office Park
- We are the second building on the left, the Madrona building

From East or North of Bellevue (or 520):

- Head southbound on I-405
- Take **exit 12** towards SE 8th street
- Turn right at the signal and go through the first set of lights
- Turn left at the second signal, onto SE 114th Avenue
- Cross the bridge into Bellefield Office Park
- We are the second building on the left, the Madrona building

From Bellevue:

- Drive south on 112th Ave NE until you get to SE 8th street
- Turn left onto SE 8th street
- Turn right onto SE 114th Avenue
- Cross the bridge into Bellefield Office Park
- We are the second building on the left, the Madrona building

You can take the elevator or use the stairs to get to the first floor (not the ground floor). The clinic is the first office on the left, suite 105.

If you get lost or have any questions about these directions, please call Larissa at 425-462-7325.

PIP Insurance Information and Consent (for a Motor Vehicle Accident)
or
Dept. of Labor and Industries Information and Consent (for work injuries)

Claim information:

Name: _____
Claim number: _____
Insurance company: _____
Date of Injury: _____
Name of claims adjustor: _____
Claims adjustor phone number: _____

Do you have an attorney? Y N
If yes: name of attorney: _____
Address of firm: _____
Attorney phone number: _____

For PIP claims only:

Claims Consent for PIP Billing:
I have been informed that my PIP insurance will be billed for the services at Dr. Musnick’s office. I understand that this is a labor- and time-intensive service provided by Dr. Musnick’s office. I understand that I am fully responsible for the expenses of the services I receive. If my PIP insurance does not pay Dr. Musnick’s office, I am responsible for payment within 2 weeks of notice of refusal by my PIP insurance. If my PIP insurance only pays partially for my visits and services I agree to pay the difference.

For Work-Injury claims only:

Have you reported this visit to your claim manager? Y N
Are there any reasons that your claims are not being paid? Y N
Have you had an Independent Medical Exam? Y N

I agree to notify the office manager if an Independent Medical Examination is requested of me.

Patient Signature: _____ **Date:** _____