

ENDOCRINE WELLNESS

STEP ONE: Schedule a Phone Consultation

Restorative Endocrinology™ Specialist, Annette Kutz Schippel, DC is available to consult with health care practitioners wishing to implement Endocrine Wellness into their practice.

Please be sure to read the following guide in its entirety prior to scheduling a consultation. Please call Dr. Schippel's office directly to book your consultation.

Annette Kutz Schippel, DC

217- 245-9797

217-245-2524 (fax)

schippelchiropractic@yahoo.com

www.schippelchiro.com

FEES:

- **Professional Consultations** - \$3.50 per minute (15 minute minimum).
- **Patient Consultations** – Please contact your provider directly.

GUIDELINES:

When scheduling your phone consultation, you will need to provide the following information:

- **Professional Information** – Including your name, company name, address, contact phone numbers, fax number, and email address.
- **Consultation Phone Number** – Specify the number you would like **our office** to call for your consultation.
- **Time** – Consultations are scheduled in 15 minute intervals. However, if this is your first time consulting, a 30 minute minimum appointment is preferred. When consulting on more than one patient, please allow for 15 minutes per patient.
- **Method of Payment** – MasterCard, Visa, and Discover are accepted.

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STEP TWO: Preparation

PAPERWORK:

Fax your consultation paperwork directly to your consulting practitioner. We request that all current test results and related paperwork must be received by your consulting practitioner ***at least two business days prior*** to your scheduled appointment. If you fail to submit your consultation paperwork two days prior to your appointment, we may elect to reschedule your appointment for not having ample time to review your case.

For each patient discussed, you will need to supply the following:

- **Tracking Sheet** (completed by practitioner)
- **Female/ Male/Youth Health Questionnaire** (completed by patient)
- **Saliva Testing** – Fax all pages of the *current* Diagnos-Techs test(s)
- **Hair Analysis** – Fax only the levels/ratio graph page
- **Symptom Survey** (*optional*) (completed by patient)

All of the above mentioned forms are available for download at your practitioner's website located under the area labeled "Professional Consultations". (*Please refer to Step One for your practitioner's website information*). These forms can also be sent via email if requested.

IMPORTANT DETAILS:

- On the day of your consultation, **the consulting practitioner will call you** at your scheduled time, at the phone number provided.
- We recommend that you obtain permission from your patient(s) prior to discussing their history with us during your consultation.
- Your patient may sit in on the phone consultation; however, please make our staff aware prior to the appointment.
- You may include any pertinent blood work or other test results provided they are **current**.

CANCELLATION POLICY:

We request that all cancellations be made at least 48 hours prior to your scheduled appointment. A 15-minute consultation fee of \$52.50 will be charged for last minute cancellations.

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TRACKING SHEET:

This form must be completed for EACH patient by the CONSULTING PRACTITIONER (NOT to be completed by the patient).

Date of Consult: _____ Practitioner Name: _____

Have we consulted on this patient before? Yes No

Accompanying Paperwork:

- Female/Male/Youth Health Questionnaire
- ASI eFHP PostM/ePHP MHP/eMHP GI Panel
- Hair Analysis Blood Work Symptom Survey Other: _____

Patient's Name: _____ Age: _____ Male/Female

Relationship to Patient (if any): _____

Reason(s) for consultation:

Surgeries:

Medication List:

Current Supplements:

FAX OR EMAIL COMPLETED FORM(S) TO CONSULTANT:

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