

**Sacred Heart Center
for Health and Healing**

Teresa A. Caprio, D.O. Scott P. Mulliken, N.D.

62 Portland Road, Bld. 2, Unit 5
Kennebunk, ME 04043
207-467-3345
(fax) 207-467-3403

New Patient Packet
2022

Sacred Heart Center for Health and Healing

Teresa A. Caprio, D.O. Scott P. Mulliken, N.D.
207-467-3345 • (fax) 207-467-3403

62 Portland Road, Unit 5, Kennebunk, Maine

Directions

From the Maine Turnpike traveling from the South:

Exit **Kennebunk** - turn left after getting off the exit onto Route 35.

Go past Kennebunk High School to “the round a bout” and take second exit towards Route 1.

At traffic light make a left onto Route 1 and travel North.

Go through the 1st traffic light at Post Office and McDonald’s on your right (CVS on the left).

Go through the 2nd traffic light with Kennebunk Savings Bank on your left.

Look for 62 Portland Road (also called 62 Post Road Center) on your left - Green sign with white letters.

Turn into the condominium complex and take your first Right. We are the first Yellow Building.

Parking is on the right.

From the Maine Turnpike traveling from the North:

Exit **Biddeford**

Travel straight through the traffic light at the toll exit and at the next traffic light turn **Right** onto Route 1 going South about 5 miles.

You will pass our old office at 1232 Portland Road.

Continue south through the Traffic Light at corner by our office.

Go through the traffic light at Ross Road (Aroma Joe’s on the corner) and the light at Hannaford.

At about a ¼ mile on right, there will be a sign for 62 Portland Road (also called 62 Post Road Center) - Green sign with white letters.

Turn into the condominium complex and take your first Right. We are the first Yellow Building.

Parking is on the right.

If you are using a GPS our physical address is:
62 Portland Road, Kennebunk, Maine 04043

This will only get you to our office complex. Please read entire directions to locate our office. Thank You.

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Instructions Before You Come

1. The initial visit for any new patient will be approximately 1 – 1 ½ hours in length. It is important that you complete these forms as accurately as possible.
2. Fill out all the enclosed/attached documents in **Black ink only**. These papers will become part of your permanent medical record. **Black ink is the only ink acceptable for medical legal documents**. Please do not fold these documents.
3. For Lyme Disease consultations, please underline or circle any of the symptoms you are currently experiencing on the **Symptoms List**.
4. It is helpful to us if you include a brief written description of when you feel your illness began, including a list of any questions you might have.
5. Any laboratory tests performed by this office prior to your initial visit will be reviewed at your consultation. **Please do not call the office for diagnostic test results**. Tests results will be discussed at your visit.
6. You may be asked to have additional blood work drawn on the day of your visit.
7. Please take note in the Office Policies that we ask that you refrain from **Smoking**, wearing **Perfumes**, heavy **Musk** or **Cologne** when coming to this office. This policy is strictly adhered to, secondary to the health concerns of the staff and the other patients.
8. Dr. Caprio and Dr. Mulliken give equal time to each patient; this may cause a delay in your scheduled appointment time. We appreciate your understanding in this matter.
9. Although we don't submit to medical insurance for payment of your office visit, we will need a **copy of your insurance card** and insurance information for blood work and other tests.
10. If you are **not** coming in for Tick-Borne Illness, you **do not** need to fill out the ***Informed Consent for Treatment of Persistent Lyme Disease*** section.
11. **We kindly request that you return this paperwork before your scheduled visit, so we will have time to review your health history.**

We have a long cancellation list of patients waiting to be seen. If you must cancel your appointment, please give us at least 48 hours, so that we can fill your empty appointment slot.

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Office Policies 2022

Check-in and Payment Procedures

Please check in at the front desk prior to each appointment. Make yourself at home in our reception area, and Dr. Caprio or Dr. Mulliken will let you know when they are ready to see you.

At the end of your appointment, you will be checked out and given your Itemized Bill and next appointment card.

We accept Cash, Personal Check and Credit Cards. We also accept Health Savings Account cards. You will receive your receipt at the time of check out. Please keep this for your records, as we do not keep Credit Card receipts.

We are unable to keep running balances at the office. If for some reason there is any prior balance, it will be due at your next scheduled visit.

Please be aware that all Health Insurance Policies are different. You must be aware of the policy you have committed to. Dr. Caprio and Dr. Mulliken **do not bill insurance**, but may be considered “Out of Network” providers. Many patients do receive re-imbusement for their visits.

Please note: Payment is due when services are rendered.

We do not bill medical insurance companies for payment.

Illness

Out of respect for our doctors, staff and patients, we ask that you **do not come to the office if you are feeling sick (coughing, sneezing, fever, chills, etc.)**. We would be glad to either reschedule your appointment or switch it to a phone or video call. Dr. Mulliken will be able to determine your course of treatment after he speaks with you.

Please make certain you initial and sign the last page of the Office Policies.

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Email Correspondence and Texting

Due to privacy laws Dr. Caprio and Dr. Mulliken do not prefer to correspond via email. However, if you choose to do so, we have provided a general email address for your questions. This email address is staff@sacredheartcenteronline.com.

Questions will be reviewed by Dr. Caprio and Dr. Mulliken and a response sent to you from Emily or Debbie with every attempt to have all questions answered within 24-48 hrs. (Weekends and Holidays Excluded)

Any communications including emails that contain new subjects, new treatments, “what do I do next?” questions, discussions about information from other Doctors, emails that are long in nature or too complex, will need to be addressed through either a brief Office Visit or Phone Consultation with the Doctor.

Email answers will be limited and are not intended to replace regular office visits.

Email correspondence that is sent cannot be protected under privacy laws and **if you choose to email you are consenting to release** Dr. Mulliken and Dr. Caprio from Privacy Laws.

Please be aware that Dr. Caprio and Dr. Mulliken do not accept “Texting” as a form of **communication for their Medical Practice.**

If it is an **Urgent Matter**, please call **207-251-8068**. If we cannot be reached, then we recommend going to your local Emergency Room or Urgent Care.

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Doctor Visit Fees

First Visit: \$345.00 / 1½ hr

Follow-up Visits: \$190.00 / hr

Note: There are no abbreviated appointments for Laser Treatments.

Follow Up Appointments will be billed at:

30 mins	\$ 95.00 (Available as Phone Consultation only)
45 mins	\$145.00
60 mins	\$190.00
75 mins	\$255.00
90 mins	\$275.00

This Fee Schedule includes Phone Consultations.

The phone consultation fee will be charged at the end of the phone call. Credit Card or Health Savings Account Card will need to be given before the Phone Consult takes place.

Phone consultations are available to clarify Treatment Plans, as a convenience for those who live a significant distance from the office, during inclement weather, or at the discretion of Dr. Mulliken.

Low Level Laser Treatment Fees

First Visit: \$225.00 / hr (includes LLLT)

THOR LLLT Multiple Areas: \$90.00 / each ½ hr visit

Erchonia LLLT (1st injury site): \$110 / each ½ hr visit

Erchonia LLLT (2nd injury site): \$55.00 (offered at half price)

* Total for 2 consecutive Erchonia Treatments is \$165.00.

The protocols are usually twice / week for 3-6 weeks depending on the injury and rate of recovery.

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Office Policies 2022

After reading the attached Office Policies, please **print your initials** on the line next to each topic below, **SIGN** at the bottom, and **return only this page to our office.**

_____ All lab tests will be discussed at your follow-up visit with your doctor. **Please do not call the office to request the results of laboratory testing.** If there is a need for a change in your treatment plan due to a lab result, the Doctor or office staff will contact you to discuss changes. Otherwise, testing will be reviewed at your follow-up visit.

_____ We would like to request that unless you are having a significant problem or a medical emergency, that you do not call the office and ask to speak to the Doctor. Please leave a **brief message** or you may send an email correspondence.

_____ Time constraints only **allow Dr. Mulliken and Dr. Caprio to return phone calls during office hours if it is an urgent medical matter that cannot wait.**

_____ In respect to other patients and staff who may be sensitive to solvents, **we ask that you refrain from wearing any essential oil, musk, cologne, perfume or scented lotion when coming to this office.**

_____ It is our desire to have all of our patients quit smoking now and forever, but if you continue to smoke, we ask that you abstain for **at least 2 hours** before your visit.

I have read and understand the Office Policies of Sacred Heart Center, and I agree to be bound by its terms. I also understand such terms may be amended from time to time by the practice.

_____ 2022
Signature of Patient or Guardian (if under the age of 18) Date

Print Name

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New Patient Information Form

(Please Print)

Patient Information

Name _____

Date of Birth _____

Mailing Address

Street _____

Home Phone _____

City _____

Work Phone _____

State _____ Zip _____

Cell Phone _____

Email Address _____

Primary Care Physician

Phone _____

Your Last Visit _____

In Case of Emergency Contact

Phone _____

Spouse Information (Parent, if minor)

Name _____

Date of Birth _____

Mailing Address

Street _____

Home Phone _____

City _____

Work Phone _____

State _____ Zip _____

Cell Phone _____

Email Address _____

{Return this page to the office}

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Authorization to Disclose Healthcare Information

Sacred Heart Center for Health and Healing regards the safeguarding of your confidential health care information as an important duty. The elements of this authorization to disclose Healthcare Information are required by state law for your protection and to ensure your informed consent to the disclosure of health care information necessary to support your relationship with your physician.

I, _____, authorize Sacred Heart Center for Health and Healing,
(Please print)

to disclose my health care information with health care practitioners and health care facilities who are involved in providing health care and with my family who are providing me with emotional support as I receive health care services. Also, I authorize Sacred Heart Center for Health and Healing to disclose my health care information to my health insurance carrier, utilization review organization, or benefit manager or any third party who may be responsible for the payment for services rendered to me.

My health care information, which is the subject of this document, includes information, written or not, about the preventative, diagnostic, or treatment services provided to me and that may be used to identify me. Depending upon the services I request from my physician, this information may include information about treatment for sexually-transmitted disease, mental health, or substance abuse. This authorization to disclose with remain in effect for all subsequent exchanges of health care information for the limited purposes outlined within this authorization, unless I revoke it in a written request.

I understand that I may refuse to disclose all or some health care information and that I may revoke this authorization at any time by providing my physician with a written, signed, and dated request. However, I understand that my refusal to disclose all or some health care information or to provide this authorization at this time or to revoke it later, may result in improper diagnosis or treatment, denial of coverage from a claim for health benefits or other insurance, or other adverse consequences.

Should you wish to have a copy of this authorization, please ask the office staff.

Signature of Patient, Parent or Legal Guardian

Date

WELCOME TO OUR PRACTICE

NAME	DOB	AGE	DATE
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Reason You Are Here _____

Medications You Are Taking _____

Supplements You Are Taking _____

Allergies to Drugs _____

Past Medical History (Circle what you have)

1. Stroke / Coronary Disease: Heart Attack / Elevated BP and/or Elevated Cholesterol
2. Cancer (Type _____) Diabetes Type I or II / Neuropathy / Liver Disease: Cirrhosis / Hepatitis / Fatty Liver / Ulcer
3. Osteoporosis / Osteoarthritis / Thyroid Disease / Auto Immune Disease / GERD
4. Asthma / Bronchitis / Emphysema / Pneumonia (what year _____)
5. Lyme Disease / Tick Borne Illness / Depression / Anxiety / STD / HIV / Blood Transfusion (yr _____)

Surgeries / Hospitalizations _____

Social History: Occupation _____ Married / Single / Divorced / Widowed

Use of Tobacco: Never / Previously, but quit / Still Smoke / # Packs per Day _____

Use of Alcohol: Never / Rare / Daily # of Drinks per (Day _____) (Week _____) (Month _____)

Family History / Mother: Alive or Deceased / List Major Illnesses _____

Father: Alive or Deceased / List Major Illnesses _____

Name: _____

Date: _____

Please Circle the Symptoms That You Have

General Well Being

Malaise (Not feeling well)

Fatigue / Tiredness – (can be extreme) Exhaustion

Early Experience of Flu-like symptoms, especially when not in “Flu Season”

Symptoms seem to come and go or cycle in patterns

Decreased interest in Activities of Daily Living or for Children decreased interest in Play

Unexplained Fevers (High or Low Grade)

Chronic Re-curing Infections (Ears, Eyes, Kidney or Sinuses)

Rash – Does not have to be a “Bulls Eye”

Head & Neck

Headache / Pressure in Head

Twitching or Paralysis

Sensations of Numbness / Tingling Sensations of Face

Jaw Pain or Symptoms of TMD (Temporal Mandibular *Joint* Dysfunction)

Stiff Neck

Sore Throat / Swollen Glands in Face & Neck

Hoarseness / Difficulty with Chewing or Swallowing

Changes in sense of Smell or Taste

Persistent Sinus Congestion or Infection

Eyes / Vision

Double or Blurry Vision

Drooping Eyelid / Eye Pain

Floater or Spots in Field of Vision / Seeing “Flashing Lights”

Sensitivity to Light

Decreased Perception of Light or Color

Visual Changes (Corneal Lesions, Retinal Damage, Loss of Vision)

Recurrent Eye Infection or Inflammation

Ears/ Hearing

Decreased Hearing in one or both Ears

Ear Pain

ringing or Buzzing in one or both Ears

Increased Sensitivity to Sound

Digestive System / Urogenital System

Increased Diarrhea or Constipation

“Upset” Stomach (Nausea, Vomiting, Pain, Increase in Acid Reflux)

Unexplained Weight Gain or Loss

Loss of Appetite

Pain on Urination / Urgency / Frequency / Hesitancy to Urinate

Pain in Testicles / Vaginal Pain

{Return this page to the office}

Musculoskeletal System

Joint Pain, Swelling or Stiffness
Migrating Joint Pain (Moves from one Joint to Another)
Muscle Pain or Muscle Cramps
Burning Sensation of Feet / Pain in Feet upon Walking
Increased Joint and Muscle Pain after Exercise

Respiratory / Circulatory System

Cough / Difficulty with Breathing / Difficulty taking a Deep Breath / Air Hunger
Shortness of Breath / Chest Pain / Rib Pain or Soreness
Night Sweats / Chills
Heart Pain / Palpitations / Skipped or Extra Beats / Rapid Heart Rate
Diminished Exercise Tolerance
Swelling of Hands or Feet
*Heart Diagnosis of 2nd degree AV Block / Right Bundle Branch Block

Endocrine System

Excessive Thirst / Hunger / Urination
Intolerance to Heat or Cold
Dry Hair / Hair Loss / Brittle Nails

Neurologic System

Weakness or Paralysis of Limbs
Tremor or Un-explained Shaking
Numbness or Tingling (Pins & Needles Sensation) in Extremities
Poor Balance, Difficulty Walking, Dizziness
Lightheadedness, Fainting
Pronounced Motion Sickness
*May have a Diagnosis of Seizures
*White Matter Lesions seen on MRI

Mental Capabilities / Cognition

Forgetfulness, Memory Loss (Short or Long)
Poor School or Work Performance
Confusion, Difficulty with Thinking
Difficulty with Concentration, Reading or Spelling
Disorientation: Getting lost or going to the wrong place
Difficulty with Speech (Slowed, Slurred or Stammering)
Word Searching or Word Retrieval Problems
Difficulty with Writing / Dyslexia-Type Reversals
Forgetting how to perform a simple task
Difficulty with simple math equations

Psychiatric

Anxiety / Panic / Panic Attacks
Paranoia / Worries all the Time / Unusual Fears
Violent Behavior / Rage / Irritability
Rapid Mood Swings that may mimic Bipolar Disorder
*Diagnosis of OCD / ADD / ADHD / Autism-like Syndrome

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Informed Consent for Treatment of Persistent Lyme Disease

There is considerable uncertainty regarding the diagnosis and treatment of Lyme disease. No single diagnostic and treatment program for Lyme disease is universally successful or accepted. Medical opinion is divided, and two school of thought regarding diagnosis and treatment exist. Each of the two standards of care is described in peer-reviewed, evidence-based treatment guidelines. Until we know more, patients must weigh the risks and benefits of treatment in consultation with their doctor.

Your Diagnosis: This diagnosis of Lyme disease is primarily a clinical determination made by your doctor based on your exposure to ticks, your report of symptoms, and your doctor's observation of signs of the disease, with diagnostic tests playing a supportive role.

Doctors differ in how they diagnose Lyme disease.

- Some physicians rely on the narrow surveillance case criteria of the CDC for clinical diagnosis even though the CDC cautions against this approach. These physicians will fail to diagnose some patients who actually have Lyme disease. For these patients, treatment will either not occur or will be delayed.
- Other physicians use broader clinical criteria for diagnosing Lyme disease. These physicians believe it is better to err on the side of treatment because of the serious consequences of failing to treat active Lyme disease. These physicians sometimes use the antibiotic responsiveness of a patient to assist in their diagnosis.

Your doctor also may need to rule out other possible causes of your symptoms, such as arthritis, lupus, syphilis, Reiter's syndrome, MS, CFS, and FMS. If you are unclear of your diagnosis, be sure to discuss this with your doctor.

Your Treatment Choices: The medical community is divided regarding the best approach for treating persistent Lyme disease. Some physicians think that the long-term effects of Lyme disease are caused by damage to the immune system and are therefore unaffected by antibiotics. Others believe that the infection persists, is difficult to eradicate, and therefore requires long-term treatment with intravenous, intramuscular, or oral antibiotics, frequently in high and/or combination doses.

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Your treatment options include:

1. Not pursuing antibiotic treatment and, if appropriate, seeking symptomatic relief for your continuing symptoms;
2. Treating your illness with antibiotics until clinical resolution of your symptoms, regardless of duration of treatment; or
3. Treating your illness with antibiotics for thirty days only.

If you elect to pursue antibiotic treatment, you will be treated with antibiotics selected to address the Lyme bacteria as well as any other tick-borne co-infections you may have, such as Ehrlichiosis, Babesiosis, or Bartonellosis. Your doctor with sometimes recommend IV medications when there is neurological involvement, carditis, complicated Lyme arthritis, or inadequate response to oral medications. Sometimes treatment consists of IV antibiotic treatment followed by oral antibiotics. Other classes of drugs may be needed to treat non-bacterial tick-borne diseases such as Babesiosis.

Potential Benefits of Treatment: Antibiotic treatment may result in improvement in your clinical condition. Although there is substantial evidence that most patients improve with continued treatment, not all patients improve with treatment.

Patient response varies widely:

- Some patients experience substantial improvement of their symptoms and do not require further treatment.
- Some patients feel worse initially during treatment, before improving.
- Some patients improve with antibiotic treatment, but relapse when treatment is stopped, and
- Some patients do not respond to antibiotic treatment. Sometimes persistent symptoms represent permanent changes to a patient's body, in which case further antibiotic treatments may be of no further benefit. Other times the illness progresses but, for unknown reasons, does not respond to additional treatment.

Risk of Treatment: There are potential risks involved in using any treatment. Some of the problems with antibiotics can include allergic reactions, which may manifest as rashes, swelling, and difficulty with breathing. These problems may require medication to reverse the allergic reaction and may require emergency treatments. Other potential complications include stomach and bowel upset, abdominal pain, diarrhea, or bowel irritation, which may require interruption of the antibiotic and prescribing other medications to manage the digestive upset. It is also possible

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that secondary infections such as yeast infection of the skin, mouth, intestinal, and genital tracts may occur in some people, causing discomfort and the need for corrective therapies. Although unlikely, it is possible that other problems such as adverse effects on liver, kidneys or other organs may occur. For oral antibiotics, it is estimated that the risk of major side effects is 1 in 10,000 (very small) and the risk of minor side effects is 4 in 100 (slightly greater).

Factors to Consider in Your Decision: No one knows the optimal treatment of symptoms that persist after being diagnosed with Lyme disease and treated with a simple short course of antibiotic therapy. The appropriate treatment may be supportive therapy without the administration of any additional antibiotics. Or, the appropriate treatment might be additional antibiotic therapy. If additional antibiotic therapy is warranted, no one knows for certain exactly how long to give the additional therapy. By taking antibiotics for longer periods of time, you place yourself at greater risk of developing the side effects. By stopping antibiotic treatment, you place yourself at greater risk that a potentially serious infection will progress. Antibiotics are the only form of treatment shown to be effective for treating Lyme disease, but not all patients respond to antibiotic therapy. There is no currently available diagnostic test that can demonstrate the eradication of the Lyme bacteria from your body. Other forms of treatment designed to strengthen your immune system also may be important. Some forms of treatment are only intended to make you more comfortable by relieving your symptoms and do not address any underlying infection.

Your decision about continued treatment may depend on a number of factors and the importance of these factors to you. Some of these factors are listed below:

- The severity of your illness and degree to which it impairs your quality of life.
- Whether you have co-infections, which can complicate treatment.
- Your ability to tolerate antibiotic treatment and the risk of major and minor side effects associated with the treatment.
- Whether you have been responsive to antibiotics in the past.
- Whether you relapse or your illness progresses when you stop taking antibiotics.
- Your willingness to accept the risk that, left untreated, a bacterial infection potentially may get worse.

For example, if your illness is severe, significantly affects the quality of your life, and you have been responsive to antibiotic treatment in the past, you may wish to continue your treatment. However, if you are willing to accept the risk that the infection may progress or if you are not responsive to antibiotics, you may wish to terminate treatment. Be sure to ask your doctor if you need any more information to make this decision.

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Please complete only if you are coming in for Tick-Borne Illness.

Based on this information, I have decided: (check one)

- To treat my Lyme disease with antibiotics until my clinical symptoms resolve.
- Only to treat my Lyme disease with antibiotics for thirty days, even if I still have symptoms.
- Not to pursue antibiotic therapy.
- To treat my Lyme disease with antibiotics for 1 month, and then re-evaluate. I may decide to continue antibiotic or discontinue with the possibility of utilizing other alternative treatments. I accept that this may lead to treatment failure and that this is my choice and not a consequence of poor medical practice on the part of my physician.

To my knowledge, I am not allergic to any antibiotic except those listed below:

Signature of Patient

Date

Print Name