

Border Medical Clinic

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Pfeiffer Treatment

Thank you for your enquiry about the Pfeiffer treatment. This programme is to identify chemical imbalances in the brain and correct them using a individualised compounded vitamin and mineral therapy.

History

The treatment has been available in America for over 20 years with great success. For further information search the following websites: www.hripte.org or Google: **methylation, histamine**, Walsh and eg.

Depression (substitute your own diagnosis). Dr Stuckey first started began using this treatment in March 2004 and was the first doctor to be trained outside America. There are now doctors through-out Australia and New Zealand trained to follow Pfeiffer protocol.

Cost

Your out of pocket expense will be approximately \$500.00. Please refer to total costs on page 2. On going costs for vitamin and mineral supplements, range between \$60 and \$120 per month. Some variances will occur during the treatment according to improvement.

Follow up visits:

Book for second visit 4 weeks after initial consultation. Ring the surgery to confirm this visit one week prior to check all your test results are in. This visit is bulk billed.

At the second visit Dr Stuckey will explain the results what treatment is required and email the vitamin and mineral compounding script to the chemist. The payment and collection of the script is then between yourself and the chemist.

6 weeks after commencing the vitamin and mineral compound ring the surgery for a quick up date. (This is a very brief phone call at no charge)

If you have any problems or concerns please ring the surgery immediately, the nurse can help or a message will be given to Dr Stuckey.

Phone consultations are available at this stage if you can't physically come to the surgery.

The cost will be: \$3.00 per minute (Doctor) no medicare rebate
 \$1.50 per minute (Nurse) no medicare rebate

You will be advised about on going treatment at this point. A visit to the surgery or a phone consultation will be required at 3 - 6 month intervals from then on. A blood test prior to these appointments may be required and they generally are covered by Medicare. **It is very important for you to keep taking any prescription medication.** Please ring to confirm appointment no less than one week prior.

Dear.....

2.

Your Pfeiffer Treatment appointment with Dr Stuckey and our nurse Fay Fisher is
on.....at.....

The appointment involves a 1 hour consultation.

Total cost of the consultation \$200.00 Medicare rebate approx \$93.00

Hair test	\$ 70.00 Nil rebate
Blood tests	\$ 280.00 Nil rebate
Urine Test	\$ 80.00 Nil rebate (non pension card holder)
	\$ 65.00 Nil rebate (concession card holders)

1. Hair Test

During the consultation Dr Stuckey may ask for a sample of your hair to send to America for testing. Please follow the pre collecting requirements.

- *Leave hair a reasonable length
- *Stop using any anti-dandruff or 2 in 1 conditioning shampoos
- *Use Johnson and Johnson baby shampoo 3 weeks prior.
- *No hair rinses, colours or perms
- *no vitamin or mineral supplements for 1 day prior to visit
- *No hair spray or gel on day of visit
- *Don't swim in chlorinated pools for 4 weeks prior to visit
- *Don't take any over the counter anti histamines 3 weeks prior to blood test

The cost for hair testing is \$70.00 payable to R.H.Stuckey & Assoc on the appointment day.

2. Blood Test

Following the consultation with Dr Stuckey you will be required to go to Sullivan and Nicolaidis Pathology at John Flynn Medical Centre for blood and urine collection.

Cost for the blood test will be approx \$280.00 (out of pocket)

Pathology will send the account to your home address.

Urine test is \$80.00 or \$65.00 for concession card holders. No rebate

Payment in the form of credit card or cheque(to S.A.F.E.) must accompany the specimen.

Dr Stuckey's staff will book the appointment with pathology to follow doctors appointment.

Full directions and a map will be given at appointment.

Repeat blood tests will be ordered at intervals throughout your treatment.

Most of these will be covered by medicare and bulk billed.

They will not be the full original tests.

3.

PLEASE FILL IN PATIENT DETAILS AND RETURN AT FIRST APPOINTMENT

SURNAME FIRST NAME TITLE

.....

STREET ADDRESS SUBURB POSTCODE STATE

.....

PHONE CONTACT MOBILE WORK CONTACT EMAIL ADDRESS

.....

MEDICARE NUMBER NUMBER NEXT TO NAME EXPIRY DATE

...../.....

GENDER MARITAL STATUS

.....

DATE OF BIRTH

PENSION OR HEALTH CARE CARD NUMBER EXPIRY DATE

.....

VETERAN AFFAIRS NUMBER.....

EMERGENCY CONTACT RELATIONSHIP TO PATIENT

.....

PERSON RESPONSIBLE FOR PAYMENT THEIR CONTACT DETAILS

.....

PARENTS NAMES (IF MINOR)

.....

COMMENTS

.....

.....

HEALTH HISTORY

4.

NAME.....DATE OF BIRTH...../...../.....

1. Education;(last grade completed or degree completed)

.....

2. Sex and age of siblings.....

.....

.....

3. Significant birth events if any.....

4.Surgery.....

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5. Injuries, head injuries.....

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6. Please list your primary symptoms.....

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7. Are you pregnant?.....

8. List prescriptions, over the counter medications and any vitamins and herbs you are now taking and why you are taking them.

NAME	DATE STARTED	REASON
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9. Which of the following symptom do you have?

5.

Fatigue..... Nervousness..... Anxiety..... Irritability.....Inability to concentrate.....

10. Have you had a glucose tolerance test?..... When ?

Were you diagnosed as being hypoglycemic?.....

11. Do you tend to tan?.....or burn..... after extended sun exposure?

12. Have you ever had white spots on your fingernails?.....

13. During the past six months, have you been a frequent user of swimming pools?.....

14. How would you describe your temper?.....

15. When very angry, how long does it take for you to cool off?.....

16. Please describe your typical reaction to stress?.....

17. Please tick previous diagnoses:

Schizophrenia.....Manic depression.....Behaviour disorder.....

Learning disability.....Hyperactivity.....Attention Deficit disorder.....

Depression.....Eating disorderAutism..... Other.....

18. Do you have 2 or more alcoholic beverages per day?.....

19. Have you ever used illegal drugs?.....

Describe.....

20. How did you hear about the Pfeiffer treatment?.....

21. Referred by:

Name.....

Last

First

Title

Address.....

Number

Street

Suburb

Postcode

Phone numbers.....

Please provide any information you think is relevant

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Patient Medical History	Tick if applicable	
acne	esophagitis	hypothyroidism
eczema	peptic ulcer	hyperthyroidism
psoriasis	gastro esophageal reflux	alzheimers
allergic rhinitis colitis colitis	parkinsons	
chronic sinusities	irritable bowel syndrome	dementia
asthma	gall bladder dysfunction	seizure disorder
arthritis/rheumatoid/lupus	hepatitis	
chronic fatigue syndrome	liver disease	fibrocystic
breast cancer	endometriosis	multiple sclerosis
collagen vascular	kidney problems	fibroid tumors
fibromyalgia	urinary tract infection	
polycystic ovarian disease	multiple chemical sensitivities	
benign prostatic hypertrophy	pms	
depression postpartum	heart disease	menopause
stroke	thrush	hypertension
athletes foot	yeast infection	
high cholesterol/high triglycerides	toe nail fungus/finger nail	glaucoma
diabetes	ring worm	night blindness
other.....		
Psychiatric History	Anxiety disorder	Psychotic disorder
ADD	ADHD	
Generalised anxiety disorder	Schizophrenia	
PDD/Autism spectrum	Phobic disorder	
Schizoaffective disorder	Oppositional defiant disorder	
1.bipolar type	conduct disorder	panic disorder

2.depression type	obsessive compulsive disorder	7.
behaviour disorder	post traumatic stress disorder	delusional disorder
tourette	acute stress disorder	
Eating disorder	dissociative disorder	anorexia nervosa
Mood disorder	dissociative identity disorder	bulimia nervosa
major depressive disorder	dissociative fatigue disorder	pica
bipolar 1 disorder	obesity	bipolar 11 disorder
dysthymic disorder	cyclothymic disorder	

Past surgeries :.....

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Past Hospitalisations:

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Other therapies/ treatments pertinent tests:

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Please indicate whether relatives are maternal or paternal using the below key. Other relatives may be listed if you think the information is significant.

Family History

ADD ADHD	bipolar	Code
Violence	alcohol drug abuse	M=mother F=father S=sister
Asthma	suicide attempt	B=brother
early senility	depression	Maternal Grandparents=MGM/MGF
thyroid	schizophrenia	Paternal Grandparents= PGM/PGF
ulcers	arthritis	Maternal aunt/uncle=MA/MU
Heart disease	diabetes	Paternal aunt/uncle=PA/PU
stroke	kidney disease	
hypertension	psoriasis cancer	