

Penelope L. Shar, MD, LLC

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To: New Patients

Thank you for choosing me to assist you in your quest for vitality. I believe each individual is responsible for his/her own health. As a physician, my responsibility is to use my training and experience to diagnose your situation and to present to you all the choices with which I am familiar that may apply to your particular situation. Your responsibility is to choose those therapies that you feel will be most effective in restoring and maintaining your health. We can work well together if we each meet our responsibilities and communicate openly.

Therapeutic options may include conventional/mainstream medical opinions as well as complementary/alternative therapies. The holistic medical approach addresses the whole person--body, mind and spirit. My recommendations will always be for whatever works the best with the least side effects.

It is my belief--particularly when you have an acute illness that has been labeled as terminal, or a chronic illness for which there is no safe or proven cure--that you should be allowed to choose or purchase any drug or treatment as long as it will do no harm.

Many people, myself included, are sensitive to environmental substances; therefore, I ask that you, and anyone accompanying you, refrain from wearing scented hairsprays, colognes, perfumes, aftershaves, etc. on the days you are here.

Please note that I am NOT a primary care physician. It is necessary for each individual to have a primary care physician, someone other than me, who will be responsible for your overall care. If you do not have a primary care physician, I can assist you in finding one.

Please remember to bring your completed medical history form and a copy of any pertinent medical records to your appointment. Also, bring all of your prescription and non-prescription medications (including all nutritional supplements) to the initial visit.

Your signature below acknowledges that you understand my philosophy and type of practice. It also indicates your desire to consider and possibly participate in some form of non-orthodox medical care. Additionally, it confirms that you have read and understand the primary care statement.

Please see my website for directions and parking information, www.optionsinhealing.com

I look forward to working with you.

Penelope Shar, MD

Acknowledged & Agreed: _____
Signature of Patient

Date