

WORK WITH ME!

# Our 6 step process for working with Dr.K



1

Please watch the following video by Dr. Allen <https://youtu.be/23XHJxcv6po>. This video is a requirement before we schedule your Initial Consultation. Following the video you will be asked to set up a client portal by using the link provided below: [https://vitalsource.janeapp.com/validated\\_users/new](https://vitalsource.janeapp.com/validated_users/new)  
\*\*\*Please call/text 740-868-1727 for any immediate concerns regarding account.

2

Once we receive your information-- a questionnaire will be sent in a separate e-mail and could possibly be sent to your "junk/spam" folder. Please note that this questionnaire will come from "FMLogics" and the subject line will read: "A Questionnaire from Your Clinician".

3

Once you submit you online questionnaire and intake forms. Please send the latest medical records (6 months or newer) to [drkatelyne@protonmail.com](mailto:drkatelyne@protonmail.com). Please have this sent 72 hours prior to first meeting, as it takes 2-4 hours per case to investigate as we carefully discover the underlying cause to your current "story" and secondary symptoms.

4

Once we have your forms/records you are then ready to schedule! **If you have not booked already. Please Book your Initial Consultation by visiting our client portal.** To avoid a wait time please schedule for a tentative time. If an unforeseen appointment conflict arises, please make arrangements prior to 48 hours to reschedule. PLEASE NOTE: Client will be responsible for scheduling all appointments.

5

Based on the information collected before this meeting (forms, records, etc.) Dr. Katelyne will then be able to make appropriate recommendations for any additional lab work and/or prepare for any questions regarding investigative work. All Initial consultations are 75 minutes long and will take place via Zoom, please make arrangements for your upcoming meeting as these will be done virtually.

6

Following your initial consultation you will be sent a Post-Visit Summary Report though our HIPPA Compliant Communication Service (Signal). We ask you download Signal Telecommunication application on your phone/tablet before this meeting. Dr. Katelyne will give you further instructions during initial consultation!

Book Initial Consultation Here:  
<https://vitalsource.janeapp.com>

Vital Source  
Holistics



Book  
**NOW!**

# FUNCTIONAL MEDICINE

## 75 MINUTE INITIAL CONSULTATION

This is an online video meeting consultation that covers all the necessary information to start your Functional Medicine Program with direction and supervision by Dr. Allen. Calculated therapy strategies will be discussed that include integrative nutritional support and other holistic adjunctive therapies, if necessary or indicated, in order to increase success potential in our program. The session includes an overview of how holistic healing looks, discussion of the baseline labs test results and analysis, and the customized tactical approach of the Initial recommendations. The client will receive a Post Visit Summary Report with an optional 20 minute Q&A that takes place 3-5 days after the Initial Consultation is complete. Prior to the consultation, the client must provide the current vitals (blood pressure, pulse or heart rate, and oral temperature), height and weight, and baseline photos (front and side view – standing) via Signal.

Following the Initial Consultation, client will be considered an **ESTABLISHED CLIENT**.

[WWW.VITALSOURCEHOLISTIC.COM](http://WWW.VITALSOURCEHOLISTIC.COM)

FOR MORE INFO :  
**740-868-1272** 

# VITAL SOURCE

POST-CONSULTATION

## Appointments

### 20MINUTE Q&A SESSION

Dr. Allen will answer any questions regarding Functional Medicine and/or concerns about program.

\$25

### PROGRAM DESIGN & CARE PLAN

Plan & understand step by step the instructions of meals, supplements, and detoxification in the Program spreadsheet.

\$195

### FOLLOW UP WEEKLY OR MONTHLY

Allows program to be adjusted (fine-tuned, reduced/intensified) depending on the lab test results and/or client signs and symptoms review

\$150/HR

### SUPPORT UNLIMITED TEXT

Allows you to fully access the doctor's expertise, guidance, and support as often as you need it with unlimited messages included.

\$50/MO



SAVE MONEY-GAIN MORE ACCESS-LEARN MORE INTIMATELY  
CHECK OUT OUR 12 WEEK HEALTH RESTORATION PROGRAM. THIS PROGRAM IS DESIGNED TO HELP YOU OVERCOME CHRONIC DISEASE AND ACHIEVE AMAZING HEALTH, SO YOU CAN LIVE LIFE TO YOUR FULL POTENTIAL ALL WHILE SAVING ON YOUR INVESTMENT! UP TO 50% OFF ON SUPPLEMENTS, 24/7 ACCESS TO DR.KATELYNE AND NEVER WAITING IN-LINE TO BE SEEN! THIS IS FOR YOU.

# APPOINTMENT

## DESCRIPTIONS

# Individual Options

### FIRST MEETING - INITIAL CONSULT (75 MINUTE SESSION) \$320

This is an online video meeting consultation that covers all the necessary information to start your Functional Medicine Program with direction and supervision by Dr. Allen therapy strategies will be discussed that include integrative Nutritional Support and other holistic adjunctive therapies, if necessary or indicated, in order to increase success potential in our program. The session includes an overview of how Holistic Healing looks, discussion of the baseline labs test results and analysis, and the customized tactical approach of the Initial recommended suggestions before starting your program. Following the initial consultation, a Post Visit Summary Report will be sent to the patient discussing notes in the meeting as well as giving proposed recommended plan of care! An optional 20 minute q&a to discuss any questions or concerns regarding initial meeting is usually 3 days after the First Meeting and can be scheduled via JaneApp. Please be sure to provide the current vitals (blood pressure, pulse or heart rate, and oral temperature), height and weight, and baseline photos (front and side view – standing) via EMAIL prior to this meeting.

### OPTIONAL: 20 MINUTE Q&A

This online meeting takes place about 3 days after the First Meeting. This is an optional (highly recommended) online video meeting consultation with Dr. Allen who will answer your questions regarding initial summary review, how distance-based direction and supervision works, and requirements for the therapy. This appointment session can be a one-on-one meeting or as a video conference with family members who are not necessarily in the same location.

### PROGRAM DESIGN: \$195 (INCLUDED IN 12 WEEK PROGRAM)

This is your second official meeting with Dr. Allen following your Initial encounter and Q&A. During this meeting we will go over all the recommendations in details along with your plan of care/program. A plan can now be provided to you after collecting all necessary information from Initial Meeting. Patient will be instructed on how to read and understand step by step the placement and timing of the meals, juices, supplements, and detoxification in the Program spreadsheet.

\*\*\*The official start date of the guided Therapy allows the client to get all the necessary supplements and other items that will be used in the therapy protocol. Please let Dr. Allen know when you are ready to start!

### FOLLOW UPS & CHECK IN (\$150/HOUR): (INCLUDED IN 12 WEEK PROGRAM)

This is a regularly scheduled online video meeting follow-up review consultation to report on the client's progress. The program may be adjusted (fine-tuned, reduced or intensified) depending on the lab test results and/or patient signs and symptoms review. Client must report the current vitals and weight prior to this meeting via email.

PLEASE NOTE--CLIENT WILL BE RESPONSIBLE FOR SCHEDULING ALL APPOINTMENTS VIA OUR JANEAPP AS WELL AS SENDING A MESSAGE TO REQUEST RESCHEDULE AN APPOINTMENT. IT IS YOUR RESPONSIBILITY TO GET ON DR. KATELYNE'S SCHEDULE AS SHE WILL NOT BE REACHING OUT TO YOU IN ORDER TO SCHEDULE. ALL APPOINTMENTS MUST BE PAID PRIOR TO START OF MEETING IF YOU ARE NOT DOING THE 12 WEEK PROGRAM AND PAYING AS YOU GO!

# Communication

## Future Correspondence

### HOURS

- Dr. Katelyne will respond to emails during regular business hours (unless you have paid for 24/7 or in our 12 week program). Dr. Katelyne will respond if it is an emergency by messaging 740-868-1272. The usual turnaround time to respond to emails or text messaging is 24-48 hours, sometimes earlier.

It is required to sign up for a free, secure encrypted email account with ProtonMail: <https://protonmail.com>. All future correspondence, documents or questions should be sent using your ProtonMail email for end-to-end encryption and to ensure HIPAA privacy compliance. Please Email [drkatelyne@protonmail.com](mailto:drkatelyne@protonmail.com) going forward.

### EMAIL

### CHAT

- All patients appointments will be via Zoom, please go to [www.zoom.us](http://www.zoom.us) and sign up for a free account. Then go to the Download section and download the Client Meeting software to your device and computer.
- \*\*\*If you have purchased our unlimited text service or enrolled in our 12 Week Program you will have 24/7 access to Dr. Katelyne via Signal.

To avoid disruption in care and/or progression in your healing journey please refer to your Post-Visit Summary that will be given to you following your Initial Consultation. All follow up dates and re-testing/review appointments are stated in your report. If an unforeseen appointment conflict arises, please make arrangements prior to 24 hours to re-schedule.

# ★ Dr. Katelyne Allen ★ Informed Consent

## **CLIENT INFORMED CONSENT-DISCLAIMER-WAIVER-FINANCIAL RESPONSIBILITY**

I HAVE UNDERGONE A STANDARD, CONVENTIONAL MEDICAL DIAGNOSTIC WORKUP AND HAVE BEEN MADE AWARE OF MY DIAGNOSIS AND/OR HEALTH CONDITION(S). I HAVE CONSULTED WITH AN ONCOLOGIST (IF DIAGNOSIS IS CANCER) AND I HAVE BEEN ADVISED OF THE STANDARD, RECOMMENDED APPROACH TO TREATMENT FOR MY CONDITION.

OF MY OWN VOLITION, I HAVE MADE THE DECISION TO EMBARK ON A GUIDED FUNCTIONAL NUTRITIONAL METABOLIC THERAPY PROGRAM TO HELP DETOXYFY MY BODY, STRENGTHEN MY IMMUNE SYSTEM AND IMPROVE MY HEALTH CONDITION. MY SPOUSE OR SIGNIFICANT OTHER AND/OR IMMEDIATE FAMILY MEMBERS ARE AWARE OF MY CHOICE. I AM CHOOSING TO EMPLOY DR. KATELYNE TO ASSIST ME IN THIS PROCESS BY GUIDING AND MONITORING MY PROGRESS THROUGH REGULARLY SCHEDULED FOLLOW- UP CONSULTATIONS, REVIEW OF LAB TESTING RESULTS, IMAGING STUDIES (IF INDICATED), ADJUSTING MY THERAPY PROTOCOLS AND IF OR WHEN NECESSARY, RECOMMENDING APPROPRIATE SUPPORTIVE NUTRITIONAL THERAPIES. I UNDERSTAND THAT, IN SOME CASES, IT MAY BE RECOMMENDED THAT I PURSUE FURTHER CONVENTIONAL MEDICAL WORK UPS OR CONCURRENT CONVENTIONAL MEDICAL TREATMENTS, AND/OR INTEGRATIVE CARE.

I HAVE PERSONALLY RESEARCHED NUTRITIONAL PROGRAMS AND HAVE MADE MY DECISION FREELY WITHOUT COERCION. I UNDERSTAND THAT THIS NON-CONVENTIONAL ALTERNATIVE THERAPY MAY NOT HAVE BEEN INVESTIGATED, REVIEWED AND/OR APPROVED BY THE FDA OR OTHER HEALTH AUTHORITIES, AND THAT THERE MAY BE NO PROVEN BENEFIT OVER MORE TRADITIONAL MODALITIES. I HAVE BEEN GIVEN NO GUARANTEES OR PROMISE OF SUCCESS, CURE OR REMISSION OF DISEASE PROCESS BY THE APPLICATION OF THIS NUTRITIONAL THERAPY. I AM AWARE OF THE POSSIBILITY OF HEALTH BENEFITS AS WELL AS ADVERSE EFFECTS THAT MAY ARISE FROM UNDERTAKING THIS PROGRAM.

I UNDERSTAND THAT BY MAKING THE DECISION TO PROCEED WITH THE CARE UNDER THE GUIDANCE OF DR. KATELYNE ALLEN I HAVE ASSUMED COMPLETE AND TOTAL CONTROL AND FULL RESPONSIBILITY FOR MY DECISION REGARDING MY CHOICE OF HOW TO ADDRESS MY HEALTH CONDITION AND I WAIVE OR RELINQUISH DR. ALLEN OR ANY AFFILIATED INSTITUTION OR INVOLVED PARTIES FROM ANY CLAIMS, LIABILITIES OR LEGAL ACTIONS WHATSOEVER THAT MAY ARISE FROM THE SAID RECOMMENDATION AND/OR SERVICES OR GUIDANCE RENDERED TO ME.

I UNDERSTAND THAT DR. ALLEN WILL MAINTAIN MY PRIVACY, NOT ONLY TO MEET HIPAA PRIVACY COMPLIANCE, BUT ALSO TO UPHOLD MY PRIVACY TO THE HIGHEST STANDARDS, AND WILL NOT DISCLOSE MY PERSONAL HEALTH INFORMATION OR PERSONAL DATA TO ANY REQUESTING OR ATTENDING PARTY UNLESS I HAVE INITIALLY GIVEN APPROVAL IN WRITING. I ALSO UNDERSTAND THAT THERE IS NO HEALTH INSURANCE COVERAGE FOR THE SERVICES OR GUIDANCE I RECEIVE, AND I AM FULLY RESPONSIBLE FINANCIALLY AND I AGREE TO MEET MY FINANCIAL OBLIGATION ON THE DATE OF SERVICE OR APPOINTMENT.

Client name  
(printed) \_\_\_\_\_  
Client  
signature \_\_\_\_\_  
Witness (person who has Power of  
Attorney) \_\_\_\_\_  
Today's Date \_\_\_\_\_ Time \_\_\_\_\_