ALVA FAMILY PRACTICE

6908 BOOT RANCH RD ODESSA,TEXAS 79765

PHONE: (432) 530-7345 or (432) 312-2491 FAX: (432) 400-1415

DATE:		New DPC Member () Yes () No	
	DATIENT DEMOCRADUICS		
FULL NAME:		DATE OF BIRTH:	
GENDER: □ FEMALE □ MALE D	O YOU HAVE AN ADVANCED DIRECTI\	/E (LIVING WILL)?	
HOME ADDRESS:			
		ZIP CODE:	
PRIMARY PHONE:			
Drivers License #		State:	
**** Need to ser	nd a copy/picture of your insurance c	ard (front and back) *****	
INSURANCE NAME:	SUBSCRIBER ID:	GROUP:	
SOCIAL SECURITY #:	REFERRED BY:		
NEXT OF KIN (FOR EMERGENCY):			
		;	
	CURRENT MEDICAL ROBLEMS OR CH		
1	2		
S	6		
7	8		
9	10		
LIST ANY P	HYSICIANS AND/OR PRACTIONERS Y	OU CURRENTLY SEE	
NAME:			
NAME:	SPECIALTY:		
NAME.	SPECIALTY		

LIST ANY MEDICATION THAT YOU CURRENTLY TAKE, INCLUDING OVER-THE-COUNTER

NAME	STRENGTH	DIRECTION	PRESCRIBED BY
	L		
LIST ANY	ALLERGIES TO MEDICA	TION, X-RAY DYES OR FOO	D
1	3		
2			
LIST	ANY PAST SURGERIES C	OR HOSPITALIZARTIONS	
1Y	'EAR: 4		YEAR:
2YI			
3Y	EAR:6.		YEAR:
	LIST NAY CHILDHO	OOD ILLNESS	
1	3.		
2	4		
LIST HEALT	H PROBLEMS AND CAU	SES OF DEATH IF APPLICA	BLE
LIVING/DECEASED	AGE	MEDICAL PROBLEM	15
FATHER:			
MOTHER:			
BROTHER(S):	_		
SISTER(S):			
MATERNAL FATHER:	_		
MATERNAL MOTHER:			
PATERNAL FATHER:		(MANUAL AND	
PATERNAL MOTHER:	_		

RECOR	D THE LAST YEAR YOU HAD THE	FOLLOWING, PUT N/A IF	NOT DONE.	
COLONOSCOPY:	YEAR:	FLU VACCINE:	YEAR:	
MAMMOGRAM:	YEAR:	TETANUS:	YEAR:	
PAP SMEAR:	YEAR:	PNEUMONIA:	YEAR:	
BONE DENSITY:	YEAR:	COVID:	YEAR:	
PROSTATE EXAM:	YEAR:	OTHER:		
	SOCIAL F	HISTORY		
CONSUME ALCOHOL? YES NO AMOUNT: DAILY WEEKLY: MONTHLY: SOCIAL:				
SMOKING: ☐ YES ☐ NO	CURRENT: FORMER:	AMOUNT: _	and the second s	
EXERCISE: SYES NO	OFTEN:	CARDIO:	WEIGHTS:	
MARITAL STATUS: MARRIED: SINGLE: DIVORCED: WIDOWED: OTHER:				
OCCUPATION:		COMPANY:		
PHARMACY:				
Reason for visit:				

GAD - 7

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at	Several	More than	Nearly
	all	days	half the	every
			days	day
1 Feeling nervous, anxious or on edge?	0	1	2	3
2 Not being able to stop or control worrying?	0	1	2	3
3 Worrying too much about different things?	0	1	2	3
4 Trouble sleeping?	0	1	2	3
5 Being so restless that it is hard to sit still?	0	1	2	3
6 Becoming easily annoyed or irritable?	0	1	2	3
7 Feeling afraid as if something awful might	0	1	2	3
happen?				
ADD COLUMNS				
TOTAL				

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not of	Coverel	More than	Noarly
	Not at	Several		Nearly
	all	days	half the	every
			days	day
1 Little interest or pleasure in doing things?	0	1	2	3
2 Feeling down, depressed or hopeless	0	1	2	3
3 Trouble falling or staying asleep or sleeping	0	1	2	3
too much?				
4 Feeling tired or having little energy?	0	1	2	3
5 Poor appetite or overeating?	0	1	2	3
6 Feeling bad about yourself or that you are a	0	1	2	3
failure or have let yourself or your family down				
7 Trouble concentrating on things, such as	0	1	2	3
reading the newspaper or watching television?				
8 Moving or speaking so slowly / fast that other	0	1	2	3
people could have noticed. Being so fidgety or				
restless that you have been moving around a lot				
more than usual?				
9 Thoughts that you would be better off dead	0	1	2	3
or of hurting yourself?				
ADD COLUMNS				
TOTAL				



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Cardholder Name: MasterCard VISA Other:	
Cardholder Name (as shown on card):	
Card Number:	CVV:
Expiration Date (mm/yy):	
Cardholder ZIP Code (from credit card billing a	address):
I,, authorize _ above for agreed upon purchases and automatic fees such as be saved to file for future transactions on my account.	Alva Family Practice to charge my credit card memberships, ect. I understand that my information will
Customer Signature	Date



MALE HEALTH ASSESSMENT QUESTIONNAIRE

NAME:	EMAIL:			- in a large	
TODAY'S DATE:	PHONE: _				
Please mark the appropriate box for each symptom you may be expe	eriencing.				
SYMPTOMS	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
Physical Exhaustion (fatigue, lack of energy, stamina or motivation)					
Sleep Problems (difficulty falling asleep or sleeping through the night)					
Irritability (mood swings, feeling aggressive, angers easily)					
Anxiety (feeling overwhelmed, feeling panicky, or feeling nervous)					
Decline in drive or interest (loss of "zest for life," feeling down or sad)					
Joint and muscular symptoms (poor recovery after workout, inability to add muscle, joint pain, muscle weakness)					
Difficulties with memory (concentration, finding the right word, or retaining information)					
Sexual Desire or Performance (reduced or diminished)					
Erectile changes (weaker erections, loss of morning erections)					
Ejaculations (infrequent or absent)					
Sweating (night sweats or increased episodes of sweating)					
Hair loss, rapid or thinning					
Feeling cold all the time, having cold hands or feet					
Headaches or migraines (increase in frequency or intensity)					
Weight (difficulty losing weight despite diet/exercise)					
Bladder problems (difficulty in urinating, increased need to urinate)					
Other symptoms or unique health circumstances to take into consideration:					
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BIOTE MALE HEALTH HISTORY & SYMPTOMS

PATIENT INFORMATION			
Name:	0	ate:	
Date of Birth:Age:	v	Veight:	Height:
	FOR STATE OF	A SECULAR SEC	
PATIENT QUESTIONS			
Currently trying to conceive?	☐ Yes	□No	
Desire to conceive in the future?	☐ Yes	□No	
Is patient on a 5-alpha reductase inhibitor?	☐ Yes	□No	
Is the patient on a PDE-5 Inhibitor (Cialis, Viagra, Etc.)	☐ Yes	□No	
 Is the patient on any other testosterone boosting medication (Clomid, HCG, etc.)? 	☐ Yes	□No	
Is the patient currently utilizing BHRT or HRT?	☐ Yes	□No	
If yes, select types of Hormones:	☐ Testo	sterone	☐ Thyroid
List name and dose of hormone(s):			
Is the patient currently on statins?	☐ Yes	□No	
Is the patient a smoker?	☐ Yes	□No	
Is the patient currently on oral nitrates?	☐ Yes	□No	
MEDICAL HISTORY Select all that apply:			
Fertility:	Cance	er:	
☐ Patient Wants to Maintain Fertility	□Bre	ast Cance	er
<i>"</i>	□ Act	ive Prosta	ate Cancer or History of Prostate Cancer
Cardiovascular Conditions:	☐ Th	roid Can	cer or History of Thyroid Cancer
Heart Attack or Stroke (within last 6 months)	□Me	ningioma	*
DVT or Blood Clot (within last 6 months)	☐ Pol	ycythemia	a Vera (PV)
Hypertension	□Exc	ept for B	asal Cell Carcinoma any Other Cancers?
☐ Hyperlipidemia	Nie	-lil C	andicione:
Obstructive Sleep Apnea			onditions: Geizure Disorder
☐ Pacient Takes Anticoagulant Medication ☐ Atrial Fibrillation	□ c pi	iepsy or 3	eizure Disorder
	Endo	crine and	Metabolic:
☐ Tachycardia	☐ Dia	betes Typ	pe 2 or Insulin Resistance
	□Ну	perthyroid	d
		pothyroid	
	☐ Mu	Itiple End	locrine Neoplasia Type-2





B12 Lipotropic Shot & Super B12 Complex Consent Form

A New You Health and Wellness uses pharmaceutical B12 Lipotropic and B12 Myoden combination, clinically proven to help accelerate metabolism and burn fat. They are used to enhance your current weight loss efforts i.e. following a healthy diet plan, drinking plenty of water and exercising.

How do B12 Lipotropic injections work?

Lipotropic is a fancy word for three amino acids (methionine, inositol, and choline) essential for the health of your liver. Your liver is the organ responsible for removing fat and toxins from our body, so if it is healthier, it will work better for you. B12 can give you an energy boost, which helps you to burn calories. The amino acids in the B12 Lipotropic shots are compounds that enhance liver function and increase the flow of fats and bile from the liver and gallbladder. By definition, a Lipotropic substance decreases the deposit, or speeds up the removal of fat within the liver. The key amino acids "Lipotropic" used to make these shots:

B12 Lipotropic injections include: B1, B2, B3, B5, B6, B12, and Vitamin C

- -Vitamin B12 (Hydro cobalamin) essential for helping to form new, healthy cells in the body. It also boosts energy, helping increase activity levels.
- **-Choline** supports the health of the liver in its processing and excretion of chemical waste products within the body, Moreover, it is required for the transport and metabolism of the endocrine, cardiovascular and liver systems.
- -Methionine- an amino acid important for man bodily functions. It acts as a lipotropic agent to prevent excess fat buildup in the liver and the body, is helpful in relieving, or preventing fatigue and may be useful in some cases of allergy because it reduces histamine release.

-Inositol- A nutrient belonging to the B vitamin complex, is closely associated with choline. It aids in the metabolism of fats and helps reduce blood cholesterol. Inositol participates in action of serotonin, a neurotransmitter known to control mood and appetite.

Super B12 Complex Injection Include all of the above plus:

Acetyl L-Carnitine- an amino acid (building block for proteins) that is
naturally produced in the body. It helps the body produce energy, carry fatty
acids into the cell so they can be burned as fuel and assist in the reduction
of belly fat.

Acknowledgment and Informed Consent

- 1. The nature and purpose of the injection, possible alternative methods of treatment, risks involved, possible consequences, and the possibility of complications have been explained to me.
- Each patient responds differently to medicine and may respond differently from on treatment to the next. As with all medicines, results are temporary, and regular dosing is necessary. The length of time the injectable medication lasts varies in each patient. No guarantee can be made with regard to the result or length of time it lasts.
- I understand that there are some risks with any treatment. The following is the list of
 possible risks with injection: pain or bruising of the injection site, scarring of the skin
 (unlikely), and possible skin infection- a possibility any time the skin is broken, even
 with sterile needles.
- 4. I have been given the opportunity to have all of my questions answered.

l,	have read and understand the ingredients of the
injection bei	ng administered to me, and I consent to treatment.
Signature	
Date	



We schedule our appointments so that each patient receives the right amount of time to be seen by our staff. That's why it is very important that you keep your scheduled appointment with us and arrive on time.

As a courtesy and to help patients remember their scheduled appointments, Alva Family Practice sends text messages and email reminders in advance of the appointment time.

If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you and accommodate those patients who are waiting for an appointment. As a courtesy to our office as well as to those patients who are waiting to schedule with the physician, please give us at least a 24 hour notice.

If you do not cancel or reschedule your appointment with at least 24 hour notice, we may assess a \$ 25.00 "No Show" service charge to your account. After the second no show you will be charged a \$50.00 fee.

After three consecutive "No Shows" to your appointment our practice may decide to terminate its relationship with you.

I understand the "No Show" policy of Alva Family Practice and **agree to provide a credit card to keep on file,** which may be charged \$25.00 or \$50.00 for any no show of a scheduled appointment. I understand that I must cancel or reschedule any appointment at least 24 hours in advance in order to avoid a potential no show charge to the credit card provided.

I understand that as a new patient coming in for my first appointment, I will still be accounted for paying the "No Show Fee" if I do not call in advance.
I understand that I will get charged a \$100.00 non-refundable fee at the time of making my initial appointment.
Patient Signature:
Print Patient Signature:
Data



Medical Release Form

Patient Name:		-
D.O.B	SSN:	_
Address:	City:	_
State:	Zip:	_
Phone:	Email:	
	rmation Requested Fi	rom
Name:		
Address:	City:	
State:	Zip:	
Phone:	Fax:	
	Send Information To	
Name: Alva Family Practice Phone Number: 432-312-2491	Address: 6908 Boot Ranch Rd Fax: 4324001415	l Odessa Tx 79765
I,, hereby grainformation about me, by releasing my protected health information	ng a copy of my medical record	pr a summary or narrative of
Signature		
Date		



Medical Information Release Form (HIPPA Release Form)

Name:	Date of Birth:		
Release of Information () I authorize the release of information including the diagnoses, records, examination rendered to me and claims information. This Information may be released to:			
Name:	_ Relationship:		
Name:	_ Relationship:		
Name:	_ Relationship:		
() Information is NOT to be relased to an	yone.		
This release of Information will remain in	effect until terminated by me in writing.		
Please call: () my cell () If unable to reach me: () you may le			
Signed:	Date:		



Healing the Body, Norturing the Soul, Embracing the Whole Person.

At Alva Family Practice, we believe true healing is more than a prescription or a procedure—it's a sacred journey. Health is not just physical. It's emotional. It's spiritual. And at times, healing must begin from the inside out.

Whether you follow a religion, seek spiritual peace, or simply believe in the power of hope and love—we welcome you with open hearts. Our care is rooted in compassion and guided by the understanding that medicine and faith are not in opposition—they are partners.

"A cheerful heart is good medicine." - Proverbs 17:22

We recognize that every person carries not only physical burdens, but emotional and spiritual wounds. That's why we care for the whole you—your body, your heart, and your inner life.

We respect all faiths, beliefs, and traditions
We honor your spiritual path—wherever it leads
We invite you, if you wish, to join us in prayer or reflection as part of your healing process

You are never just a number or a chart in our clinic. You are a child of purpose, a human being created with intention, and your life carries deep meaning. Your healing matters—to us, and to something greater.

Faith and Medicine—Working Together
Scientific medicine treats the body.
But faith ignites hope.
Prayer opens hearts.
Stillness brings clarity.
Gratitude rewires the mind.

And sometimes, a whispered prayer is as powerful as any prescription.

Here, you are encouraged to bring your spirituality into your healing journey. Whether it's through quiet reflection, prayer, or talking to someone who listens with love—we believe in healing from the inside out.

We Are Here to Walk With You

No matter your background, belief, or story—you are welcome.

Let us support your healing. Let us nourish your soul. Let us care for your whole being.

Because when spirit and science walk hand in hand, healing becomes not just possible—but transformational.

Healing starts with honesty. Flourishes with faith. And completes with compassion.

Come as you are. Leave lighter. Leave whole.

From all the staff at Alva Family Practice, George Alva, FNP-C

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