NATUROPATHIC ADULT INTAKE FORM

Think Positive⇨ Eat Better⇨ Exercise Often ⇨Laugh a Lot

Name _____ **Date** _____

Date of birth (D/M/Y)_____ **Sex M F (Please circle one)**

Address_____

_____

E-mail Address _____

Home Telephone Number _____ **Work** _____

May we leave messages relating to your visits? Yes / No

Which Phone Number? _____

Emergency contact: Name _____

Phone number _____ **Relation**_____

What are your health concerns, in order of importance to you :

1. _____
2. _____
3. _____
4. _____
5. _____

If you are female are you currently pregnant? Yes No (Please circle one)

Medical History

How would you describe your general state of health? Excellent Good Fair Poor

How many colds, flus and/or other acute illnesses you had in the past year?_____

Did you have any surgeries in the past? If yes, please list them

_____

_____

Do you have any allergies (medicines, environmental, etc.)?

_____

_____

Please list all current medications (prescription, over-the-counter, vitamins, herbs, homeopathics, etc.)

Name	Effectiveness of treatment

Do you get regular screening tests done by another doctor? (Pap, mammograms, bone density tests, DRE, blood tests, etc.) Yes / No

Do you feel happy with the health care team you currently have? Yes/No

Do you want me to collaborate with your other health care practitioners?
If yes, please print their full name and contact information so that I can provide them information about your naturopathic treatment plan.

_____

_____

Have you had good experiences with doctors in the past, or do you find it difficult to interact with doctors? If so, tell me about your experiences so I can understand how to best serve you.

_____

_____

How many times have you been treated with antibiotics? _____

Do you frequently use any of the following? (Please circle)
Aspirin / Laxatives / Antacids / Diet pills / Birth control pills / Implants / Injections

Emotional health Y -Yes P -Past N -No (You can circle more than one)

Depression	Y	P	N
Mood swings	Y	P	N
Anxiety or nervousness	Y	P	N
Tension	Y	P	N
Phobias	Y	P	N
Alcohol/Drug abuse	Y	P	N
Insomnia	Y	P	N

Diet

Do you eat three meals a day?_____

Do you have any food allergies or intolerances? Please list.

_____

_____

_____

Do you have any dietary restrictions (religious, vegetarian/vegan, etc.)?

_____

_____

_____

Describe a typical day's diet: Primary foods in each meal

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Beverages (and total quantity) _____

Are there any foods you exclude from your diet? Why? _____

Are there any foods that you crave specifically? (Chocolate, sweets, salty, sour, rich/fatty, breads, spicy) _____

Do you use alcoholic beverages? _____

Do you use recreational drugs? _____

Any problems with alcohol or drugs, now or in the past?_____

Do you have any issues with digestion (heartburn, gas, bloating, indigestion)? _____

How much water do you drink daily? _____

How often do you have a bowel movement? _____

Do you exercise? How often and what type?_____

Are you happy with your weight or do you wish to gain or loose weight?_____

How many hours do you sleep? Do you feel well rested when you get up?_____

On a scale of 1-10 with 1 being exhausted and 10 being very energetic, what is your energy level like? _____

Environment

How do you spend most of your time during the day (ie. career, parenting, volunteer work, etc). Do you have a job? Are you a full time parent? Does this fulfill you?

_____

_____

_____

Are you exposed to significant tobacco smoke (work, home, etc.)? Y / N
Are you frequently exposed to animals (work, pets, etc.)? Y / N
Are you regularly exposed to toxins or other hazards (work, home, hobbies, etc.)? Please describe.

_____

_____

_____

On a scale of 1 to 10, how "green" would you consider yourself?_____

How would you describe the emotional climate of your home?

_____

_____

_____

How stressful is your work, or other aspects of your life? How well do you handle these stresses?_____

What do you do for fun and how often?_____

Please indicate if you have experienced any major emotional trauma, stress, injury or accident in your life ? When was it and how did that incident impact your life?

_____

_____

_____

How much effort are you willing to put in order to feel your best?

_____

Is there anything that you feel is important that has not been covered?

_____

_____

_____

Informed Consent

Please note that this form must be signed prior to your first appointment.

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Your Naturopathic Doctor will take a thorough case history, perform a physical examination (with your permission). If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams. Blood work may be asked if ND feels that it is required to provide you the best care. It is very important that you inform your Naturopathic Doctor immediately of any disease process from which you are suffering and any medications/over the counter drugs that you are currently taking. Please advise your Naturopathic Doctor immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.
There are some health risks associated with treatment by naturopathic medicine.
These include but are not limited to:

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms. When this occurs the duration is usually short.
- Some patients experience allergic reactions to certain supplements and herbs. Please advise your Naturopathic Doctor of any allergies you may have.
- Pain, bruising or injury from acupuncture or venipuncture for blood work.
- Fainting or puncturing of an organ with acupuncture needles.
- Muscle strains and sprains or disc injuries from spinal manipulation.

Also, please remember: It takes time to get better

Some of our patients have spent many years with chronic medical problems unsolved by conventional medicine. Some are currently receiving positive and necessary treatment from one or more medical doctors or other health-care providers. Some are simply not feeling well and want to improve their general health. Whichever scenario applies to you, it is important to realize that it takes time to feel better when using naturopathic medicine. We usually tell patients to expect to visit us at least four (4) times and to expect to wait approximately two (2) months before noticing significant changes. Some patients of notice changes much sooner, but as a patient, we ask you to be patient! We are confident that with the necessary information and a consistent effort from you, we can help you; but it may take some time.

I understand:

- The clinic does not guarantee treatment results.
- My Naturopathic Doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have. I am encouraged to ask questions about assessment and treatment.
- I am free to withdraw my consent and to discontinue treatment at any time.
- I am at liberty to seek or continue medical care from a medical doctor or other licensed health care providers.
- I understand that Naturopathic services are not covered by OHIP. I agree to pay my full account at the time of each visit.

- I understand that a 48-hour cancellation policy is in effect. Full fees are applied if a 48-hour notice is not given.
- I understand that advice given via email will be only for clarification or information.

Patient /Guardian Name (please print): _____

Signature of Patient or Guardian: _____

Date: _____

Thank you for your time and patience to fill this form.