Naturopathic Intake Form

Please list **KNOWN ALLERGIES** (food or drug) or "**MEDIC-ALERT**" CONDITIONS

Today's Date		Date of Birth	
First Name	Last Name		
Address			
City	Province	Postal	
Home Phone	Work Phone		
Can we leave messages Y / N			
Email			
Emergency Contact			
Medical Doctor		Dr's Fax and Phone Number:	
How did you hear about us?			

This record of your medical history is confidential. Information it contains will not be released to any person unless you authorize me to do so.

Medications/Supplements taken		
Product	Dosage	Taken Since

1. Is your health currently getting better, worse, or staying the same?

2. What are the most significant measures which you have taken to date, to improve your state of health?

— —
— —
— —
— —

Prioritize your health-related concerns, below.

— —
— —
— —
— —
— —

What do you feel your weakest organ system is, and why? (heart, kidneys, lungs, etc.)

What is the quality of your sleep? (good/poor) How many hours do you sleep?

Difficulty falling or staying asleep? (Y/N) Do you wake frequently? (Y/N)

Do you wake refreshed? (Y/N)

Have you had any significant dental work? (Y/N) Any adverse reactions?

Have you had any recent vaccinations? (Y/N) Any adverse reactions?

Do you smoke? (Y/N) Have you quit in the last 5 years? (Y/N)

Do you drink alcoholic beverages? (Y/N) How many per week?

Do you drink caffeinated beverages? (Y/N) How many per day?

Do you do any sort of stress-relieving activities? How do you cope with stress?

Please check the appropriate the boxes.

General
- ⋆Headaches
- ⋆Poor / change in appetite
- ⋆Weight change ☐_____lbs
- ⋆Poor sleep
- ⋆Fatigue
- ⋆Chills and fevers
- ⋆Night sweats
- ⋆Excessive sweating
- ⋆Cravings ❑ Intense hunger
- ⋆Intense thirst

Skin and Hair
- ⋆Rashes ❑ Itching ❑ Hives
- ⋆ Eczema
- ⋆Acne, boils
- ⋆Loss of hair ❑ Dandruff
- ⋆Nail changes
- ⋆Recent mole colour change

Eyes Ears Nose Throat
- ⋆impaired hearing
- ⋆ear aches ❑ infections
- ⋆ringing in ears
- ⋆ear wax build up
- ⋆sinus infections
- ⋆enlarged thyroid
- ⋆recurrent sore throats / tonsillitis
- ⋆nasal obstruction
- ⋆post nasal drip
- ⋆nosebleeds
- ⋆eye strain ❑ blurry vision
- ⋆night ❑ colour blindness
- ⋆Change in Prescription Lenses
- ⋆cataracts
- ⋆itchy/red eyes
- ⋆facial pain/tics
- ⋆jaw pain or clicks
- ⋆mercury fillings
- ⋆sores in mouth
- ⋆loss of taste

Cardiovascular
- ⋆ Blood pressure
- ⋆Irregular heartbeat
- ⋆Dizziness / Fainting
- ⋆Chest pain
- ⋆Angina
- ⋆Anemia
- ⋆Easy bruising/bleeding
- ⋆Varicose veins
- ⋆Cold hands or feet
- ⋆Swelling of limbs

Date of last CBC: ___/___/_____

Muscle, Bone & Joints
- ⋆Back pain
- ⋆Muscle spasms/cramps
- ⋆Muscle weakness
- ⋆Arthritis ❑ Bursitis
- ⋆Joint pain/stiffness

Respiratory
- ⋆Difficulty breathing
- ⋆Chronic cough
- ⋆Sputum
- ⋆Pneumonia/Bronchitis
- ⋆Asthma
- ⋆Coughing blood
- ⋆Shortness of breath
- ⋆Wheezing
- ⋆Unresolved grief
- ⋆Nightmares/dreams
- ⋆Dark circles under eyes

Gastrointestinal Stomach
- ⋆Ulcers
- ⋆Hiatal Hernia
- ⋆Indigestion / Heartburn
- ⋆Gas or burping
- ⋆Bad breath
- ⋆Constipation
- ⋆Antacid use

Pancreas
- ⋆Undigested food in stool
- ⋆Diarrhea
- ⋆Nausea
- ⋆Pass gas frequently
- ⋆Chronic worry

Leaky Gut
- ⋆Abdominal pain/ cramps
- ⋆Autoimmune disease
- ⋆(family or self)
- ⋆Drink alcohol
- ⋆High dairy intake
- ⋆Constipation/Diarrhea

Colon FLora
- ⋆Coated or fuzzy tongue
- ⋆Incomplete bowel movements
- ⋆IBS or colitis
- ⋆Bad breath
- ⋆Burning ⋆ Itching Anus
- ⋆Skin erruptions/bumps
- ⋆Yeast Infections
- ⋆Anti-biotic use
- ⋆HRT or Birth Control Pill
- ⋆Intestinal pain for no reason
- ⋆Frequent illness
- ⋆Tired all the time

Liver
- ⋆Hepatitis ⋆ Jaundice
- ⋆Difficulty with fatty foods
- ⋆Burning Feet
- ⋆Drink Alcohol
- ⋆Sensitive to fumes/chemicals/smells
- ⋆Brown spots on skin
- ⋆Chronic anger/frustration

Neurological
- ⋆Depression
- ⋆Irritable
- ⋆Poor memory
- ⋆Dizziness
- ⋆Lack of co-ordination
- ⋆Seizures
- ⋆Concussion
- ⋆Numbness of feet
- ⋆Emotional fluctuation

Genito-Urinary
- ⋆Frequent ⋆ urgent urination
- ⋆Pain on urination
- ⋆Recurrent urinary tract infections
- ⋆Wake at night to urinate
- ⋆Incontinence
- ⋆Kidney stones ⋆ infections
- ⋆Sores on genitals
- ⋆Blood in urine
- ⋆ Day to day fear

Adrenal Fatigue
- ⋆ Difficulty maintaining chiropractic adjustments
- ⋆ Crave salt
- ⋆ Low Blood Pressure
- ⋆ Slow recovery from colds
- ⋆ Muscular or nervous exhaustion
- ⋆ Abrupt stop of menstruation
- ⋆ Chronic fatigue

  Slow start in morning

Adrenal Stress
- ⋆ Anxiety
- ⋆ Trouble sleeping
- ⋆ Craving coffee or sweets in am
- ⋆ Shaky/dizzy when delayed meals
- ⋆ Retaining water
- ⋆ Under a lot of stress?
- ⋆ Tired/sleepy in afternoon
- ⋆ Eat refined sugar/sweets

Female
- ⋆Irregular ⋆ Painful periods
- ⋆Heavy ⋆ Light Flow
- ⋆Blood clots
- ⋆Using birth control _____
- ⋆Pain during intercourse
- ⋆Vaginal discharge ⋆ itching
- ⋆Yeast infections
- ⋆STD's ⋆ Vaginal sores
- ⋆Sore breasts
- ⋆Do self breast exams?

Date of last Pap _____
Age of first menses _____

Menopausal Y N
Age of last menses _____

Pregnant? Y N
Number of: pregnancies _____
abortions _____
miscarriages _____
births _____

Male
- ⋆ Testicular masses
- ⋆ Do testicular self-exams
- ⋆ Testicular pain
- ⋆ Impotence
- ⋆ STD's
- ⋆ Discharge sores
- ⋆ Prostate problems

Family History			
✯ Check here if you were adopted (biological family history unknown)			
Family Member	Age if Alive	Age at Death	Ailments
Mother			
Her Mother			
Her Father			
Father			
His Mother			
His Father			
Children			
Siblings			

INFORMED CONSENT TO NATUROPATHIC TREATMENT

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors (N.D.'s) assess the whole person, including physical, mental, emotional and spiritual aspects of the individual. N.D.'s used a variety of therapeutic approaches, either alone, or in combination. These include nutritional and lifestyle counseling, nutritional supplementation, Asian medicine and acupuncture, botanical medicine, homeopathy and physical medicine.

This is to acknowledge that I have been informed and I understand that:

1) any treatment or advice provided to me as a patient of Kirsten Almon N.D., Erica Nikiforuk N.D., Aisling Lanigan N.D., Tiffany Wyse N.D., R.H, Ashley Chauvin N.D., and Olivia Chubey N.D. is not mutually exclusive of any treatment or advice that I may now be receiving or may in the future receive from another licensed health care provider;

2) I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario;

3) Kirsten Almon N.D., Erica Nikiforuk N.D., Aisling Lanigan N.D., Tiffany Wyse N.D., R.H., Ashley Chauvin N.D., and Olivia Chubey N.D. have not suggested or recommended to me to refrain from seeking or following the advice of another licensed health care provider;

4) The treatment and therapies rendered or recommended by Kirsten Almon N.D., Erica Nikiforuk N.D., Aisling Lanigan N.D., Tiffany Wyse N.D., R.H., Ashley Chauvin N.D., and Olivia Chubey N.D. may be different from those usually offered by a medical doctor or other licensed health care provider.

5) There are some risks, however rare, to Naturopathic Medicine. These include but are not limited to:
   - aggravation of pre-existing symptoms,
   - allergic reaction to supplements or herbs,
   - pain, bruising or injury from acupuncture,
   - fainting or puncturing of an organ with acupuncture needles.

I declare that I have received a full and complete explanation of the treatment or services that I may receive at the Erin Mills Optimum Health by Kirsten Almon N.D., Erica Nikiforuk N.D., Aisling Lanigan N.D., Tiffany Wyse N.D., R.H., Ashley Chauvin N.D., and Olivia Chubey N.D. hereby authorize and consent to treatment by Kirsten Almon, Erica Nikiforuk, Aisling Lanigan, Tiffany Wyse N.D., Ashley Chauvin N.D., and Olivia Chubey N.D. I intend this consent to apply to all my present and future naturopathic care.

_____ _____

Signature of patient Date

_____ _____

Name of patient printed Doctor's signature

NATUROPATHIC FEE SCHEDULE

I understand that the fees are as follows:

VISIT	FEE
INITIAL EXAM	$200.00 (adult) $180.00 (*child)
Subsequent Visits	$110.00 (adult) $100.00 (child)
Acupuncture & Craniosacral	$110.00
Phone consultation	$30.00 to $110.00

*Child is anyone under the age of 12 years.

Arranged telephone consultations with the doctor: $10.75 for every 5 minutes (Based on an hourly rate).
There are separate fees for treatments involving the administration of specialized substances (e.g. B12/folic acid intra-muscular injection) based on the amount of substance used. The fee will be discussed before treatment is administered.

Extended health care benefits may also cover naturopathic treatment. Please check your plan details or call your human resources.

Please note that there is a 24-hour cancellation policy. If 24 hours notice is not given, a $50.00 missed appointment fee will be charged.

I agree to pay my account in full at the time of each visit or treatment.

I acknowledge that I may purchase products prescribed by Kirsten Almon N.D., Erica Nikiforuk N.D., Aisling Lanigan N.D., Tiffany Wyse N.D.,R.H., Ashley Chauvin N.D., and Olivia Chubey N.D. or any health food store.
Please sign that you have read the above and you acknowledge the fee schedule.

Signature_____ Date _____