



Date: _____

Naturopathic Patient Intake Form

Name: _____ Date of Birth: _____

Are you related to any other patients? _____

Sex: M F Marital Status: Single Married Divorced Widowed

Profession: _____

Cultural Heritage: _____ Place of Birth: _____

How did you find our clinic? Please circle one below.

Referral _____ Google Yellow pages Canpages 411.ca yellowpages.ca

Canpages.ca Naturalcareclinic.ca Other _____

Please provide your contact information:

Address: _____ Home Telephone: _____

City: _____ Work Telephone: _____

Postal Code _____ Cell Telephone: _____

Email address: _____

Emergency Contact Information:

Who can we contact in an emergency situation?

How are you related to this person? (i.e. Mother/Father, Wife/Husband): _____

Home Telephone: _____ Work Telephone: _____

Have you ever seen a Naturopath before? No Yes _____

Who is your Medical Doctor and when was the last visit? _____

Who is your Specialist? _____

Who is your Chiropractor? _____

Who is your massage therapist? _____

Who is your Dentist and when was the last visit? _____

List Any Known Allergies:

Daily Diet

Please indicate what you would ingest during the course of a day.

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Liquid: _____

Medical History

What is your main reason for treatment? _____

How long have you been suffering with this condition? _____

What diagnosis has your medical doctor given you? _____

What prescription drugs are you currently taking? This includes the birth control pill for women. Please include medication dose if possible.

What prescription drugs have you taken in the past? Please include dose if possible. _____

What supplements are you currently taking? _____

Please provide the date and type of medical intervention, such as surgery, hospital visits or disease diagnosis dates:

Date	Description
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever has any of the following illnesses? Please circle

- | | | |
|----------------|----------------|--------------|
| Measles | Whooping Cough | Pneumonia |
| German Measles | Chicken Pox | Polio |
| Mumps | Small pox | Pleurisy |
| Scarlet Fever | Tuberculosis | Other: _____ |



Informed Consent for Naturopathic Treatment and Cancellation Policy

Naturopathic medicine is the treatment and prevention of disease 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 and may request urine samples or require blood tests.

It is very important that you inform your Naturopathic Doctor immediately of any disease process that you are suffering from 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 will be provided with a treatment protocol, alternative courses of action, the material effects, costs, expected benefits, risks, and side-effects and in each case the consequences of not following the treatment advised.

There are some slight 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, however beneficial for your health.
- Some patients may experience previously unknown allergies to herbs or supplements. Please advise your Naturopathic Doctor of any known allergies you may have.
- Pain, bruising, or injury from acupuncture, followed by pain relief.

I understand:

- That Natural Care Clinic does not guarantee treatment results.
- That my Naturopathic Doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have.
- That I am free to withdraw my consent and to discontinue treatment at any time.
- **That if I miss an appointment or cancel an appointment without 24 hours prior notice, a cancellation fee of \$50 will apply to the missed or cancelled visit.**

I have read the above and hereby give consent to Naturopathic treatment.

Patient Name: _____ (please print name)

Signature of Patient: _____ Date: _____