



Pediatric Intake Form

Personal Information:

Date: _____

Child's Name: _____ Date of Birth: _____

Sex: M F (please circle)

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 _____

Mother's Name: _____ Father's Name: _____

Contact Information:

Address: _____ Home Telephone: _____

City: _____ Work Telephone: _____

Postal Code _____ (Circle one: Mother's or Father's)

E-mail address: _____ Cell Telephone: _____

(Circle one: Mother's or Father's)

Emergency Contact Information:

Who can we contact in an emergency situation? _____

Relation to child (i.e. Mother/Father): _____

Home Telephone: _____ Work Telephone: _____

Has your child seen a Naturopathic Doctor before? Yes No

List Any Known Allergies:

Daily Diet

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

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Liquid: _____

Medical History

What is the main reason for treatment? _____

How long has your child been experiencing these symptoms or condition?

Have you received a diagnosis from your medical doctor?

Name of MD, city where they practice and date of last visit

Name of specialist, city where they practice and date of last visit:

What pharmaceutical drugs is your child currently taking? This includes Tylenol and cold medication. Please include frequency.

What prescription drugs has your child taken in the past? Please include dose if possible?

What supplements is your child currently taking?

Please provide the date and type of medical intervention, such as surgery or hospital visits.

Date	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has your child had 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 Parental Consent for Naturopathic Treatment

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 child's Naturopathic Doctor at Natural Care Clinic 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 child's Naturopathic Doctor immediately of any disease process that your child is suffering from and any medications/over the counter drugs that your child is currently taking.

As a parent, you will receive information about your child's 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 is 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 child's Naturopathic Doctor of any known allergies your child may have.
- Muscle strains and sprains or disc injuries from manipulation.

I understand:

- That Natural Care Clinic does not guarantee treatment results.
- That my child's Naturopathic Doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have.
- **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.**
- That I am free to withdraw my consent and to discontinue my child's treatment at any time.

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

Patient Name: _____ (please print name)

Parent or Guardian's Name: _____ (please print name)

Signature of Parent or Guardian: _____ Date: _____