

Naturopathic Medical Intake Form

* All information will be respected and for clinic use only.

Last Name : _____ First Name : _____

Date of Birth : ____/____/____
Year Month Day

Address : _____ City : _____

Postal Code : _____

Home # : (____) _____ Office # : (____) _____

Email : _____

Emergency Contact : _____

Relationship : _____ Phone # : _____

OTHER HEALTH PROVIDER(S) INFORMATION

Family Physician: _____ Phone: () _____

Other Health Care Provider(s): _____ Phone: () _____

_____ Phone: () _____

Do you have extended medical coverage () Yes () No

Name of Employer : _____ Job Position : _____

Marital Status : Single Married Widowed Divorce

Number of Children : _____ (if any)

Your General Health is: () Excellent () Good () Fair () Poor

Energy Level : 0 1 2 3 4 5 6 7 8 9 10 (10 = best)

Number of times you exercise (30 min) : () 0 () 1-2 () 3-5 () over 5/wk

Major health concerns in order of importance;

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

Family History (includes parents, grandparents, siblings and close relatives)

Please indicate (√) if it applies to your family.

Anemia		Diabetes	
Thyroid Issues		Heart Disease	
Eczema / Allergies		High Cholesterol	
Cancer		High Blood Pressure	
Arthritis		Alcoholism	
Seizures		Psychological Issues	
Man's Health Issues		Asthma	
Woman's Health Issues		Eye Issues	

Other health issues _____

Any known allergies (food/medicine):

Stresses that you experiencing currently?

Loss of someone close

Abusive Relationship

Illness in someone close

Pregnancy

Loss of job

Alcohol/drug addiction

Moving Stress

Stress at work

Stress in Relationship

Abuse

Separation

Others _____

Religion : _____

How did you learn about us? Friend Relative Health Care Professional Flyers Signage

Name: _____

We would like to show our appreciation to them !

Declaration and Consent to Treat

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. Naturopathic doctor will take a thorough case history, perform a physical examination, including a breast exam and take blood and urine samples. If your case requires, the physical may include more specific examinations such as rectal, prostate or genital exams.

It is very important that you inform your 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 him 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 slight health risks associated with treatment by Naturopathic medicine.

These include but are not limited to:

- Some patients experience allergic reactions to certain supplements and herbs. Please advise your doctor of any allergies you may have.
- Fainting or puncturing of an organ with acupuncture needles. Doctor are trained to handle emergencies should the need arise.
- Pain, bruising or injury from blood draw or acupuncture or intravenous therapy.

I understand:

- I have read all the foregoing information and I understand that the ultimate responsibility for my health is my own.
- The 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.
- I am free to withdraw my consent and to discontinue treatment at any time.

Client Name (Please Print) : _____

Signature (Client or Guardian): _____ Date : _____