

NEW PATIENT INTAKE FORM
PERSONAL INFORMATION

(Please Print Clearly)

Today's Date: _____

Full (Legal) Name: _____	BC MSP#: _____
Home Address: _____	Are you on MSP Premium Assistance? _____
City / Prov.: _____ / _____ Postal Code: _____	Marital Status: _____ Gender: _____
Mailing Address: _____	Birthdate (M/D/Y): _____ Age: _____
City / Prov.: _____ / _____ Postal Code: _____	Family Doctor: _____
Cell #: _____ Fax #: _____	Family Doctor Phone: _____
Home #: _____ Work #: _____	Emerg. Contact (name): _____
Email Address: _____	Relationship: _____ Emerg. #: _____
# of children: _____ Currently pregnant? _____	Extended Health Insurance Provider: _____
Height: _____ Weight: _____	Naturopathic coverage: \$ _____ per year
Blood type: _____ Blood pressure: _____	Occupation: _____
Pulse rate: _____ Blood sugar: _____	Employer: _____

HEALTH STATUS

List your CURRENT HEALTH CONCERNS by priority and describing diagnosis (name of condition), tests performed, symptoms (what you experience), when it started, what makes it better or worse, what treatments have been used and their effects:

Please list your PAST MEDICAL HISTORY including childhood diseases, surgeries, accidents, infectious diseases, degenerative conditions, allergies, hospitalizations, abuse of drugs/alcohol/cigarettes, major stress situations, genetic disorders, etc:

Please list the CURRENT MEDICATIONS you are using including dosages, duration of use, reason for use and its effects:

List the CURRENT SUPPLEMENTS (e.g. vitamins, minerals, herbs) you are using including dosages, duration and reason for use:

SURVEY

Have you seen a Naturopathic Physician this year? _____ If so, with whom? _____

How many times? _____ Why? _____

How did you hear about our Clinic? _____

What are your goals for your visits? _____

On a scale of 1 to 10 (1 being very poor, 10 being excellent), rate the status of your health and well-being today:

1 2 3 4 5 6 7 8 9 10

NEW PATIENT CHECK-LIST FORM

Please check any of the following health conditions that you have experienced in the past 12 months.

<p>NECK</p> <p><input type="checkbox"/> Neck pain</p> <p><input type="checkbox"/> Neck feels out of place</p> <p><input type="checkbox"/> Stiff neck</p> <p><input type="checkbox"/> Muscle spasms in neck</p> <p><input type="checkbox"/> Grinding sounds in neck</p> <p>ARMS</p> <p><input type="checkbox"/> Tight shoulder muscles</p> <p><input type="checkbox"/> Pain in shoulder joint</p> <p><input type="checkbox"/> Pain in upper arm</p> <p><input type="checkbox"/> Elbow pain</p> <p><input type="checkbox"/> Pain in forearm</p> <p><input type="checkbox"/> Pain in wrist/hands</p> <p><input type="checkbox"/> Pins and needles in hands</p> <p><input type="checkbox"/> Fingers go to sleep</p> <p><input type="checkbox"/> Numbness in fingers</p> <p><input type="checkbox"/> Cold hands</p> <p><input type="checkbox"/> Swollen joints in fingers</p> <p><input type="checkbox"/> Sore joints in fingers</p> <p><input type="checkbox"/> Hands sweat</p> <p>RIB CAGE</p> <p><input type="checkbox"/> Pain between shoulder blades</p> <p><input type="checkbox"/> Chest pain</p> <p><input type="checkbox"/> Pain in rib area</p> <p>LOW BACK</p> <p><input type="checkbox"/> Low back pain</p> <p><input type="checkbox"/> Low back feels out of place</p> <p><input type="checkbox"/> Low back muscle spasms</p> <p>LEGS</p> <p><input type="checkbox"/> Pain in buttocks</p> <p><input type="checkbox"/> Pain in hip joints</p> <p><input type="checkbox"/> Pain or pins and needles</p> <p><input type="checkbox"/> Painful joints in toes</p> <p><input type="checkbox"/> Numbness of legs/feet/toes</p> <p><input type="checkbox"/> Cold feet</p> <p><input type="checkbox"/> Swollen ankles</p> <p><input type="checkbox"/> Hurts to walk</p> <p>GENERAL</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Weight loss</p> <p><input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Indigestion</p> <p><input type="checkbox"/> Pain in abdomen</p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Nervousness</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Irritability</p> <p><input type="checkbox"/> Do annual physical check-ups</p> <p><input type="checkbox"/> Do regular lab blood work</p> <p><input type="checkbox"/> Bowel movements /day</p> <p><input type="checkbox"/> BM consistency _____</p>	<p>CONDITIONS</p> <p><input type="checkbox"/> HIV positive</p> <p><input type="checkbox"/> AIDS</p> <p><input type="checkbox"/> Hepatitis</p> <p><input type="checkbox"/> Hemophilia</p> <p><input type="checkbox"/> Sexually transmitted disease</p> <p><input type="checkbox"/> Other contagious disease</p> <p><input type="checkbox"/> Yeast infection (Candida)</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Congenital disease</p> <p><input type="checkbox"/> Multiple sclerosis</p> <p><input type="checkbox"/> Rheumatoid arthritis</p> <p><input type="checkbox"/> Osteoporosis</p> <p>EYES</p> <p><input type="checkbox"/> Eye pain</p> <p><input type="checkbox"/> Sensitive to light</p> <p><input type="checkbox"/> Loss of vision</p> <p><input type="checkbox"/> Blurred vision</p> <p><input type="checkbox"/> Difficulty seeing at night</p> <p><input type="checkbox"/> Itchy, inflamed or infected</p> <p>EARS</p> <p><input type="checkbox"/> Loss of hearing</p> <p><input type="checkbox"/> Loss of balance</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Ear pain</p> <p><input type="checkbox"/> Ringing in ears</p> <p>MOUTH</p> <p><input type="checkbox"/> Sores on lip/mouth</p> <p><input type="checkbox"/> Loss of taste</p> <p><input type="checkbox"/> Painful gums or tongue</p> <p>THROAT</p> <p><input type="checkbox"/> Sore throat or hoarseness</p> <p><input type="checkbox"/> "Something" in throat</p> <p><input type="checkbox"/> Difficulty swallowing</p> <p>NOSE</p> <p><input type="checkbox"/> Loss of smell</p> <p><input type="checkbox"/> Nose pain</p> <p><input type="checkbox"/> Nosebleeds</p> <p>LUNGS</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Difficulty breathing</p> <p><input type="checkbox"/> Chronic cough</p> <p><input type="checkbox"/> Chronic phlegm/mucus</p> <p><input type="checkbox"/> Chronic infections</p> <p>IMMUNITY</p> <p><input type="checkbox"/> Frequent colds & flus</p> <p><input type="checkbox"/> Food allergies</p> <p><input type="checkbox"/> Environmental allergies</p> <p><input type="checkbox"/> Had vaccination shots</p> <p><input type="checkbox"/> Regular flu shots</p> <p><input type="checkbox"/> Use antibiotics</p> <p><input type="checkbox"/> Auto-immune condition</p>	<p>CIRCULATORY</p> <p><input type="checkbox"/> Pounding of heart</p> <p><input type="checkbox"/> Heart seems to skip a beat</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> Varicose veins</p> <p><input type="checkbox"/> Cold hands and feet</p> <p>KIDNEYS</p> <p><input type="checkbox"/> Pain during urination</p> <p><input type="checkbox"/> Frequent urination</p> <p><input type="checkbox"/> Difficulty passing urine</p> <p><input type="checkbox"/> Urine smells</p> <p><input type="checkbox"/> Discoloured urine</p> <p>SKIN</p> <p><input type="checkbox"/> Rashes or sores</p> <p><input type="checkbox"/> Eczema or psoriasis</p> <p><input type="checkbox"/> Bruise easily</p> <p><input type="checkbox"/> Itching</p> <p><input type="checkbox"/> Discoloured</p> <p><input type="checkbox"/> Sensitive to touch</p> <p>HEAD</p> <p><input type="checkbox"/> Light-headedness</p> <p><input type="checkbox"/> Fainting</p> <p><input type="checkbox"/> Loss of memory</p> <p><input type="checkbox"/> Difficulty concentrating</p> <p><input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Migraines</p> <p>MENSTRUATION</p> <p><input type="checkbox"/> Menstrual cramping/pain</p> <p><input type="checkbox"/> Irregularity of cycle</p> <p><input type="checkbox"/> Recent change in cycle</p> <p><input type="checkbox"/> Menopausal hot flashes</p> <p>LIFESTYLE (circle all applicable items)</p> <p><input type="checkbox"/> Drink coffee/tea/pop</p> <p><input type="checkbox"/> Drink beer/wine/liquor</p> <p><input type="checkbox"/> Smoke cigarette/cigar/pot</p> <p><input type="checkbox"/> Trouble sleeping/relaxing</p> <p><input type="checkbox"/> Recreational drug use/abuse</p> <p><input type="checkbox"/> Exercise regularly/seldom</p> <p><input type="checkbox"/> Relationship problems</p> <p><input type="checkbox"/> Unhealthy work conditions</p> <p><input type="checkbox"/> Other stressful conditions</p> <p><input type="checkbox"/> Eat red meats/chicken/eggs/fish</p> <p><input type="checkbox"/> Eat cold cuts/sausages/hot dogs</p> <p><input type="checkbox"/> Eat cheese/yogurt/ice cream/milk</p> <p><input type="checkbox"/> Eat bread/pasta/rice/potatoes/cereal</p> <p><input type="checkbox"/> Eat sugar/chocolate/candies/chips</p> <p><input type="checkbox"/> Eat fresh/frozen/canned vegetables</p> <p><input type="checkbox"/> Eat fresh/frozen/canned fruit</p> <p><input type="checkbox"/> Drink tap/filtered/spring water</p> <p><input type="checkbox"/> Drink fresh/canned/bottled juices</p> <p><input type="checkbox"/> Cook with microwave/aluminum</p> <p><input type="checkbox"/> Eat often in restaurants/fast food</p> <p><input type="checkbox"/> Use salt regularly</p> <p><input type="checkbox"/> Eat mostly organic/non-organic</p>
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FINANCIAL POLICY

MSP POLICY FOR B.C. RESIDENTS

Non-insured Fee (Office Fee):

Naturopathic Doctors (ND) are registered with the College of Naturopathic Physicians of BC. There is a fee charged for consultations based on the amount of time spent with the ND. Please review the information below for more details.

Insured Fee (MSP Fee):

If you have a valid BC Medical and are receiving **MSP premium assistance**, you will be reimbursed **\$23.00** for each consultation (up to a combined maximum of 10 visits). Premium assistance patients are insured for a total of 10 visits per calendar year for any combination of services provided by the following licensed health professionals: Naturopathic Physicians, Chiropractors, Registered Massage Therapists, Physiotherapists, and Podiatrists. For example: 8 visits to a Naturopath, 2 visits to a Chiropractor equals the 10 visit insured maximum limit. If you have used up your allowable visits for the year, then no more reimbursements can be issued. We submit a MSP card on your behalf (with your signature) so that you can receive the partial reimbursement for all eligible consultations. The MSP will mail a cheque directly to your home address (processing will take approximately 6 to 8 weeks).

PLEASE NOTE: As of January, 2002 only patients who have MSP Premium Assistance are eligible for reimbursement.

Extended Health Coverage:

Some extended health insurance plans cover Naturopathic services. Please verify with your Extended Healthcare provider whether consultations, testing, and/or treatments are covered under your plan. We will issue a receipt for you to submit to your extended health insurance carrier at each visit.

NATUROPATHIC SERVICES

<u>Consultation</u>	<u>Duration</u>	<u>Fee</u>
Initial visit	30 to 60 minutes	\$100.00 to \$200.00
Follow-up visit	15 to 30 minutes	\$50.00 to \$100.00

Initial appointments are generally 30 to 60 minutes long.

Follow-up visits are generally 15 to 30 minutes long.

Extra charges apply with extended visits billed for every minute at \$3.00 per minute.

Consultation fees are based on amount of time spent consulting with the doctor.

For out of country patients, consultation fees are based on \$6.00 per minute.

- Charges are based on time spent with the physician with a minimum of 15 minute charge per visit.
- 48-hour notice is required for cancellations or you will be billed a cancellation fee.
- \$25 processing fee for NSF cheques.
- All services and products sold are subject to GST.
- The clinic reserves the right to change fees at any time without notice.
- Please see the Clinic Policy posted at the Clinic for current fee guidelines and policies.

By signing the bottom of this policy, you are indicating that you have read and understood the above statements and agree to pay upon receiving the products and services as outlined.

Signature: _____ **Date:** _____

Please indicate, "Yes" or "No", regarding the use of your email address for subscription to our E-Newsletters, Clinic announcements and appointment reminders:

Yes _____ No _____

INFORMED CONSENT TO NATUROPATHIC TREATMENT

Naturopathic Medicine uses natural approaches to the treatment and prevention of disease. Naturopathic Doctors (ND) take into account physical, mental and emotional aspects of the individual and develop treatment protocols based upon the unique needs of each individual. NDs generally use natural and non-invasive treatment modalities with the intention of stimulating the body's own inherent healing abilities.

Naturopathic Treatment Modalities

Dietary Counselling and Nutritional Supplements

Diet and Nutrition are used to address possible nutrient imbalances and/or deficiencies, to treat and/or prevent illness and to improve overall health. This may include recommendations of inclusion and/or avoidance of particular foods, and the use of nutritional supplements that may include vitamins, minerals and/or other nutrients, plant and/or animal matter, enzymes, or amino acids.

Lifestyle and Wellness Counselling/Coaching

Your ND will help you to identify the lifestyle factors that may be negatively impacting your health. This may include identifying risk factors for illness and providing recommendations for reducing your risk.

Botanical (Herbal) Medicine

Refers to the use of plant-derived products in the treatment and/or prevention of illness and can include teas, tinctures (alcohol-based preparations), baths, topical applications (creams, ointments, etc.), capsules or tablets.

Intravenous (IV) Therapies

Intravenous therapies are used as an effective means of delivering nutrients, herbal extracts, and other substances such as chelating agents through the veins. In this way absorption is ensured and the therapeutic dosage can bring quicker results. Several different types of intravenous therapies may be utilized including chelation, ozone, and vitamin C therapies, among others.

Esthetic Medicine

Esthetic medicine may involve the use of Mesotherapy that includes the use of intradermal injections of nutrients and homeopathic preparations to improve skin tone. This may also include the use of Cryotherapy where freezing is used to remove unwanted tissues on the skin.

Oriental Medicine and Acupuncture

Can include acupuncture (the insertion of thin, sterile needles into specific points in the skin and underlying tissues, diet therapy (the recommendation to eat and/or avoid particular foods), moxa or moxibustion (the burning of a stick of compressed herb over acupuncture needles that have been inserted into the skin and underlying tissue), herbal formulas, and the examination of the tongue and pulse for diagnostic purposes.

Homeopathy

Refers to the use of minute doses of plant, mineral and/or animal matter to treat and/or prevent illness.

Physical Medicine

Physical medicine can include the use of soft tissue and spinal/joint manipulation as well as hydrotherapy (the use of hot and/or cold water to manipulate the circulation of blood and lymphatic fluid in the body and to stimulate the immune system.) This may also include the use of Laser therapy to help heal chronic tissue inflammation and injuries by using low-intensity lasers and infrared lights to warm the tissues and improve circulation.

Consultation Visits

Consultations can vary depending upon your requirements or requests. Initial consultations and interpretation of test results make take approximately 30 to 60 minutes, while most follow-up consultations are approximately 15 to 30 minutes. The initial consultation may include an extensive health history review, a detailed discussion of your main health concerns, and physical examination as required.

Your ND may request information, such as results of recent tests that may have been performed, from your other healthcare practitioners (medical doctor, chiropractor, etc.) in order to create a complete health profile. Your ND

may recommend laboratory blood tests, biochemical tests, and/or other tests as required. You will be informed of the cost of all tests before they are performed and have the right to refuse any test.

Treatment Risks

Naturopathic medicine utilizes primarily non-invasive and low-risk treatment modalities. You will be informed of the cost of all treatments before they are performed and have the right to refuse any treatment. However, all therapies are associated with some potential risks. Side effects from naturopathic treatments are relatively uncommon but can include (but not limited to):

Aggravation of symptoms, allergic reactions to herbs or supplements, complications from acupuncture (pain, bruising, bleeding, lightheadedness or fainting, nausea and vomiting, puncture or internal organs), injury to soft tissues and/or joints/bone/spine arising from the use of physical medicine, accidental burns associated with the use of moxa, unforeseen interactions between recommended herbs/supplements and over the counter or prescription medications, or pain, bruising, infiltration, bleeding, lightheadedness or fainting arising from injection treatments.

Confidentiality

A record of all interactions with your ND including health history, exams/tests performed and treatments recommended will be kept by your ND at the Clinic (Unit 403, 2150 West Broadway, Vancouver, B.C.). This record is kept strictly confidential and is not released to others without written consent provided by you or your representative or unless your ND is required to do so by law. Information from your file may be used for the purposes of research, teaching, or development of treatment protocols. In all cases, your identity will be protected. In the event that you require naturopathic consultation and/or treatment and your regular attending ND is not available, the ND substituting for your regular ND will be permitted full access to your naturopathic health record for the purposes of providing you with appropriate advice and/or treatment.

STATEMENT OF CONSENT

I understand the description of the treatment modalities that my naturopathic doctor may recommend for me. I understand that there may be potential risks and side effects of naturopathic treatment and that my naturopathic doctor cannot anticipate and/or explain all risks and complications that may arise. I agree that any questions or concerns that I may have about my naturopathic care will be addressed with my naturopathic doctor immediately. I understand that my naturopathic doctor, like all medicine, cannot guarantee results. I further understand that advice and/or treatments offered to me by my naturopathic doctor are not intended to substitute for or replace advice and/or treatment provided by my other healthcare practitioners.

With this knowledge I voluntarily consent to the diagnostic and therapeutic procedures outlined above which may be recommended by my naturopathic doctor except for (please list exceptions, if any).

This consent form is intended to apply to the entire course of my care by my naturopathic doctor (and/or naturopathic doctor substituting for him/her). I understand that at any time I may (in writing) withdraw consent for any further treatment and discontinue treatment at any time.

Signature of Patient or Guardian

Date