

GREEN HEART NATUROPATHIC CLINIC

ADULT INTAKE FORM

Date _____

First Name: _____ Last Name _____

Date of Birth: _____ Age: _____

Address: _____

Home number: _____ Cell phone number: _____

Emergency contact and number:

What is your preferred method of contact? Email Cell phone Home phone

Email: _____

Family Doctor: _____ Family Doctor phone number: _____

Family Doctor fax number: _____

How did you hear about us? _____

PERSONAL INFORMATION AND MEDICAL HISTORY

What are your other health concerns in order of importance?

1. _____
2. _____
3. _____

What are your main Goals for Treatment?

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

Allergies (food, drugs and environmental):

Please list current medications and dosages:

Please list current natural health products, supplements, herbs and homeopathic remedies:

Please list any lab work, X-ray, MRI/CT scans, ultrasound or other studies you have had in the last year:

PRIVACY POLICY

The Clinic understands the importance of protecting your personal information. Below is an outline of how our office is using and disclosing of your information.

The office will collect, use and disclose only necessary information about you for the following purposes

- To collect information for assessments conducted by our practitioners
- To collect fees for services and dispensary purchases
- Seminars, workshops and surveys to promote patient education (optional)

Your information will be disclosed to the following individuals

- All healthcare practitioners employed at The Clinic
- To any emergency service personnel dispatched If one's life is endangered

We will only share your information with your consent. Storage, retention and destruction of your personal information complies with existing legislation and privacy protocols set out by College of Naturopaths of Ontario (CONO) and Ontario's Personal Health Information Protection Act (PHIPA).

Name (Print): _____

Signature: _____

Date: _____ (Please turn the page)

INFORMED CONSENT

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. Your visit may consist of a thorough case history and a screening physical examination. Treatments recommended include botanical medicine, Traditional Chinese Medicine and acupuncture, homeopathy, clinical nutrition, hydrotherapy and physical therapy such as spinal adjustments, exercises and massage.

It is important that I am informed of any diseases that you are suffering from and if you are on any medication or over the counter drugs, supplements or herbal products. If you are pregnant, become pregnant or are breast-feeding, please let your doctor know immediately.

The health risks associated with naturopathic medical treatment may include but are not limited to: aggravation of pre-existing symptoms; allergic reactions to supplements or herbs; pain, bruising or injury from acupuncture; fainting or puncturing of an organ with acupuncture needles. Results are not guaranteed and not all risks and complications can be anticipated and explained.

Naturopathic medical care is not covered under OHIP but may be covered by your extended health insurance. Please check with your plan. Direct billing is available at the clinic for most insurance companies.

I understand:

- The clinic does not guarantee treatment results and naturopathic therapies may take time to improve my condition.
- That my Naturopathic Doctor, will explain to me the exact nature of any treatment provided, the risks of treatment, alternatives to undergoing treatment and the risks of not undergoing treatment and will answer any questions I may have to the best of her ability.
- Any treatment or advice provided to me by my ND is not mutually exclusive from any treatment or advice that I may be receiving now or in the future from another licensed health care provider.
- 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. No employee, agent, or anyone else under the clinic's direction or control is suggesting or recommending to me to refrain from seeking or following the advice of another licensed health care provider.
- That I am responsible for the fees incurred during care and treatments.
- That I am free to withdraw my consent and to discontinue treatment at any time.
- I also confirm that I have the ability to accept or reject this care of my own free will and I am not an agent of any private, local, provincial, or federal agency attempting to gather information without stating. I accept full responsibility for any fees incurred during care and treatment.

By signing the intake form, you are agreeing to the above terms and consent to treatment by the Naturopathic Doctor

I intend this consent to apply to all present and future naturopathic care.

Name (please print): _____

Date: _____

Signature of Patient or Guardian: _____

