

## HEALTH HISTORY INTAKE FORM

Naturopathic health care and preventative medicine are only possible when the physician has a complete and thorough understanding of you, physically, mentally, and emotionally. Please complete this questionnaire as thoroughly as possible. All information is *confidential*. Please mark anything you do not understand with a question mark.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Names of other Healthcare Providers:

Chiropractor: \_\_\_\_\_

Massage Therapist: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F

Birthday (Day//Yr): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status: \_\_\_\_\_

Children (Sex/Age): \_\_\_\_\_

Mob. Phone: \_\_\_\_\_

How did you hear about us? ☐ newspaper ad ☐ friend ☐ yellow pages ☐ other \_\_\_\_\_

Private Health fund: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Specialist: \_\_\_\_\_

### YOUR MAIN HEALTH CONCERN(S): (please list in order of importance)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

When did your problem(s) begin (be specific)? \_\_\_\_\_

Have you been given any diagnosis? If so, what? \_\_\_\_\_

What measures have you taken to improve your problems(s)? \_\_\_\_\_

Have you had any x-rays or special studies (CT, MRI, Echocardiogram), if so please list: \_\_\_\_\_

### PAST MEDICAL HISTORY (please check and include date)

<input type="checkbox"/> CANCER	<input type="checkbox"/> DIABETES
<input type="checkbox"/> HEART DISEASE	<input type="checkbox"/> HIGH BLOOD PRESSURE
<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> KIDNEY DISEASE
<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> THYROID DISEASE
<input type="checkbox"/> VENERAL DISEASE	<input type="checkbox"/> OTHER: _____

### CHILDHOOD ILLNESSES

<input type="checkbox"/> SCARLET FEVER	<input type="checkbox"/> GERMAN MEASLES
<input type="checkbox"/> MUMPS	<input type="checkbox"/> DIPHTHERIA
<input type="checkbox"/> MEASLES	<input type="checkbox"/> OTHER: _____

Surgeries (list date): \_\_\_\_\_

Significant Trauma (auto accidents, falls, etc.): \_\_\_\_\_

Allergies: \_\_\_\_\_

## VACCINATIONS

<input type="checkbox"/> POLIO	<input type="checkbox"/> TETANUS SHOT
<input type="checkbox"/> MEASLES/MUMPS/RUBELLA (MMR)	<input type="checkbox"/> DIPHTHERIA
<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> OTHER: _____

## FAMILY MEDICAL HISTORY (please check those that apply)

	FATHER	MOTHER	SIBLING	PATERNAL GRANDFATHER	PATERNAL GRANDMOTHER	MATERNAL GRANDFATHER	MATERNAL GRANDMOTHER
AGE (if living)							
HEALTH(good/bad)							
CANCER (list type)							
DIABETES							
HEART DISEASE							
HIGH BLOOD PRESSURE							
HIGH CHOLESTEROL							
STROKE							
EPILEPSY							
MENTAL ILLNESS							
ASTHMA							
ALLERGIES							
KIDNEY DISEASE							
GLAUCOMA							
ANEMIA							
TUBERCULOSIS							
RHEUMATOID ARTHRITIS							
AGE (at death)							
CAUSE OF DEATH							
OTHER (please state)							

## LIFESTYLE

Do you have any occupational stress (chemical, physical, psychological)? \_\_\_\_\_

Describe your weekly exercise? \_\_\_\_\_

*Current Medications:*

Prescriptions/Over the counter drugs: \_\_\_\_\_

Vitamins/Herbs \_\_\_\_\_

\_\_\_\_\_

## INFORMED CONSENT

Naturopathic medicine is the treatment and prevention of disease by natural means. Naturopathic physicians 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.

A number of different approaches may be used throughout the course of treatment. Treatment modalities may include: diet and nutritional supplements, botanical medicine, homeopathy, traditional Chinese medicine, physical medicine and lifestyle counselling.

**Individual diets and nutritional supplements** are one of the means recommended to address deficiencies, treat disease processes, and to promote health. The benefits may include increased energy, increased gastrointestinal function, improved immunity, and general well-being.

**Botanical medicine** is plant based medicine that involves the use of liquid extracts, herbal teas, tinctures, capsules and other forms of herbal preparations that may assist in recovery from injury and disease.

**Homeopathy** is a form of medicine that uses minute doses of the very thing that causes symptoms in healthy people. These tiny doses of plant, animal, or mineral origins may be used to stimulate the body's ability to heal itself. Homeopathy can be a powerful tool that effects healing on a physical and emotional level.

**Physical medicine** refers to the use of hands-on techniques such as massage therapy as well as various types of electrical stimulation and therapeutic ultrasound for the purposed of treating musculoskeletal and neurological problems.

**Hydrotherapy** refers to the use of hot and cold water applications to improve circulation and to stimulate the immune system.

**Lifestyle counselling** involves identifying risk factors and making recommendations to help optimize one's physical, mental, and emotional environment.

During your initial visits, your naturopathic physician will perform a thorough case history; conduct a physical examination, and when indicated, order further laboratory testing. Even the safest therapies may cause complications in certain physiological conditions (e.g., pregnancy, breastfeeding, very young children, or those taking multiple medications or with multiple medical conditions). Some therapies must be used in caution; therefore, it is important that you inform us of any medical conditions or change in medical conditions you have as well as any medications or supplements that you are taking. If you are pregnant or if you are breast-feeding, please advise your naturopathic physician immediately.

There may be some slight health risks associated with naturopathic medicine. These include but are not limited to:

Aggravation of pre-existing symptoms  
Allergic reactions to supplements, herbs or prescription medication

Please initial beside each statement below.

\_\_\_ I understand that a record will be kept of the health services provided to me. This health record will be kept confidential and will not be disclosed or released to others without my consent, unless required by law. I understand that I may look at my medical records at any time and can request a copy of them by paying the appropriate fees.

\_\_\_ I understand that the naturopathic physician will answer any questions that I have to the best of his or her abilities. I understand that the results are not guaranteed. I do not expect the naturopath to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for (please list any exceptions here).

\_\_\_ I understand that charges are to be paid at the times of the visit unless specific arrangements have been made prior to my scheduled appointment. Payment for all dispensary items is due at the time of the visit.

\_\_\_ I understand that missed appointments or late cancellations (less than 24 hour notice) may be subject to a fee.

\_\_\_ I understand that it is my responsibility to comply with the recommendations of the naturopathic physician in terms of treatment schedule and maintaining regular follow up appointments.

\_\_\_ I have read and understand this document and accept the risks involved with receiving naturopathic treatment.

As a patient, you are responsible for the total charges incurred for each visit.

I have read and understand the above-stated policies and information. I understand that I am free to withdraw from treatment and to discontinue further participation in these procedures at any times.

Patient name (please print) \_\_\_\_\_

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_