

Naturopathic Clinic

Introduction Letter

Thank you for choosing the NATUROPATHIC CLINIC to help you with your medical needs. We are here to help in any way possible. If you have any questions, please feel free to ask.

We are enclosing a new patient information packet, which contains required and provided information regarding:

- 1) Intake forms and Health History,
- 2) Patient Payment Responsibility,
- 3) Acknowledgment of Receipt of Notice of Privacy Practices and Consent to Treatment,
- 4) Context of Care Overview
- 5) Diet Diary

All of these forms need to be filled out completely.

If the forms are not filled out completely we will ask you to finish them before you see your doctor. This may take up some of the appointment time reserved for you.

Please give 24 hours notice to cancel an appointment. There is a \$25.00 missed appointment fee.

If you have any questions please feel free to contact the office during our office hours.

We also ask that you please not wear any perfume or strong smelling lotions.

Thank you.

In Health,

Ana G. Lara N.D.


SUCCESSFUL HEALTH AND PREVENTIVE MEDICINE ARE ONLY POSSIBLE WHEN THE DOCTOR HAS A COMPLETE UNDERSTANDING OF THE PATIENT PHYSICALLY, MENTALLY AND EMOTIONALLY. PLEASE COMPLETE THIS QUESTIONNAIRE AS THOROUGHLY AS POSSIBLE. PRINT ALL INFORMATION AND MARK ANYTHING YOU DON'T UNDERSTAND WITH A QUESTION MARK.

Ana Gabriela Lara N.D.

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Naturopathic Clinic 

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Intake Form

Please fill out the form below as detailed as possible

Date of 1st Appointment: ___/___/____ Name: _____
dd mm yy (Last) (First) (Middle)

Date of Birth: ___/___/____ Sex: __M __F
dd mm yy

Address: _____
(Street # / P.O. Box) (Apartment #)

(City) (Province) (Postal Code)

(Home Phone) (Work Phone) (Fax)

(Cell Phone/ e-mail address)

Occupation: _____ Full Time __ Part Time __ Shift Work __

Employer/ Company: _____

Are you: __ Single __ Married __ Separated __ Divorced __ Widowed
__ Living with a partner __ Other

Emergency Contact: _____
(Name) (Relationship)

(Day Phone) (Evening Phone)

Do you have children? Yes No If yes, how many? _____

Referred by/ How did you hear of this office? _____

When was your last physical? _____
(Month) (Year)

Who is your family physician? _____
(Name) (City)


Are you under the care of any specialists? Yes No

Are you receiving any other form of health care? Yes No

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Please list your major health concerns in order of importance:

| Concern | How long has this been a concern | Possible cause(s) |
|---------|----------------------------------|-------------------|
| | | |
| | | |
| | | |

What medications or supplements are you currently taking or have taken within the last six months (include all prescriptions, vitamins, minerals and over the counter products – ex. Aspirin®)

| Medication/Supplement | How long have you been taking this | Have you had any reaction to this product |
|-----------------------|------------------------------------|---|
| | | |
| | | |
| | | |
| | | |

List all surgeries you have had:

| Procedure | Year or Age | Any complications? |
|-----------|-------------|--------------------|
| | | |
| | | |
| | | |


List any major injuries you have sustained:

| Injury | Year or Age | Any long term effects? |
|--------|-------------|------------------------|
| | | |
| | | |
| | | |

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Which of the following have you ever had? (Please check box on right-hand side for all that apply)

| | | | | | |
|-------------|-------------------------|-----------------------|-----------------------------|--------------------------------|-----------------|
| Abscesses | Cold Sores | Hay Fever | Miscarriage | Rheumatic Fever | Sunstroke |
| Alcoholism | Depression | Heart Disease | Mononucleosis | Rubella | Thyroid Disease |
| Allergies | Diabetes | Hepatitis | Mumps | Scarlet Fever | Tonsillitis |
| Amnesia | Frequent ear infections | High Blood Pressure | Parasites | Sexual Abuse | Tuberculosis |
| Anemia | Eating Disorder | Influenza | Pelvic Inflammatory Disease | Sexually Transmitted Infection | Typhoid |
| Arthritis | Emphysema | Kidney Stones/Disease | Peritonitis | Skin Disease | Varicose veins |
| Asthma | Epilepsy | Leukemia | Pleurisy | Sinusitis | Whooping Cough |
| Cancer | Gall Stones | Measles | Pneumonia | Strep Throat | Worms |
| Chicken Pox | Gout | Migraines | Prostatitis | Stroke | Yellow Fever |

Which of the following do you currently use? (Please indicate amount, how often, how long)

Alcohol _____ Tobacco _____
 Hormones _____ Coffee _____
 Cortisone _____ Laxatives _____
 Sedatives _____ Antacids _____
 Recreational Drugs _____

Have you ever been exposed to toxic chemicals, solvents, sprays, pesticides, herbicides, heavy metals (lead, mercury, cadmium, arsenic, etc.) while at work, home or traveling?

Yes No

Are there any other medical conditions or health concerns? _____


Which of the following diseases/conditions listed, or any others, have affected your parents, grandparents or siblings? (Please check box on right-hand side for all conditions that apply)

| | | | | | |
|----------------|--------------------|---------------------|--------------------|--------------------|--------------------|
| Alcoholism | Chronic Bronchitis | Gallstones | Hepatitis | Pneumonia | Seizure Disorders |
| Allergies | Depression | Glaucoma | Kidney Disease | Rheumatic Fever | Thyroid Disease |
| Arthritis | Diabetes | Gout | Mental Illness | Sickle Cell Anemia | Tuberculosis |
| Asthma | Easy Bleeding | Hay Fever | Mononucleosis | Skin Diseases | Ulcerative Colitis |
| Cancer | Eczema | Heart Disease | Multiple Sclerosis | Strep Throat | Uterine Fibroids |
| Celiac Disease | Emphysema | High Blood Pressure | Osteoporosis | Stroke | Venereal Disease |

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Commitment:

As you may be aware two of the main goals of naturopathic medicine are to prevent disease and to treat the cause of disease rather than just treating a symptom (an example of treating a symptom is taking an aspirin to treat a headache) while this is helpful for acute (short term), conditions; chronic conditions (systemic, long term) such as arthritis, allergies, diabetes, osteoporosis, etc. are not healed by treating the symptoms. The medicines which are often used to treat chronic conditions are usually ways of coping with the symptoms or suppressing the symptoms without addressing the root cause. While this can be helpful to manage severe conditions, there is no actual healing occurring and the process of disease may be advancing or affecting other body systems.

Healing is a process which takes time. This can vary depending on how fast the body heals - in my experience the process can be anywhere from 2-3 years. This does not mean that no change in a person's condition will occur until then. There will be significant symptomatic relief that will occur much sooner than this, however the KEY is to remember that we are NOT TREATING THE SYMPTOMS.

Keeping this in mind how much are you willing to commit to your health – please check one of the following?

- I am not willing to make any dietary changes nor taking any of the recommended treatments
- I am willing to follow some of the advice given to me here (ex. taking some of the recommended treatments or following some of the recommendations of a restricted diet)
- I am willing to make all the dietary changes necessary, and also take the treatments necessary

If your M.D. recommends that you stop the naturopathic prescriptions and treatments recommended to you, you would – please check one of the following:

- Stop all naturopathic prescriptions immediately
- Consult with my naturopathic doctor and make a decision based on both recommendations

Lifestyle is something that affects our health. The way we eat, sleep, how we cope with stress, exercise etc. Keeping in mind how lifestyle affects your health please check one of the following:

- I am not willing to change much of my lifestyle
- I am willing to change some of the factors in my lifestyle that are needed to improve my present condition
- I am interested in changing those lifestyle factors that are needed to improve my present condition and also those that are detrimental to my future health.

Informed Consent

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.

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

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

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

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

Asian medicine includes the use of acupuncture, Eastern herbs and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin into underlying tissues at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or decoctions (strong teas) to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

Physical medicine refers to the use of hands-on techniques such as soft tissue, and spinal manipulation for the purpose of treating musculoskeletal and neurological problems.

Hydrotherapy refers to the use of hot and cold water applications to improve circulation and 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 Doctor will take a thorough case history, do a physical examination, and when indicated require blood and urine tests performed within the last 3 months. The physical examination may include more specific examinations such as gynecological (e.g. PAP), rectal, prostate, or genital exams.

Even the gentlest therapies may cause complications in certain physiological conditions (e.g. pregnancy, lactation, very young children, or those taking multiple medications). Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important, therefore, that you inform your doctor immediately of any disease process that you are suffering from, as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you are pregnant, or you are breast-feeding advise your doctor immediately.

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There are some slight **risks** associated with Naturopathic Medicine. These 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
- Muscle strains and sprains or disc injuries from spinal manipulation

Please initial the following:

_____ I understand that a record will be kept of the health services provided to me. This record will be **kept confidential** and will not be released to others without my consent, unless required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee.

_____ I understand that the Naturopathic Doctor will answer any questions that I have to the best of their ability. I understand that the results are NOT guaranteed. I do not expect the doctor 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): _____

_____ I understand that charges are to be paid at the time of the visit unless specific arrangements have been made. (Initial Consultation \$150.00) (2nd Visit \$75.00)(Follow-up visits up to 30 minutes \$60.00) (After 30 minutes a rate of \$25.00 per every 15 minutes will be charged). Payment for all dispensary items is due at the time they are received.

_____ I understand that a fee will be charged (Missed Appointment Fee \$25.00) for any missed appointments or late cancellations (less than 24 hrs).

As the patient, you are responsible for the total charges incurred for each visit. If you have coverage for Naturopathic Medicine through an insurance company, you are responsible for billing your own insurance company – your doctor will provide you with all of the information necessary to send your claim for reimbursement.

Your Naturopathic Doctor may prescribe supplements that can be purchased at the clinic or elsewhere. Most insurance companies DO NOT cover the supplements that we prescribe and dispense.

I have read and understood the above-stated information and policies. I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw consent and to discontinue participation in these procedures at any time.

Patient Name (please print): _____

Signature of Patient or Guardian: _____

Date: _____

CONTEXT OF CARE OVERVIEW

PLEASE TAKE THE TIME TO FILL THIS IN AND BRING IT WITH YOU FOR YOUR FIRST VISIT ALONG WITH YOUR INTAKE FORM (feel free to write in the back if you need to)

1. Why did you choose to come to this clinic?

 2. What do you know about our approach?

 3. What three expectations do you have from this visit to our clinic?

 4. What long-term expectations do you have from working with our clinic?

 5. What expectations do you have of me personally as your physician?

 6. What is your present level of commitment to address any underlying causes of your signs and symptoms that relate to your lifestyle? Rate from 0 to 10, 10 being 100% committed)
- 1 2 3 4 5 6 7 8 9 10
9. What behaviours or lifestyle habits do you currently engage in regularly that you believe support your health (please list)

 10. What behaviours or lifestyle habits do you currently engage in regularly that you believe are detrimental to your health (please list)

 11. What potential obstacles do you foresee in addressing the lifestyle factors which are undermining your health and in adhering to the therapeutic protocols which we will be sharing with you?

 12. Who do you know that will sincerely support you consistently with the beneficial lifestyle changes you will be making – please list? (If you don't have anyone it will be very difficult for you)

Daily Food Diary

Please keep track of your diet for at least 3 days including everything you eat and drink. It is very helpful to be aware of how you feel in relation to your diet - so please on the Notes section try to note how your energy, mood, sleep, appetite and symptoms were that day (headache, digestive issues, etc.)

| Day | Meal | Food Eaten | Liquids | Notes |
|-----|-----------|------------|---------|-------|
| 1 | Breakfast | | | |
| 1 | Lunch | | | |
| 1 | Dinner | | | |
| 1 | Snacks | | | |
| 2 | Breakfast | | | |
| 2 | Lunch | | | |
| 2 | Dinner | | | |
| 2 | Snacks | | | |
| 3 | Breakfast | | | |
| 3 | Lunch | | | |
| 3 | Dinner | | | |
| 3 | Snacks | | | |
| 4 | Breakfast | | | |
| 4 | Lunch | | | |
| 4 | Dinner | | | |
| 4 | Snacks | | | |