

Naturopathic intake

(please print clearly)

Name _____

Date _____

Date of birth _____ (M/D/Y) Sex: M F

Address _____

Email Address: _____

Phone number: home: _____ cell: _____ work: _____

May we leave messages relating to your visits? Y N

Emergency contact name: _____

Number: _____

Relationship: _____

What are your health concerns, in order of importance to you?

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

If you are female are you currently pregnant? Y N

Medical history

Please indicate any serious conditions, illnesses or injuries and any hospitalizations;
along with approximate dates.

Do you have any allergies? (medicines, environmental etc)

Please list all current medications (prescription, over the counter, vitamins, herbs,
homeopathics) _____ Plea

Please list past prescription meds

How many times have you been treated with antibiotics? _____

Do you frequently use any of the following (circle)

Aspirin / laxatives / antacids / diet pills / birth control pills / implants / injections

Alcohol-how much/day or week _____

Tobacco-form and amount/day _____

Caffeine-form and amount/day _____

Recreational drugs-what and how often _____

Please indicate what immunizations you have had

DPT (diphtheria, pertussis, tetanus)	Polio
Tetanus booster; when?	Hepatitis A
MMR (measles, mumps, rubella)	Hepatitis B
Haemophilus influenza B	Small pox
“flu”	Other _____

Please indicate if any caused adverse reactions _____

Do you get regular screening tests done by another doctor? (Pap, blood, etc) Y N

Diet

Describe a typical day's diet

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages (and total quantity) _____

Family History

Please list any known health concerns, diseases or illnesses of family members (sibling, parents, grandparents)

I do not know my family history

Environment

Occupation: _____

Hobbies: _____

Do you exercise regularly? Y N

What do you do for exercise, how much, how often?

Are you exposed to significant tobacco smoke (work, home etc) Y N

Are you frequently exposed to animals? (work, pets et) Y N

Is there anything that you feel is important that has not been covered?

Informed Consent

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopaths 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 and nutritional supplements, botanical medicine, homeopathy, Asian medicine and acupuncture, hydrotherapy, physical medicine, and lifestyle counseling.

Individual diets 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 Laws 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 function. 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, as well as various types of electrical stimulation and therapeutic ultrasound 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 Counseling involves identifying risk factors and making recommendations to help optimize one's physical, mental, and emotional environment.

During your initial visit, your Naturopathic Doctor will take a thorough case history.

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.

There are some slight health risks to treatment by 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 venipuncture or acupuncture
- Fainting or puncturing of an organ with acupuncture needles.
- Muscle strains and sprains, disc injuries from spinal manipulation.
- The potential for stroke is a concern in neck manipulation. Clinical research has shown that stroke-like occurrences are rare – approximately 1 in 1.5 million manipulations.

Please initial in spaces below

_____ 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 question that I have to the best of his 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 **prior** to my scheduled appointment. Payment for all dispensary items is due at the time of the visit.

_____ I understand that a fee will be charged (Missed Appointment Fee) for any missed appointment or late cancellations (less than 24 hours).

As the patient, you are responsible for the total charges incurred for each visit. We accept Visa, Mastercard, cash or check. If you have coverage for Naturopathic Medicine, you are responsible for billing your own insurance company – we 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 Cranton Wellness Centre, nutritional stores or elsewhere. Most insurance companies do not cover the supplements that we prescribe and dispense.

_____ I have read and understand the above-stated policies and information. I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. We respectfully request that you inform us if or when you choose to discontinue care.

Patient Name: (please print):

Signature of Patient or Guardian:

Date: _____

EXTENDED HEALTH BENEFITS

CHECK-OFF LIST

Name _____ Date _____

We have prepared this list for you to help you get ALL the information you need when you call for your work Extended Health Benefits. We have included questions for all of the services we offer in our office. Dr. Cranton is licensed as both a Chiropractor and a Naturopathic Doctor, performs acupuncture, and is certified to cast and order custom orthotics.

Do you have Extended Health Benefits through your work or school? Yes No
Does your spouse, mother or father have Extended Health Benefits though his/her work?
 Yes No (you are done with this form)

INFORMATION TO RECORD BEFORE YOU CALL:

Your work Insurance Company - Name: _____ Phone #: _____
Employer: _____ Employee: _____
Employee ID#: _____ Group policy #: _____

INFORMATION TO GET WHEN YOU CALL:

Is there a deductible? Yes - How much? \$ _____ No
Is this a family plan? Yes No
Is your limit: per calendar year per fiscal year _____ to _____ per 12 consecutive months

DO YOU HAVE CHIROPRACTIC COVERAGE? Yes No

What is your limit per year? \$ _____
What is your limit per visit? \$ _____
Do you have x-ray coverage? Yes No - Is it included in your maximum? Yes No

DO YOU HAVE NATUROPATHIC COVERAGE? Yes No

What is your limit per year? \$ _____
Is there a maximum per visit? \$ _____
Are there a maximum number of visits? No Yes _____
Are supplements covered if prescribed by a Naturopath? No Yes - maximum \$ _____

DO YOU HAVE ACUPUNCTURE COVERAGE? Yes No

What is your limit per year? \$ _____
What is your limit per visit? \$ _____
Are there a maximum number of visits? No Yes _____

DO YOU HAVE PRIVATE LAB COVERAGE? Yes No

Are private labs covered? (E.g. hair analysis, blood or urine or allergy tests) No Yes - maximum \$ _____

OTHER ITEMS TO CHECK ON:

Do they cover orthopedic cervical pillows? Yes No
Do you have coverage for COMPRESSION HOSIERY OR STOCKINGS? Yes No
What is your limit per year? \$ _____

Do you have CUSTOM ORTHOTICS coverage?
What is your limit per year \$ _____
How many pairs can you order? _____
Do you need a referral Chiropractor M.D. No
Do you get one pair per year or every second year?