Naturopathic Adult Intake Form

1 PATIENT INFORMATION

Name: _____ Age: _____ Birthday (dd/mm/yyyy): _____ ❑ Male ❑ Female

Address: _____
(street) (Apt/Ste#) (City) (Postal Code)

Home phone: _____ Work/cell phone: _____

May we leave you messages in regards to your appointments? ❑ Yes ❑ No

Email address: _____

Marital status: ❑ Single ❑ Married ❑ Other: _____ Occupation: _____

Family Doctor: _____ Phone: _____

Other Practitioner: _____ Phone: _____

Have you seen a Naturopathic Doctor before? ❑ Yes ❑ No

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____

Home phone: _____ Work/cell phone: _____

2 CURRENT HEALTH CONCERNS

Please list your health concerns, in order of importance to you:

1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

3 MEDICAL HISTORY

Past illnesses, conditions, hospitalizations, surgeries:

_____ age: _____
_____ age: _____
_____ age: _____
_____ age: _____

List medications or supplements you are currently taking:

_____
_____
_____
_____

Allergies or sensitivities (food, drug, seasonal, pets, etc.):

_____
_____

Females: Are you currently pregnant? ❑ Yes ❑ No

Date of last antibiotic use: _____

Date of last physical exam: _____

4 DIET & LIFESTYLE

Please list a typical day's diet:

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Snack: _____

Water: _____ glasses per day

Coffee: _____ cups per day

Alcohol: _____ drinks per week

Sleep: _____ hours per night

Smoking: _____ cigarettes per day

Exercise: _____ times per week

Stress levels: Low Moderate High

Do you use recreational drugs? ❑ Yes ❑ No If yes, please specify: _____

Have you ever been treated for an addiction to drugs, alcohol, or prescription medications? ❑ Yes ❑ No

Have you ever experienced mental, emotional, or sexual abuse? ❑ Yes ❑ No

Have you ever received psychiatric/psychological counseling? ❑ Yes ❑ No

5 FAMILY HISTORY

Please indicate if a close relative (parent, child, sibling, grandparent) has had any of the following:

Alcoholism:	Drug abuse:
Anemia:	Eczema/psoriasis:
Arthritis (osteo or rheumatoid):	Heart disease:
Asthma/allergies:	High blood pressure:
Autoimmune disease:	Kidney disease:
Cancer (give type):	Osteoporosis:
Chronic fatigue/fibromyalgia:	Schizophrenia/Alzheimer's:
Depression:	Thyroid abnormalities:
Diabetes:	Tuberculosis/lung disease:
Other (please specify):	

6 REVIEW OF SYSTEMS

Please check the condition/symptom if you have it now (N), or have had it in the past (P):

N	P		N	P		N	P	
❑	❑	Acne	❑	❑	Eye redness/itching/discharge	❑	❑	Numbness/tingling
❑	❑	AIDS/HIV	❑	❑	Eye pain	❑	❑	Osteoarthritis
❑	❑	Allergies	❑	❑	Fainting	❑	❑	Osteopenia
❑	❑	Anemia	❑	❑	Fever	❑	❑	Osteoporosis
❑	❑	Angina	❑	❑	Fibrocystic breasts	❑	❑	Pacemaker
❑	❑	Anxiety/Depression	❑	❑	Food cravings	❑	❑	Pain on urination
❑	❑	Arm/shoulder pain	❑	❑	Frequent colds	❑	❑	Painful intercourse
❑	❑	Asthma	❑	❑	German measles	❑	❑	Painful menses
❑	❑	Black stools	❑	❑	Glaucoma	❑	❑	Palpitations
❑	❑	Bladder problems	❑	❑	Headaches	❑	❑	Paralysis
❑	❑	Bleeding gums	❑	❑	Heartburn	❑	❑	Premenstrual symptoms (PMS)
❑	❑	Bloating/gas	❑	❑	Heart attack	❑	❑	Polio
❑	❑	Blood/mucous in stool	❑	❑	Heart disease	❑	❑	Poor circulation
❑	❑	Blood in urine	❑	❑	Heart murmur	❑	❑	Prostate problems
❑	❑	Breast lumps	❑	❑	Heavy menses	❑	❑	Psoriasis
❑	❑	Breast tenderness	❑	❑	Hemorrhoids	❑	❑	Rashes
❑	❑	Broken bones	❑	❑	Hernias	❑	❑	Rheumatic fever
❑	❑	Brittle nails	❑	❑	Herniated disk	❑	❑	Rheumatoid arthritis
❑	❑	Cancer	❑	❑	High blood pressure	❑	❑	Scarlet fever
❑	❑	Cataracts	❑	❑	Hives	❑	❑	Sciatica
❑	❑	Chest pain	❑	❑	Hoarse voice	❑	❑	Seizures
❑	❑	Chicken pox	❑	❑	Inability to hold urine	❑	❑	Sexually transmitted infection (STI)
❑	❑	Chronic cough	❑	❑	Indigestion	❑	❑	Shingles
❑	❑	Chronic fatigue	❑	❑	Infertility	❑	❑	Shortness of breath
❑	❑	Cold hands/feet	❑	❑	Insomnia	❑	❑	Sinus problems
❑	❑	Constipation	❑	❑	Irregular menstrual cycle	❑	❑	Sore throat
❑	❑	Deafness/impaired hearing	❑	❑	Joint pain/stiffness	❑	❑	Speech problems
❑	❑	Dental cavities	❑	❑	Kidney problems	❑	❑	Spitting up blood
❑	❑	Diabetes	❑	❑	Leg pain/cramping	❑	❑	Stomach pain
❑	❑	Diarrhea	❑	❑	Lines on nails	❑	❑	Stroke
❑	❑	Digestion problems	❑	❑	Loss of balance	❑	❑	Swollen neck glands
❑	❑	Diphtheria	❑	❑	Loss of taste	❑	❑	Testicular mass/pain
❑	❑	Discharge from penis	❑	❑	Low back pain	❑	❑	Thyroid problems
❑	❑	Dizziness/vertigo	❑	❑	Measles	❑	❑	TMJ problems
❑	❑	Dry skin	❑	❑	Memory loss	❑	❑	Urinary tract infection
❑	❑	Eczema	❑	❑	Migraines	❑	❑	Urinary urgency
❑	❑	Epilepsy	❑	❑	Mumps	❑	❑	Urination at night
❑	❑	Excess hunger	❑	❑	Muscle weakness/loss	❑	❑	Vaginal discharge
❑	❑	Excess sweating	❑	❑	Nail fungus/discoloration	❑	❑	Vaginal itching
❑	❑	Excess thirst	❑	❑	Nausea/vomiting	❑	❑	Weight gain (unexplained)
❑	❑	Exposure to toxins/chemicals	❑	❑	Neck pain	❑	❑	Weight loss (unexplained)
❑	❑	Eye floaters	❑	❑	Nosebleeds	❑	❑	Wheezing

7 INFORMATION COLLECTION POLICY

Privacy protocols at Cornell Chiropractic Centre comply with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the standards of the Board of Directors Drugless Therapy – Naturopathy (BDDT-N), our regulatory body.

Your information may be accessed by regulatory authorities under the terms of the Drugless Practitioners Act, for the purpose of fulfilling our regulatory body's mandate or by law. Our office will not disclose your personal confidential information to insurance companies or to third-party companies. For all other types of disclosure, we require a signed consent form by the patient.

Cornell Chiropractic Centre recognizes the sensitive nature of the information that you have disclosed and all associates of the clinic have been trained in the appropriate use and protection of your information. Proper adherence of our Information Collection Policy ensures:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention and destruction of your personal information complies with the BDDT-N regulations
- Our ability to remind you of upcoming appointments and maintain ongoing contact with you
- Advisement of proper treatment options
- Delivery of newsletters and other informational mailings where appropriate

_____ INITIAL

8 NATUROPATHIC FEE POLICY

- Fees are due at time of service
- Phone consultations are available only after the initial consultation has been completed
- Supplements recommended to patients as part of therapeutic protocols may be purchased at this clinic when available but patients are not required to purchase supplements from this clinic
- Patients may ask to view their records from Cornell Chiropractic Centre; if copies are required, they can be provided for a nominal fee
- 24-hour cancellation or change of appointment time is required to avoid being charged in full for the missed appointment
- All fees do not include any applicable taxes and are subject to change at any time

SERVICE	FEE	DETAILS
Initial adult appointment	$180	75-90 minutes
Initial pediatric appointment	$150	60-75 minutes
60 minute follow-up appointment	$150	Initial appointment required
45 minute follow-up appointment	$115	
30 minute follow-up appointment	$75	
15 minute follow-up appointment	$40	
Phone consultation	$35 per 15 minutes	Minimum 15 minute charge applies
Acupuncture appointment	$75	Initial appointment required
Acupuncture package – 3 appointments	$195	
B12 & folic acid injection	$20	
Supplements	Priced accordingly	

_____ INITIAL

9 INFORMED CONSENT FOR NATUROPATHIC TREATMENT

Naturopathic medicine is a system of healthcare that takes a natural approach to assessment, diagnosis and treatment with a focus on prevention, restoration and health maintenance. Naturopathic doctors (ND) assess the whole person, taking into consideration the physical, mental, emotional, and spiritual aspects of the individual. Gentle and non-invasive therapies and treatment approaches are used to stimulate the body's inherent healing capacity.

Your naturopathic doctor will take a thorough medical and health history and answer any questions that may arise throughout the treatment process. A physical exam, specific blood and/or urinary laboratory reports may be used as part of the treatment work-up. Your ND will exercise judgment during the course of your treatment that is in your best interest, based on the facts that are known.

A number of different approaches may be used throughout the treatment process. Naturopathic modalities include diet & lifestyle counseling, clinical nutrition, botanical medicine, traditional Chinese medicine & acupuncture, homeopathy, hydrotherapy, and physical medicine.

It is very important that you inform your ND immediately of any disease process from which you are suffering and any medications/over-the-counter drugs or supplements that you are currently taking. Please advise your naturopathic doctor immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding. Caution must be taken in some physiological conditions such as pregnancy and lactation, very young children, people with diabetes, heart, liver or kidney impairment and/or with people taking multiple medications. The staff and doctors at Cornell Chiropractic Centre are trained to handle emergencies, should the need arise.

There are some 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/injury from acupuncture and massage, fainting or puncturing of an organ with acupuncture needles, and muscle strains/sprains or disc injuries from spinal manipulation.

I understand (please initial beside each statement):

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

_____ Information from my medical record may be analyzed for internal clinical purposes and that my identity will be protected and kept confidential, unless consent has been provided.

_____ Treatment results are not guaranteed.

_____ My naturopathic doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have to the best of his or her ability.

_____ I am free to withdraw my consent and discontinue treatment at any time.

_____ Fees and supplements are to be paid for at the time of the appointment.

_____ A fee will be charged for missed appointments or cancellations with less than 24 hours' notice.

I understand, as a patient, I am responsible for the total charges incurred with each visit. Payment can be made in cash, cheque, debit, VISA and Mastercard. If I have coverage for naturopathic medicine, I am responsible for billing my own insurance company – Cornell Chiropractic Centre will provide me with the receipt necessary to send my claim for reimbursement.

My naturopathic doctor may prescribe supplements that can be purchased from the clinic dispensary; however, I am under no obligation to purchase them on-site. Most insurance companies do not cover the cost of supplements prescribed and dispensed by naturopathic doctors.

I have read and understand the policies and information stated above. I intend this consent form to cover the entire course of treatment for my present condition.

_____	_____	_____
Patient name	Signature of Patient/Guardian	Date

10 PHYSICAL EXAMINATION – ***Doctor use only***

General – mood, gait

Vitals – BP: _____/_____ mmHg PR: _____ bpm RR: _____ br/min T: _____ ˚C
Weight: _____ lbs/kg Height: _____ cm/in

Skin – colour, temperature, texture moisture, turgor, lesions

Head – symmetry, lumps, lesions, tenderness, hair (loss, texture), sinuses, clench, TMJ, light touch, facial expression, shrug

Neck – nodes, thyroid, swallow, tracheal deviation

Eyes – lids, brows, lashes, colour, edema, discharge, sclera, cornea, conjunctiva, visual fields, eye movements, nystagmus, convergence, accommodation, pupillary reflex, cover/uncover, acuity, fundoscopy

Nose – lumps, tenderness, patency, acuity, mucosa (colour, vessels, septum, polyps)

Mouth – lips, gums, teeth, mucosa, glands, tonsils, pharynx, tongue, gag reflex

Ears – lesions, discharge, palpate (pinna, tragus, mastoid), finger rub, acuity (Weber, Rinne), otoscopy

Thorax – spine curvature, fremitus, expansion, percussion, excursion, kidney punch, auscultation, axillary nodes

Chest – carotids, thyroid, apical impulse, auscultate

Abdomen – lesions, auscultate (quadrants, arteries), percuss (quadrants, liver span, spleen), palpate (abdomen, liver, kidneys, inguinal nodes, aortic pulse), abdominal reflex

Extremities – symmetry, leg edema, temperature, nails, capillary refill, palpate pulses

NeuroMSK – ROM, hand strength, DTR, toe proprioception, stereognosis, graphesthesia, pain (sharp/dull), vibration, coordination (rapid movement, finger/nose), heel-to-toe, Rhomberg

TCM Diagnosis

Right:

	Top	Middle	Deep	Quality
LU:	_____	_____	_____	_____
SP:	_____	_____	_____	_____
KI Yang:	_____	_____	_____	_____

Left:

	Top	Middle	Deep	Quality
HT:	_____	_____	_____	_____
LV:	_____	_____	_____	_____
KI Yin:	_____	_____	_____	_____

Tongue: