



**NURTURING HEALTH**  
Naturopathic Clinic

Dear New Patient,

Thank you for taking the time to fill out the following form. The information you are providing is extremely valuable, in that it allows me to offer the best treatment options possible. Please bring this form to your initial appointment. Please know that the information gathered on this form will be treated in a strictly confidential manner.

What to expect at your first visit:

- Your first visit will be approximately 75 minutes long. During the first visit, I will review and discuss your patient intake form in more detail, answer any questions that you may have, perform any relevant physical exams, and discuss treatment options.
- Some additional testing may be suggested during this visit (these tests are not included in the cost of the initial visit).

What to bring to your first visit:

- All the medications and supplements that you are currently taking
- Any recent blood work, imaging, or test results

Please feel free to call 905-372-2369 if you have any questions or concerns.

I look forward to meeting you!

Yours in Health,

Dr. Kristi Prince, ND, IBCLC  
License #2073

Dr. Alison Cockerill, ND  
License #3311



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**ADULT PATIENT INTAKE FORM**

Last name:		First Name:		Middle Name:	
Date of Birth (mm/dd/yy):		Age:	Sex: F / M / Other		Occupation:
<b>Contact Information</b>					
Full Address:				City, Province:	
Postal Code:		Primary phone number:		Secondary phone number:	
Email:			Permission to email: Y / N		
<b>Emergency Contact Information</b>					
Last name:		First Name:		Relationship:	
Primary phone number:			Secondary phone number:		
<b>Other Healthcare Providers</b>					
Name:		Name:		Name:	
Specialty/Focus:		Specialty/Focus:		Specialty/Focus:	
Phone number:		Phone number:		Phone number:	
Fax:		Fax:		Fax:	
Permission to contact? Y / N		Permission to contact? Y / N		Permission to contact? Y / N	
Date of last visit to medical doctor:			Date of last physical exam:		
Have you been treated by a Naturopathic Doctor before?					
If yes, by whom?			Date of last visit to ND:		
<b>How did you hear about this clinic?</b>					
If referred, please state by whom:					



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**HEALTH ASSESSMENT QUESTIONNAIRE**

<b>Please list your health concerns in order of importance to you:</b>
1.
2.
3.
4.
5.

<b>Personal Medical History</b>			
Height:	Current Weight:	Past Min Weight:	Past Max Weight:

<b>Please list and previously diagnosed medical conditions:</b>
1.
2.
3.
4.

<b>Please list any allergies or sensitivities (food/environmental/medications):</b>
1.
2.
3.
4.

<b>Please list all hospitalizations, surgeries, and/or major injuries you have experienced:</b>		
Description	Year	Outcome/complications?



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<b>Please list all medications (prescription, over-the-counter) &amp; natural products (vitamins, herbs, oils) currently taking:</b>		
Medication or NHP (please indicate brand if possible):	Dose/quantity per day	Why are you taking this product?

Have you ever experienced any adverse effects or an allergic reaction to any of the above products/therapies?

- No
- Yes, please specify \_\_\_\_\_

<b>Family Health History</b>		
	<b>Age (or age at death)</b>	<b>Health Concerns</b>
<b>Mother</b>		
<b>Father</b>		
<b>Siblings</b>		
<b>Grandparents</b>		

*Complete answers to all of the questions are to your benefit for the most effective Naturopathic treatment. This is a confidential record of your medical history and will not be released to any person except when you have authorized permission to do so.*

Is there anything important that has not been covered in this questionnaire?

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**Dr. Kristi Prince, ND, IBCLC**  
**Dr. Alison Cockerill, ND**  
**Nurturing Health Naturopathic Clinic**  
**18 Spencer St E. Cobourg, ON.**  
**Phone: 905-372-2369 | info@nurturinghealth.ca**



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## **Informed Consent**

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic Doctors assess the whole person, taking into consideration the 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 dietary modification and nutritional supplementation, lifestyle counselling, botanical medicine, homeopathy, traditional Chinese medicine & acupuncture, hydrotherapy, and physical medicine. As we have both met the Standard for Prescribing in Ontario as laid out by the College of Naturopaths of Ontario, this may also include the appropriate prescription of drugs outlined in Table 3 of the General Regulation.

During your initial visit, your Naturopathic Doctor will take a thorough case history, perform a comprehensive or complaint-oriented physical examination, and when indicated take urine samples or perform other laboratory testing. Even the gentlest therapies may cause complications in certain physiological conditions. This depends dramatically on the individual and the extent of the illness. Some therapies must be used with caution in certain conditions or diseases such as diabetes, heart/ liver/kidney disease, or in young children, those taking multiple medication or pregnancy/lactation. Therefore, it is very important that you inform your Naturopathic 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 breastfeeding, please advise your Naturopathic doctor immediately. Health risks associated with Naturopathic Medicine include, but are not limited to:

- o Aggravation of pre-existing symptoms during the healing process
- o Allergic reactions to supplements or herbs
- o Pain, bruising or injury from acupuncture
- o Fainting or puncturing of an organ with acupuncture needles
- o Inconvenience of lifestyle changes

The Naturopathic Doctor may prescribe supplements that can be purchased at the clinic or at other local options i.e. health food stores. Most insurance companies do not cover the supplements that we prescribe and dispense.

## **Privacy Policy**

Privacy of your personal information is an important part of our practice, and protecting your personal information is something we take very seriously. We are committed to collecting, using and disclosing your personal information responsibly.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Information will be collected, used, and disclosed for the following purposes:

- o Only necessary information is collected about you;
- o Only with your consent do we share information with others outside and within the Nurturing Health clinic setting;

- o Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols;
- o This privacy policy conforms to privacy legislation and standards of the College of Naturopaths of Ontario (CONO).

Personal information is collected in order to:

- o Assess your health concerns o Provide health care;
- o Advise you of treatment options;
- o Establish and maintain contact with you regarding appointments, invoicing and follow-up care;
- o To communicate with other treating allied health professionals
- o Send you pertinent information (i.e. newsletters) and mailings;
- o Facilitate your insurance claims, and process credit card payments
- o To collect unpaid accounts
- o Allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale;
- o To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse, reporting communicable diseases, and reporting individuals who may be an imminent threat to harm themselves or others
- o To comply with the legal and regulatory requirements of the College of Naturopaths of Ontario (CONO).

### **Billing & Cancellation Policy**

I understand that I am responsible for payment for services received at Nurturing Health. If my claim is to be submitted directly to an outside agency for payment, and the third party payer denies or refused to pay for any of the amount billed, I will ensure paying the outstanding amount at the time of the visit.

\_\_\_\_\_ (Initial here)

Nurturing Health respectfully requires patients to provide 24-hours notice for appointment cancellations. Failure to do so may result in a cancellation fee that I am responsible for.

\_\_\_\_\_ (Initial here)

By signing below, you have agreed that you have given your informed consent to the collection, use, and/or disclosure of your personal information as outlined above. You are also read and agree to comply with our policies on third party billing and the clinic cancellation policy. In addition you are also confirming that you have the ability to accept or reject this care of your own free will and choice, and that you are not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating. You accept full responsibility for any fees incurred during care and treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian's name (if under 18 years of age): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_