

CHILD INTAKE FORM

Today's date: _____

Name: _____ Date of Birth: _____

Name of parent/guardian _____

Street: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone : _____

Email Address: _____

May we send you an email reminder of your child's visit? Y / N

May we add you to our email newsletter list? (approx once per month) Y / N

May we leave telephone messages relating to your child's visits? Y / N

Emergency Contact Name: _____

Phone number: _____ Relation: _____

Medical Doctor: _____

Phone number: _____ Fax number: _____

What are your child's health concerns, in order of importance to you?:

1. _____

2. _____

3. _____

4. _____

5. _____

Please list all current medications (prescription, over-the-counter, vitamins, herbs, etc.)

How did you hear about our Clinic?: _____

Current Weight _____ lbs _____ oz Current Height _____

Does your child have any allergies (medications, environmental, etc)?

LIFESTYLE

Does the child live with ? mother | father | both | guardian

How many siblings? _____

Who is responsible for childcare? _____

What are your child’s favourite activities?

DIET

Does your child have any dietary restrictions (religious, vegetarian/vegan, allergies, intolerances etc.)?

Describe a typical day’s diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages (and total quantity): _____

HEALING PATH RATES

15 minutes	\$40.00
30 minutes	\$70.00

60 minutes	\$135.00
90 minutes	\$175.00

INFORMED CONSENT

The principles of naturopathic medicine assist the body's own ability to heal and improve quality of life and health through natural means. In order to provide optimal care, your practitioner will conduct a thorough case history. Physical exam as well as specific blood and or urinary laboratory tests may be used as part of the treatment work-up.

The form of medical care in this clinic is based on naturopathic and other supportive practices. It is important to recognize that even the gentlest of therapies come with some health risks. These risks include but are not limited to:

- aggravations in response to herbs, homeopathic remedies or physical therapies
- allergic reactions to herbs or supplements
- pain, bruising or injury from acupuncture

Also understand that although generally safe, some treatments have complications in certain physiological conditions. Thus, it is essential to advise the care provider of all current medications (including prescription and over the counter herbs and supplements) and any changes in these medications.

PRIVACY POLICY

At Healing Path Centre for Natural Medicine, we understand the importance of protecting your personal information. Our Privacy Policy:

- only necessary information is collected about you;
- only with your consent do we share information with others outside the clinic;
- storage, retention, and destruction of your information complies with existing law;
- our policy conforms to privacy legislation and standards of our regulatory body, College of Naturopaths of Ontario.

We collect personal information in order to:

- assess your health and provide treatment;
- establish and maintain contact with you for appointments, invoicing, follow-up care;
- facilitate your insurance claims;
- comply with regulatory requirements and laws under the Naturopathy Act, 2007.

By signing below you indicate that you have read and understand the rates (on page 2 of this form), the consent form and the privacy policy above.

Patient name (please print): _____

Parent of Guardian name: _____ Parent (or Guardian)

Signature: _____

Naturopathic Doctor's signature: _____ Date: _____