

## INFANT INTAKE FORM

Please use this form for infants newborn to 6 mos of age.

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. \_\_\_\_\_

Birth Weight \_\_\_\_ lbs \_\_\_\_ oz      Birth Height \_\_\_\_\_

Current Weight \_\_\_\_ lbs \_\_\_\_ oz      Current Height \_\_\_\_\_

### 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
- any chance of pregnancy
- breastfeeding

### 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 1 of this form), the consent form and the privacy policy above.

Patient name (please print): \_\_\_\_\_

Patient (or Guardian) name: \_\_\_\_\_ Parent (or Guardian) signature: \_\_\_\_\_

Naturopathic Doctor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_