Dr. Lisa Bloomer, Doctor of Naturopathic Medicine
14845 Yonge St. Unit 4 Hunter's Gate Plaza
Aurora, ON L4G 6H8 **(905) 727-6500**
www.standrewschiro.ca info@standrewschiro.ca

Dear Patient,

This letter will confirm that you have an appointment with Dr. Lisa Bloomer, Naturopathic Doctor on ___________________________ at ____________________.

In order to best help you, I will need to know about your medical history. Please take a few moments to read this welcome package and fill in the questionnaires and the enclosed food diary. Please bring your completed questionnaires and food diary to your first appointment. These forms will be reviewed with you at your initial consultation, your concerns will be discussed, a physical examination will be performed if indicated and a treatment protocol is usually begun, depending on the complexity of your concerns and your history. Initial Naturopathic consultations are 1 ½ hours in length. Follow-up visits are 30 minutes in length.

If your address or daytime phone number changes before your initial appointment please notify me of the change. If you have any questions please do not hesitate to call my office at (905) 727-6500. Please allow 24 hours if it becomes necessary to cancel your appointment.

Directions: St. Andrew's Chiropractic & Wellness is located at 14845 Yonge Street, Unit 4 at the intersection of Yonge St. and Dunning Ave., in the Hunter's Gate Plaza.

Naturopathic Care Fee Schedule

Naturopathic Consultation Fee Schedule

Service	Fee
Initial Adult Consultation (1 ½ hours)	$210
Subsequent Adult Consultation (30mins)	$ 80
Initial Pediatric Consultation (age 16 & under) (1-1.5hrs)	$175
Subsequent Pediatric Consultation (age 16 & under)	$ 80
Senior (age 65+) & Student (F/T undergrad) Initial Consultation	$175
Subsequent Senior & Student Consultation	$ 80
Acupuncture (single treatment after initial Consultation)	$ 65
Cosmetic Acupuncture (1.5-2 hrs)	$150
Healthy & Active Metabolic Program	$550 (incl 2 visits + bloodwork & nutr. plan)
Telephone Consultations:	$45 (0-15 mins) $80 (15-30 mins) $125 (30-45 mins) $150 (45-60 mins)

Diagnostic Testing Fee Schedule

Test	Fee
Koenisburg Adrenal Function Test	$ 23
Obermeyer Bowel Toxicity Test	$ 40
Urine Dipstick	$ 14
Hair Mineral Analysis Testing	$ 105

Hormone saliva tests and Genetic (Nutrigenomix Genetic) tests are available upon request. Prices vary for each individual test.

*Fees are payable by a personal cheque, VISA, Mastercard, debit or cash at the end of each visit. Consultations are exempt of HST, however HST is applied to all other fees (e.g. supplements). NSF cheques are subject to a $25 fee.
*Any Prescribed supplements/botanicals/homeopathics and/or appliances are not included in the above fees.
*Please note that these fees are not covered by OHIP, however they may be covered by your extended health care plan.
*Please provide 24 hours notice if you need to cancel any appointments, otherwise you will be billed for the full consultation fee.

I have read, fully understand and agree to honour the fee schedule listed above:

Date:__________________________ Patient's signature:__________________________

Last modified: Dec 8, 2015

INTRODUCTION TO NATUROPATHIC MEDICINE

Naturopathic Medicine is an exciting way of looking at health and wellness that takes its roots in many ancient healing traditions. One of the main principles of Naturopathic philosophy is treating the whole person; mind, body and spirit. In this way, we see health as the normal state in the body, which is easily influenced by our environment, our every day experiences and our emotions. The Naturopathic practitioner seeks to discover the underlying causes of illness, and rather than merely suppressing the symptoms of the disease we support the body and promote healing with various remedies and lifestyle changes. Our fundamental philosophy is to trust that within each person, when obstacles are removed, there is an innate ability to heal ourselves.

It follows then that there is much emphasis on self responsibility for health, prevention and patient education. Naturopathic Doctors do their very best to listen carefully to what their patient has to say about their bodies and their state of mind and then, as treatment continues, help the patient to understand how and why certain diseases may have manifested within their bodies and how changing lifestyle, diet and using various remedies will help them to make positive changes with their health. Naturopathic health care is for those who want to take control of their lives and their health. It is for those who want to understand which actions and attitudes contribute to better health.

A Naturopathic Doctor Will Use Many Healing Modalities

Your Naturopathic doctor can draw from a wide range of therapies, and will develop a program specially designed for you. The most common modalities, which may be used individually or in combination, are described below:

Clinical Nutrition

There is an intrinsic relationship between nutrition and wellness. Naturopathic practitioners deal with a wide range of problems relating to nutrition, including factors that interfere with the body's absorption and utilization of nutrients and the diagnosis and treatment of numerous conditions that result from inadequate or defective nutrition. Dietary modifications, nutritional supplementation and detoxification can dramatically improve one's health.

Botanical Medicine

Medicines derived from plants and other natural sources have been used for centuries in the treatment and prevention of disease and for maintaining a state of well being and are the subject of a growing number of clinical research studies. While the active ingredients of some plant medicines are extremely powerful, they are safe and highly effective when administered by a trained Naturopathic Doctor. Your naturopathic doctor may use more than one at a time, since in many cases the healing effects of these remedies in combination are greater than the sum of their individual actions.

Traditional Chinese Medicine and Acupuncture

Chinese pulse and tongue diagnosis, acupuncture and the use of Eastern botanical medicines comprise oriental Medicine, a system of health care that has been used effectively for thousands of years in Asia, but which has only been introduced to North America in the 20th century. Since its introduction Naturopathic practitioners have used needle acupuncture and Eastern botanicals as a traditional part of Naturopathic practice. Acupuncture has been tested clinically in the treatment of chronic pain and in the weaning from addictive substances such as nicotine, caffeine and many drugs.

Homeopathic Medicine
Originally developed during the 18th century by the physician Hahnemann, homeopathic medicine uses very dilute botanical, mineral or other substances to treat specific ailments. If a homeopathic remedy is indicated, your Naturopathic Doctor will select the appropriate formulation from the thousands of homeopathic remedies available, based on your total symptom picture.

Lifestyle Counselling
The roots of Naturopathy lie in the Natural Hygiene movement, which was popular in North America in the 1800's. The corner stones of preventive health care are clean air, clean water, exercise, healthy foods and freedom from excess stress. Naturopathic Practitioners are committed to the education and guidance of their patients in making positive changes to various parts of their current lifestyle that may be inhibiting total health and wellness. Whatever your diagnosis, you can expect to receive some lifestyle counselling every time you visit a Naturopathic Doctor, since prevention is a great part of Naturopathic philosophy and fundamental to the maintenance of good health! Remember, "an ounce of prevention is worth a pound of cure!"

Who Can Be Helped With Naturopathic Medicine?

A Naturopathic doctor is a primary care physician and patients of every age and every stage of life have been helped with Naturopathic care. Many patients present with long standing, chronic conditions such as skin diseases, respiratory diseases, female disorders or gastrointestinal diseases and find much relief with the treatment plans that are available to them. Many patients present with distressing acute illnesses, which can be quickly improved to help avoid pain, loss of sleep, loss of work, and anxiety. Many patients seek a naturopathic doctor for education and prevention; you don't have to be sick to feel better. A Naturopathic program is looking toward the future. You can begin to feel better now and you can reduce the likelihood of suffering and illness later in life.

How are Naturopathic Doctors Trained?

Naturopathic Doctors must study at least 7 years to become eligible to practice in Ontario, and follow the same University pre-medical education as is received by all doctors. The Naturopathic portion of the program comprises 4 years (over 4,500 hours) of dedicated training leading to a Doctorate of Naturopathic Medicine from an approved institution, with over 1,200 hours of supervised clinical experience at the colleges out patient clinic. There are five institutions in the United States and one in Canada that offers approved naturopathic education. Graduates of the comprehensive 4-year training at the Canadian College of Naturopathic Medicine practice throughout Canada and the world.

What Can I Expect During A Visit to a Naturopathic Doctor?

On the first visit the Naturopathic doctor will take an in-depth history, do a complaint oriented physical examination and may use information from laboratory tests to make an assessment and diagnosis. First visits usually last approximately 1 ½ hours. Together with your input a treatment plan is formulated. It is very important that goals are set together so that the patient is comfortable with the Naturopathic Doctor's recommendations. Subsequent or follow up visits will follow the treatment plan and address new concerns that arise in the patient's life. Follow up visits usually last 20-30 minutes. If a course of acupuncture is recommended, a series of eight appointments over 4 weeks will likely be scheduled. These visits usually last for approximately 30-45 minutes.

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PATIENT INFORMATION FORM

Your co-operation in completing this questionnaire is essential to providing you with the highest standard of naturopathic care. All information is strictly confidential and will remain within this office. If you have any questions regarding this form please contact my office and I will be more than happy to assist you.

REGISTRATION INFORMATION

Patient's name: ____ Today's Date:____________
(first) (middle) (last) dd/ mm /yy
Date of Birth:________________ Age_______ Gender:________ Marital Status: S M D W S
dd / mm /yy
Home Address:____ City: ________________
Postal Code: ___________________Telephone Home ( )___________ Work: ( ) ________
E-mail address____
Partner/Spouse's name:_______________________Your Health Card Number:______________
Occupation:________________________ Employer: ___________________________________
Emergency Contact:_______________________________ Phone number: ________________
Are other family members patients at this clinic? Yes o Names: ___________________________
Whom may I thank for your referral to this clinic? _____________________________________

Have you previously attended a Naturopathic Doctor? Yes o No o
If yes, what was the doctors name? _______________________________ Phone : ___________
If yes, may I have permission to request that your records be transferred to this office? Yes o No o
Family Physician: _____________________________________ Phone: ( ) _______________
Other Medical Specialist: ______________________________ Phone: ( ) _______________
Chiropractic Doctor: __________________________________ Phone: ( ) _______________
Other Health Care Providers: ____________________________ Phone: ( ) _______________

FINANCIAL INFORMATION

Person responsible for account: Self o Spouse o Other o
Please complete all information below if different than above:
Name: ____ Phone: ( ) _______________
(first) (middle) (last)
Address: _________________________________ City: _____________ Postal Code: ________
Employer: ____ Phone: ( )_________

HEALTH INSURANCE

Subscriber's name:	D.O.B.
Employer/Policy Holder:	Insurance year end:
Insurance Co.	Telephone
Group/Ind Policy #:	Max Coverage:

*Please note that Naturopathic Care is not covered by OHIP, but may be covered by your extended health insurance.

REASON FOR REFERRAL OR PRESENTING CONCERN

Please fill out the following chart regarding your health concerns, which have brought you to the clinic today.

Chief Concern	How long has it been going on?	What makes it feel better?	What makes it feel worse?	How has it been treated so far?
1.				
2.				
3.				

Concern 1.

Has the patient seen a medical doctor about this condition? Yes o No o If YES, when? __________
If No, why not? ____
Have you been given a medical diagnosis? Yes o No o If yes, what was the diagnosis? __________
Who made the diagnosis? ______________________Was a treatment plan recommended? Yes o No o
If Yes, did you follow the plan? Yes o No o If yes, was the treatment successful? Yes o No o

Concern 2.

Has the patient seen a medical doctor about this condition? Yes o No o If YES, when? __________
If No, why not? ____
Have you been given a medical diagnosis? Yes o No o If yes, what was the diagnosis? __________
Who made the diagnosis? ______________________Was a treatment plan recommended? Yes o No o
If Yes, did you follow the plan? Yes o No o If yes, was the treatment successful? Yes o No o

Concern 3.

Has the patient seen a medical doctor about this condition? Yes o No o If YES, when? __________
If No, why not? ____
Have you been given a medical diagnosis? Yes o No o If yes, what was the diagnosis? __________
Who made the diagnosis? ______________________Was a treatment plan recommended? Yes o No o
If Yes, did you follow the plan? Yes o No o If yes, was the treatment successful? Yes o No o

Please list any other concerns you would like to discuss with the doctor: __________________________
____

Medications **Please list any medications that you take daily**

Medication	Taken since	Results

Supplements **Please list any supplements that you take daily**

Supplement	Taken since	Results

GENERAL HISTORY

Weight ______Weight 1 year ago ________ Maximum weight ________ When ________ Height ______
When was your last physical examination? ________________________

How often do you have a bowel movement?
Once a day ☐ Twice a day ☐ More than twice a day ☐ Once a week ☐ Longer than a week apart ☐ Is there anything unusual about your bowel movements? (colour, shape, texture, amount)____________
____

Body Temperature: Are you a hot person ☐ a cool person ☐ What season do you prefer? __________
Please list any foods that you crave: ____
Are there any specific foods you crave around your menstrual cycle? ___________________________
Are there any foods you dislike or are averse to? ____
Do you have any specific dietary restrictions? ____
Do you have any known food sensitivities? ____
How many glasses of water do you drink a day? _________
How often have you taken a course of antibiotics in the past 2 years? ___________________________
Have you ever been tested for tuberculosis? Yes ☐ No ☐ Was it positive? Yes ☐ No ☐
Do you have any sensitivities to pharmaceutical drugs? Please list _________________________________
Do you have any environmental allergies? Please list ____
Sexual Preferences: Heterosexual ☐ Homosexual ☐ Bisexual ☐
What vaccinations have you had? ____
Have you ever reacted negatively to a vaccine? Yes ☐ No ☐ What was your reaction? _____________

Have you had any surgery?

Operation	When	Complications (if any)

What major injuries have you had?

Injury	When	Long Term Effects (if any)

Please check off any of the following that apply to you:

☐ use tobacco
☐ use alcohol
☐ diet often
☐ sleep well
☐ enjoy your work
☐ contact tobacco smoke
☐ use caffeinated beverages
☐ eat three meals a day
☐ wake rested
☐ take vacations
☐ use "recreational" drugs
☐ face excess stress
☐ become exposed to chemicals
☐ average 6-8 hours of sleep
☐ watch television
☐ exercise regularly: what forms:______________________
☐ do not exercise regularly

FOR WOMEN ONLY

Last menstrual period _____ Last pap (date) _____ Were there any abnormalities found? Yes ☐ No ☐
Last breast exam ___________Who performed it? ______________ Last mammogram? __________
History of breast cysts/lumps/density? Yes☐ No☐
Family history of breast or ovarian cancer? Yes ☐ No ☐
Age menses began ______ Average number of days bleeding ____ Length of cycle (days)___
Pregnant? Yes ☐ No ☐ Expected Due date?______________ Difficulty conceiving Yes ☐ No ☐
Number of Pregnancies _______ Number of live births ______ Number of miscarriages _____
Menopausal? Yes ☐ No ☐ Last Menstruation date: ____________ HRT? Yes ☐ No ☐
Have you had a bone density scan? Yes ☐ No ☐ When? _________________ Result? ________

Obstetric History

Please fill out this section relating to all pregnancies and births
Your health at conception: Excellent ☐ Good ☐ Fair ☐ Poor ☐
Age at conception ___________________ Was conception assisted with technology? Yes ☐ No ☐
Were there any of the following complications during pregnancy? ☐ nausea and vomiting
☐ Bleeding ☐ Gestational diabetes ☐ Toxemia ☐ High blood pressure
☐ Excessive weight gain ☐ Medication ☐ Alcohol use ☐ Recreational drug use
☐ Previous infertility ☐Edema ☐ Preterm labour
☐ Excessive mental/emotional stress ☐ Smoking/second hand smoke exposure
☐ Chemical exposure ☐Accidents/injuries ☐ Herpes outbreak ☐Thyroid
Pregnancy length (weeks): _________ Labour length _____ Second stage (pushing) length ______
Home birth ☐ Hospital birth ☐ Vaginal birth ☐ C-section ☐
Pain Meds? ☐ which? ____
Any complications with the labour or birth? ____
☐ premature ☐ forceps ☐ vacuum extraction ☐ breech ☐ epidural
☐ blue baby ☐ meconium in amniotic fluid ☐suction required ☐ artificial rupture of membranes
☐premature rupture of membranes ☐ prolapsed cord ☐ Strep B+ ☐ placenta previa
☐ Rh factor incompatibility ☐fetal distress ☐ cephalopelvic disproportion (head too big)
☐ gel induction ☐ pitocin drip induction ☐ failure to progress/stalled labour -at what point? ________
☐ abrupto placenta ☐ hemorrhage ☐ episiotomies ☐ tear of perineum degree: ____
☐ oxygen required ☐post partum depression (baby blues) ☐ multiple births
Babies height at birth: _____________ Weight at birth: ______________ APGAR Scores: _______
Any other comments about your pregnancies, labours or births: ______________________________

Patient Past History

Which (if any) of the following conditions do you currently have or have had in the past?

☐ Artificial heart valve
☐ Cancer
☐ Influenza
☐ Kidney disease
☐ Leukemia
☐ Malaria
☐ Measles
☐ Mononucleosis
☐ Multiple sclerosis
☐ Migraine
☐ Strep throat
☐ HIV
☐ Pelvic Inflammatory Disease
☐ PMS
☐ Radiation Therapy
☐ Rheumatic Fever
☐ Rubella
☐ Scarlet fever
☐ Sexual abuse
☐ Mumps
☐ Ovarian cysts
☐ Organ transplant
☐ Chemotherapy
☐ Chickenpox
☐ Diabetes
☐ Endometriosis
☐ Fibroid tumours (uterine)
☐ Gallstones
☐ Hepatitis A
☐ Hepatitis B
☐ Hepatitis C

☐ Skin Diseases
☐ Sunstroke
☐ Stroke
☐ Syphilis
☐ Osteoporosis
☐ Tuberculosis
☐Typhoid fever
☐ Warts
☐ Whooping Cough
☐ Yellow Fever

Any other medical conditions? ____

Have any of the above listed conditions afflicted or led to the death of any of your family member? If so, indicate their relation to you (e.g. Mother, brother, aunt, grandparent, child etc.) and their age at the time of their illness or death: ____
____

SYMPTOM RECORD

Please check the appropriate box for any of the following symptoms, which you now have or have had previously. Do not check a box if the symptom does not relate to your specific history.

C = Constant F= Frequent O = Occasion

C F O

NEUROLOGICAL

o o o allergy
o o o fatigue/weakness
o o o chills
o o o convulsions/seizures
o o o dizziness
o o o fainting
o o o paralysis
o o o fevers
o o o headaches
o o o loss of sleep
o o o loss of memory
o o o loss of balance
o o o ringing in ears
o o o nervousness
o o o anxiety
o o o depression
o o o phobias
o o o tension
o o o alcohol/drug abuse
o o o neuralgia
o o o numbness/tingling
o o o sweats
o o o tremors
o o o muscle weakness
o o o involuntary jerking
o o o speech problems

MUSCLE & JOINT

o o o arthritis
o o o bursitis
o o o foot trouble
o o o hernia
o o o low back pain
o Artificial joints (hip, knee)
o o o neck pain
o o o neck stiffness
o o o joint pain
o o o joint stiffness
o o o broken bones
o o o muscle spasms
o o o muscle cramps
o o o weakness
o o o joint swelling
o o o backache

RESPIRATORY

o o o chest pain
o o o chronic cough
o o o sputum
o o o spitting up blood
o o o difficulty breathing
o o o bronchitis
o o o pneumonia
o o o pleurisy
o o o emphysema
o o o throat phlegm
o o o wheezing
o o o asthma
o o o pain on breathing
o o o shortness of breath
o o o at night?
o o o lying down?
o o o tuberculosis

EARS

o o o deafness
o o o ear aches
o o o ear discharges
o o o ear noises(ringing)
o o o tubes in ears
o o o ear infections

MOUTH & THROAT

o o o dental cavities
o o o gum problems
o o o enlarged glands
o o o enlarged thyroid
o o o heat/cold intolerance
o o o sore tongue/mouth
o o o sore throat
o o o lumps in neck
o o o tonsillitis
o o o loss of taste

EYES

o o o eye pain
o o o impaired vision
o o o wear glasses/contacts
o o o blind spot

C=Constant F=Frequent O=Occasional

C F O

Eyes Cont'd

o o o blurring
o o o double vision
o o o crossed eyes
o o o glaucoma
o o o cataracts
o o o bothered by the sun
o o o far sighted
o o o near sighted
o o o itching
o o o redness
o o o discharge
o o o tearing/dry eyes

NOSE & SINUSES

o o o hay fever
o o o colds
o o o loss of smell
o o o hoarseness
o o o nasal obstruction
o o o nosebleeds
o o o sinus infections

CARDIO-VASCULAR

o o o rapid heart beats
o o o slow heart beat
o o o palpitations/fluttering
o o o murmurs
o o o angina
o o o swelling of ankles
o o o night sweats
o o o hardening of arteries
o o o high blood pressure
o o o low blood pressure
o o o pain over heart
o o o poor circulation
o o o rheumatic fever
o o o cyanosis
o o o past ECG
o o o deep leg pain
o o o cold hands/feet
o o o varicose veins
o o o thrombo-phlebitis
o o o leg cramps
o o o extremity numbness
o o o extremity coldness
o o o extremity swelling

GASTROINTESTINAL

o o o excessive hunger
o o o excessive thirst
o o o poor appetite
o o o poor thirst
o o o difficult digestion
o o o trouble swallowing
o o o burping or gas
o o o indigestion
o o o heartburn
o o o nausea
o o o vomiting
o o o vomit blood
o o o hypoglycemia
o o o diabetes
o o o ulcer
o o o colitis
o o o constipation
o o o diarrhea
o o o bloating
o o o abdominal pain
o o o gall bladder trouble
o o o liver disease
o o o jaundice
o o o hemorrhoids
o o o rectal bleeding
o o o blood in stool
o o o black, tarry stool
o o o pale stool
o o o green stool
o o o mucus in stool
o o o well formed stool
o o o intestinal worms
o o o candida
o o o food allergy
o o o hernias
o o o sudden loss of weight
o o o sudden gain of weight
o o o restrictive dieting
o o o trouble losing weight

SKIN

o o o boils
o o o eczema
o o o hives
o o o acne
o o o colour change
o o o change in mole
o o o skin cancer
o o o nail changes
o o o lumps
o o o bruise easily
o o o dryness/moistness
o o o psoriasis
o o o itching
o o o skin rash
o o o varicose veins

GENITO-URINARY

o o o bed wetting
o o o blood in urine
o o o frequent urination
o o o frequency at night
o o o loss of urine control
o o o kidney infection
o o o painful urination
o o o frequent infection
o o o urgency
o o o hesitancy
o o o prostate trouble
o o o pus in urine
o o o smell of urine
o o o blood in urine

MALE REPRODUCTIVE

o o o testicular mass
o o o testicular pain
o o o sexually active?
o o o venereal disease
o o o discharge or sores
o o o diminished sex drive

FEMALE REPRODUCTIVE

o o o cramps before menses
o o o cramps during menses
o o o heavy flow (1pad/hr)
o o o light flow
o o o spotting midcycle
o o o irregular cycle
o o o painful cycle
o o o vaginal discharge
o o o vaginal itching
o o o painful intercourse
o o o PMS

Female reproductive Cont'd

o o o birth control?
o o o sexually active?
o o o sexual difficulties
o o o venereal disease
o o o diminished sex drive

BREASTS

o o o do you so self exam?
o o o lumps
o o o pain (or tenderness)
o o o nipple discharge

BLOOD/LYMPHATIC

o o o anemia
o o o easy bleeding
o o o easy bruising
o o o past transfusions

IMMUNE

o o o sick often
o o o easily become ill
o o o fatigue

Please find a consent form and a diet diary on the following pages.

NATUROPATHIC MEDICINE INFORMED CONSENT

Naturopathic medicine is, as the name implies, 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 are used. Diet and nutritional supplements, botanical medicine, homeopathy, oriental medicine and acupuncture, hydrotherapy, physical medicine and lifestyle counseling are the mainstays of naturopathic medicine.

Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes and to promote health. The benefits include increased energy, increased gastrointestinal function, improved immunity and general well being.

Botanical Medicine is the use of herbal teas, tinctures, capsules and other forms of herbal preparations to assist in the recovery from injury and disease. These compounds are also used to boost the body's immune system and prevent disease.

Homeopathy is a form of medicine based on the law 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 origin are used to stimulate the body's ability to heal itself. Homeopathy is a powerful tool and effects healing on a physical and emotional level.

Oriental medicine includes acupuncture, as well as the use of botanical formulas and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized needles through the skin into underlying tissues at specific points on the surface of the body. Sometimes moxa (a compressed herb in the form of a stick) is burned over an acupuncture point to help relieve symptoms. Botanical formulas may be given in the form of pills, tinctures, extracts or decoctions (strong teas) to be taken internally or used externally as a wash. Herbal formulas may include shell, mineral and animal materials as well as plants. 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.

As Naturopathic Medicine is a holistic approach to health, ***lifestyle*** is considered relevant to most health problems. Your naturopath will help you to identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

Your naturopath will take a thorough case history, do a screening physical examination, which could include a breast exam on females, and request bloodwork and urine tests as needed. If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams or your naturopath may request you visit your medical doctor for such exams.

Even the gentlest therapies have their complications, especially in certain physiological conditions such as pregnancy and lactation, or in very young children. 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 practitioner immediately of any disease process that you are suffering from, or if you are pregnant, suspect you are pregnant or you are breast feeding.

PLEASE TURN OVER

There are some 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, intramuscular injections or acupuncture;
- Fainting or puncturing of an organ with acupuncture needles, accidental burning of skin from the use of moxa;

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 unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my record at anytime and can request a copy of it by paying the appropriate fee. I understand that information from my record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that the naturopath will answer any questions I have to the best of her/his ability.
I understand that results are not guaranteed. I do not expect the naturopath to be able to anticipate and explain all risks and complications. I will rely on her/him to exercise judgment during the course of the procedure which she/he feels at the time is in my best interests, based upon the facts then known.

I have read the above information and with this knowledge, I voluntarily consent to the diagnostic and therapeutic procedures mentioned above, except for: (please list exceptions)
____

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.

Signature of Patient or Guardian _______________________ Date: _________________
Last Modified May 1, 2005

PLEASE DON'T FORGET TO COMPLETE THE FOOD DIARY ON THE NEXT PAGE PRIOR TO YOUR APPOINTMENT.

Food Diary

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Other Comments:						

*Please use this form to document a full week of meals. Be as accurate as possible. Record all food, drink, and supplements taken during these seven days.