

Adult Naturopathic Intake Form
Lauren Hungler ND
Gordon Street Chiropractic Centre
403 Arkell Rd, Unit 6, Guelph, ON, N1L 1E5
www.laurenhunglernd.com
519-837-0411

IMPORTANT INFORMATION FOR NEW PATIENTS

Congratulations for putting your health first and investigating Naturopathic Medicine and its benefits to your health care program. Naturopathic Doctors are trained like primary health care providers: we use similar physical exams and laboratory tests and recognize the same signs and symptoms. The main difference between a Naturopathic Doctor and your conventional family doctor is the philosophy of care and the treatments are different. Naturopathic Doctors strive to treat the whole person and find the underlying cause of the condition.

TREATMENTS INCLUDE:

- Diet and Nutritional supplementation
- Herbal medicine- the use of plants in tea, tincture or other extraction.
- Homeopathy-the use of dilute plant, mineral or animal substances.
- Hydrotherapy- the use of water treatments to affect circulation and detoxification.
- Traditional Chinese medicine and Acupuncture.

In making your appointment you have implied that you are ready to make some changes in your life to experience better health. Taking the time to fill out this health questionnaire fully will help us to understand your goals and expectations. Together, we will formulate a health care plan that will work for you. Please bring any medications or supplements that you are currently taking with you to your initial appointment.

All of the information that you share with us is kept confidential. Your Naturopathic Doctor is the only one that will review these forms unless you request that we consult on your case with another practitioner.

FEE SCHEDULE

Adult & Pediatric initial visit - \$205
Adult & Child 2nd visit- \$137
Follow up visit- \$95
Acupuncture visit- \$85
Pre-Book 6 Acupuncture Visit Bundle- \$70 each
Phone Consults- \$53
Acute Visits- \$53

Naturopathic treatment is not covered by OHIP; however naturopathic visit fees are covered by most extended health insurance plans. Payment at the time of service is expected and a receipt will be issued that complies with insurance companies requirements for re-imbusement. Gordon Street Chiropractic Clinic accepts cash, debit, Visa and Mastercard.

CANCELLATION POLICY

If you need to cancel an appointment please give us at least 24 hours notice. A last minute cancellation prevents us from booking other clients who are waiting for a suitable time to come in. Appointments that are cancelled without notice will be charged a \$65 fee (exceptions will of course be made in unavoidable circumstances).

WHAT TO DO WHEN YOU ARRIVE

When you arrive at the clinic please check in at the front desk.

Your first appointment will last approximately an hour. We will talk about your chief concerns as well as your lifestyle and any other issues that may arise in the visit. At the end of the appointment we will usually have a treatment plan that you are comfortable with and that is specific to your individual needs. Your treatment plan will be written out for you to take home after your appointment. We generally see patients 3 weeks after for their second visit and return and follow up visits will be used to monitor your progress at individual intervals .

DISPENSARY

We maintain a small dispensary in our clinic that can supply you with some of the supplements that you may be prescribed. We only carry supplements where quality or formulation is an issue or items that may be very difficult to find elsewhere. All of the supplements, herbs and homeopathics in the dispensary are professional products that are available by recommendation by one of our practitioners only. You are never required to get supplements from us- it is always your choice.

PEDIATRIC VISITS

Parents are asked to accompany children on their appointments for parental input. Pediatric visits usually take 1 hour as common growth and developmental issues are also discussed in addition to the child's chief concern.

HOW TO FIND US

Gordon Street Chiropractic Clinic is in the South end of Guelph. We are located in Arkell Crossing Plaza at the corner of Arkell Rd and Victoria Rd.

We look forward to meeting with you,

Dr. Lauren Hungler

Personal Health History

**Naturopathic and preventative health care are greatly facilitated when the practitioner has a complete picture of the client physically, mentally, and emotionally. Therefore, please take the time to thoroughly complete this health history questionnaire.

Name: _____ Age: _____

D.O.B (mm/dd/yyyy) _____

Sex: _____ Occupation: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: (H) _____ (W) _____

(C) _____ email address: _____

Family Doctor: _____

How did you hear about us? (check all that apply)

Driving By Our Beautiful Office
 Google
 You are currently an amazing patient at Gordon Street Chiropractic. Who referred you? _____

Orange Theory Fitness
 Sign Outside
 We met at a Health Fair
 A friend Referred you : _____

How is your overall general health? /10 (10= best health)

How ready are you to change some of your current behaviours? /10 (10= Ready & Excited)

Primary Health Concerns: Please list in order of importance to you:

1. _____
2. _____
3. _____
4. _____

Medications: Please list all of your present medications along with dosages.

Medication	Dosage	Indication

Supplements: Please list all of your present supplements, homeopathics and herbs along with dosages and brands.

Supplement	Dosage	Indication

Do you have any allergies (drug, environmental or food)?

What symptoms do you experience with an allergy attack?

How many times have you been treated with antibiotics? _____

If female are you currently pregnant? yes no

Medical History

Have you experienced any of the following conditions?

	Now	Past	Never		Now	Past	Never
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperthyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypothyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver dz/Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Please indicate any serious conditions, illnesses or injuries and any hospitalizations; along with approximate dates.

Family History:

Please indicate if a close relative has had any of the following:

Condition	Who?	Condition	Who?
Allergies		Hay fever	
Anemia		Heart disease	
Arthritis		High blood pressure	
Asthma		Kidney disease	
Bleeding		Seizure/epilepsy	
Cancer		Sickle cell anemia	
Diabetes		Stroke	
Depression		Thyroid (hyper/hypo)	
Drug/alcohol abuse		Tuberculosis	
Eczema		Venereal disease (std)	
Glaucoma		Other	
Gout			

Social History:

Are you currently married divorced Number of children _____

How would you describe your family relationships?

Do you exercise regularly? yes no What do you do for exercise, how much, how often?

How stressful is your work or other aspects of your life on a scale of 1- 10 (10=highest) ? How well do you handle these stresses?

Sleep:

Do you have trouble falling asleep? yes no

Do you have trouble staying asleep? yes no

Diet:

Do you have any food intolerances or allergies? Please list.

Do you have any dietary restrictions (religious, vegetarian, vegan etc.)?

Describe a typical day's diet:

Breakfast _____

Snack _____

Lunch _____

Snack _____

Dinner _____

Snack _____

Beverages (and total quantity) _____

Do you regularly consume any of the following (include approximate amount)?

- Coffee [] _____
- Caffeinated teas [] _____
- Processed foods [] _____
- Refined foods [] _____

List any foods that you crave regardless of their nutritional value (includes chocolate, sweets, sour, salty, bread, rich/fatty food):

Are you satisfied with your diet the way it is now? Why or why not? _____

Review Of Systems: Indicate a symptom with a check mark

	Gastrointestinal		Gastrointestinal
	Constipation		Distress from fat/greasy food
	Diarrhea		Bad breath
	Alternating const/diarrhea		Body odor
	Change in bowel movements		Indigestion immed after meal
	Strain at stool		Bloating 2-3hr after meal
	Hemorrhoids		Pain 5-6hr after eating
	Black stool		Above symptoms worse stress
	Blood in stool		Heavy, full after eating
	Stool- yellow, grey, green		Nervous, shaky better sweets
	Stool- foul odor		Cravings sweets or alcohol
	Stool- undigested food		Irritable if miss meal
	# of bowel movements		Appetite change inc/decrease
	Vomiting blood		Loss of appetite
	Frequent or severe nausea		Insatiable appetite
	Heartburn		Weight change- inc/decrease

	Trouble swallowing		Diet but fail to lose weight
	Excessive belching		Eat but fail to gain weight
	Excessive lower bowel gas		Overweight
	Difficulty belching		Underweight
	Stomach cramps, colic		Compulsive eating
	Abdominal bloat/ distension		Addictive eating
	Anorexia		Yellowjaundice
	Bulimia		Bad taste in mouth
	Stomach/abdominal pain		Intestinal parasites suspected

	Female Reproductive		Female Reproductive
	Lumps in breast		Painful sex
	Nipple discharge		Lack of sexual desire
	Breast pain		Menstruation excessive
	Pelvic pain		Menstruation absent
	Discharge from vagina		Bleed/spot between periods
	Vaginal itching/burning		
	Genital eruptions		

Age of first menstruation _____ Did you have a normal puberty? _____

Is your cycle regular? [] yes [] no Periods occur every ____ days and usually last ____ days

Date of last period: _____

Date of last pap smear: _____ Was it normal? [] yes [] no

Have you ever had any issues with fertility? _____

of pregnancies: ____ # of births: ____ # of miscarriages: ____

Have you ever had any pregnancy complications? _____

	Thyroid		Adrenal
	Intolerance to cold		Easily Stressed
	Hair: thinning or increased loss		Easily/ Chronically Fatigued
	Nails: braking or ridged		Dizziness
	Increased weight gain		Salt Cravings
	Constipation		Waking at 2-4am
	Depression		Weakened Immune System
	Headaches		Craving Caffeine
	Joint stiffness and swelling		Craving Sugar
	Easily/ Chronically Fatigued		

NATUROPATHIC CONSENT TO TREATMENT FORM

Naturopathic Medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors 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, traditional Chinese medicine and acupuncture, hydrotherapy and lifestyle counselling are the mainstays of naturopathic medicine.

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

Botanical Medicine is a plant based medicine using 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 extremely diluted doses of the very thing that causes symptoms in healthy people. These minute doses of plant, animal or mineral origins are used to stimulate the

body's ability to heal itself. Homeopathy is a powerful tool and affects healing on a physical and emotional level.

Asian 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. Botanical formulas may be given in the form of pills, tinctures or decoctions (strong teas) to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

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. I will try to help you to identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

I will take a thorough case history, do a screening physical examination including breast examination if indicated.

Even the gentlest therapies have their complications in certain physiological conditions such as pregnancy and lactation, in very young children or those with multiple medications. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important that you inform me immediately of any disease process that you are suffering from or if you are taking any medications. If you are pregnant, suspect you are pregnant or you are breast-feeding please inform me as well.

There are some slight health risks to treatment by naturopathic medicine. These include but are not limited to:

- Temporary aggravation of pre-existing symptoms
- Allergic reactions to herbs or supplements
- Bruising from acupuncture or intramuscular injection

A record will be kept of health services provided to you. This record will be kept confidential and will not be released to others unless you give your consent or the law requires it. You may look at your medical record at any time and can request a copy of it by paying the appropriate fee for copying charges.

I _____ understand that my naturopathic doctor will answer any questions to the best of her ability. I understand that results are not guaranteed. I do not expect my naturopath to be able to anticipate and explain all

risks and complications. I will rely on my naturopathic doctor to exercise judgement during the course of the procedure which they feel at that time is in my best interests based on the facts then known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for: (please list any exceptions below)

I understand this consent form to cover the entire course of my 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.

Patient Name: (please print) _____

Signature of Patient or Guardian: _____

Date: _____