

CHIEF COMPLAINTS (PLEASE LIST ALL SYMPTOMS)

DO YOU SMOKE? YES NO

IF YES, WHAT? _____ HOW MUCH? _____

DO YOU DRINK ALCOHOL? YES NO

IF YES, WHAT? _____ HOW MUCH? _____

ARE YOU ON A SPECIAL DIET? YES NO

IF YES, WHAT DIET? _____

FAMILY HISTORY – HAS ANY BLOOD RELATIVE EVER HAD: (Please circle)

Depression/Mental Disorders Yes No Who? _____

Diabetes Yes No Who? _____

Heart Trouble Yes No Who? _____

Stroke Yes No Who? _____

Bleeding Disorders Yes No Who? _____

Cancer, including Leukemia Yes No Who? _____

Asthma Yes No Who? _____

Kidney Disease Yes No Who? _____

Liver Disease Yes No Who? _____

High Blood Pressure Yes No Who? _____

Allergies to medications Yes No Who? _____

What medication? _____

Other, explain: _____

PLEASE LIST ALL FAMILY MEMBERS:

RELATIONSHIP	LIVING PRESENT AGE	DECEASED	AGE AT DEATH	CAUSE OF DEATH
FATHER				
MOTHER				
BROTHER(S)				
SISTER(S)				

HAVE YOU HAD ANY SURGERIES IN THE PAST? YES NO IF YES, TYPE OF SURGERY AND WHEN? _____

PLEASE DESCRIBE ALL SERIOUS ACCIDENTS AND SEVERE INJURIES: _____

DIAGNOSTICS (Please circle)

ABNORMAL CHEST X-RAY	YES	NO	WHEN? _____
HEART MURMUR	YES	NO	WHEN? _____
ABNORMAL EKG	YES	NO	WHEN? _____
AGINA PECTORALIS	YES	NO	WHEN? _____
ENLARGED HEART	YES	NO	WHEN? _____
HEART ATTACK	YES	NO	WHEN? _____
RHEUMATIC FEVER	YES	NO	WHEN? _____
HIGH BLOOD PRESSURE	YES	NO	WHEN? _____
GALL STONES	YES	NO	WHEN? _____
HEPATITIS	YES	NO	WHEN? _____ WHAT KIND? _____
CIRRHOSIS OF THE LIVER	YES	NO	WHEN? _____
ABNORMAL STOMACH X-RAY	YES	NO	WHEN? _____
COLON OR BOWEL TROUBLE	YES	NO	WHEN? _____
RECTAL TROUBLE	YES	NO	WHEN? _____
HEMORRHOIDS OR PILES	YES	NO	WHEN? _____
DYSENTARY	YES	NO	WHEN? _____
KIDNEY/BLADDER INFECTION	YES	NO	WHEN? _____
KIDNEY STONES	YES	NO	WHEN? _____
OTHER KIDNEY DISEASE	YES	NO	WHEN? _____ WHAT KIND? _____
ANEMIA	YES	NO	WHEN? _____ WHAT KIND? _____
POOR BLOOD CLOTTING	YES	NO	WHEN? _____
DIABETES	YES	NO	WHEN? _____ WHAT KIND? ____ INSULIN?
GOUT	YES	NO	WHEN? _____
OVERACTIVE THYROID	YES	NO	WHEN? _____
UNDERACTIVE THYROID	YES	NO	WHEN? _____
GOITER	YES	NO	WHEN? _____
ARTHRITIS	YES	NO	WHEN? _____
PHLEBITIS	YES	NO	WHEN? _____
VENEREAL DISEASE	YES	NO	WHEN? _____
SKIN DISEASES	YES	NO	WHEN? _____ WHAT KIND? _____
SERIOUS DEPRESSION	YES	NO	WHEN? _____

MEN ONLY

PROSTATE TROUBLE	YES	NO	WHEN? _____
OTHER ILLNESSES	YES	NO	WHAT KIND? _____

WOMEN ONLY

AGE PERIODS STARTED	_____		
MENSTRUAL DIFFICULTIES	YES	NO	WHEN? _____ PLEASE EXPLAIN: _____
STILL MENSTRUATING?	YES	NO	DATE OF LAST MENSTRUAL PERIOD: _____
ARE YOUR PERIODS REGULAR?	YES	NO	
OVARIAN CYST	YES	NO	WHEN? _____
CYSTITIS	YES	NO	WHEN? _____

INFORMED CONSENT

Naturopathic Medicine is the treatment and prevention of diseases by natural means. Naturopathic Physicians 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. Your Naturopathic Doctor will take a thorough case history, perform a basic/complaint-oriented physical examination, and on occasion take blood for laboratory investigation. If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams. As some services are not provided at the office of your Naturopathic Doctor, an appropriate referral will be made.

It is very important that you inform your Naturopathic Doctor immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise your Naturopathic Doctor if you are pregnant, suspect you are pregnant or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

There are some slight health risks associated with treatment by Naturopathic Medicine.

These include but are not limited to:

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms.
 - When this occurs the duration is usually short.
- Some patients experience allergic reactions to certain supplements, herbs and IV nutrients. Please advise your Naturopathic Doctor of any allergies you may have.
- Pain, bruising, or injury from venipuncture or parenteral therapy.
- Intravenous Therapies run the risk of anaphylaxis, though in practice this is rare.
- Your Naturopathic Doctor is trained to handle emergencies should the need arise.

Your 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.

I understand:

- My Naturopathic Doctor will explain to me the exact nature of treatment provided and will answer questions I may have.
- I am free to withdraw my consent and to discontinue treatment at any time.

Patient Name (Please print name):

Signature of Patient or Guardian: _____ Date: _____