

## Naturopathic Pediatric Intake Form (ages 6 and under)

Date: \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_ Male  Female   
(Last) (Middle) (First) (dd/ mm/yy)

Address: \_\_\_\_\_  
(Street) (Apt/Suite #) (City) (Postal Code)

Country of Birth: \_\_\_\_\_ Daycare  Homecare  Montessori

### Parent/Guardian Information

Name of Parent(s)/Guardian(s): \_\_\_\_\_/\_\_\_\_\_

Occupation of Parent(s)/Guardian(s): \_\_\_\_\_/\_\_\_\_\_

Home ph: \_\_\_\_\_ Mobile ph: \_\_\_\_\_ Work ph: \_\_\_\_\_

Email address: \_\_\_\_\_ (addresses will never be sold, shared or traded)

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number where they can be reached: \_\_\_\_\_

### Current Health Concerns

- |          |          |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

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Address: Unit 3 - 9 Chippewa Road, Sherwood Park, SB

**Medical History**

Current /past illnesses, conditions, and hospitalizations:

List of Medications /Supplements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/Sensitivities (foods, drugs, pets, seasonal, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Date of last blood test: \_\_\_\_\_

Date of last antibiotic use: \_\_\_\_\_

Date of last optometrist appt: \_\_\_\_\_

**Pre-Natal Information**

Age of Parents at Conception: Mother \_\_\_\_\_ Father \_\_\_\_\_

Maternity Leave: Yes  No  if yes, how long before returning to work: \_\_\_\_\_

Conception: Natural  Assisted

Tests done during pregnancy: \_\_\_\_\_

Complications during pregnancy: \_\_\_\_\_

Was there exposure to different substances before conception or during pregnancy (see below):

Cigarettes  Alcohol  Environmental  Other  \_\_\_\_\_

Significant Events or Trauma during pregnancy (physical and/or emotional)

\_\_\_\_\_

**Neo-Natal Information:**

Labour and Delivery:

Gestation period (in weeks): \_\_\_\_\_ Duration of labour: \_\_\_\_\_

Type of birth: Home  Hospital  Vaginal  C-section

Any complications during birth: \_\_\_\_\_

APGAR score: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ Birth Height: \_\_\_\_\_

**Feeding History**

Fed via: Breast  if so, how long? \_\_\_\_\_

Bottle  if so, how long? \_\_\_\_\_ Reason(s): \_\_\_\_\_

Type of Formula: \_\_\_\_\_

Major Developmental Milestones (please indicate age):

First Roll: \_\_\_\_\_

First Unassisted Sitting Position: \_\_\_\_\_

First Crawl: \_\_\_\_\_

First Walk: \_\_\_\_\_

First Word: \_\_\_\_\_

First Teeth: \_\_\_\_\_

Potty Trained: Yes  No

**Family History**

Please indicate if a close relative has any medical conditions currently or in the past:

P. Grandfather		M. Grandfather	
P. Grandmother		M. Grandmother	
Father		Mother	

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**Review of System [ROS]**

*Circle Conditions That Apply or Have Had in The Past*

General (Fever, Illness, Hospitalization, Injury, Other): \_\_\_\_\_

Head (Swelling, Rash, Hair loss, Head Injury Other): \_\_\_\_\_

Eyes (Discharge, Redness, Infection, Injury, Other): \_\_\_\_\_

Ears (Discharge, Infection, Ear Injury, Other): \_\_\_\_\_

Nose (Discharge, Allergy, Bleeding, Injury, Other): \_\_\_\_\_

Mouth (Lesion, Cavities, Swelling gums, Infection, Other): \_\_\_\_\_

Skin (Rash, Warts, Infection, Mole, Birth Mark, Other): \_\_\_\_\_

Neck/Throat (Sore throat, Infection, Swollen glands, Other): \_\_\_\_\_

Respiration (Cough, Infection, Asthma, Wheezing, Other): \_\_\_\_\_

Cardiovascular (Cyanosis, Sweating, Circulation difficulty, Other): \_\_\_\_\_

Digestion (Allergy, Diarrhea, Constipation, Vomiting, Other): \_\_\_\_\_

Urinary (Rash, Redness, Discharge, Blood in urine, Frequency, Other): \_\_\_\_\_

Musculoskeletal (Limited Movement, Weakness, Fracture, Other): \_\_\_\_\_

Neurological (Tremour, Lethargy, Irritability, Seizures, Headaches, Other): \_\_\_\_\_

Sleep patterns (please describe): \_\_\_\_\_

\_\_\_\_\_ (how many hours): \_\_\_\_\_

Fears / Anxiety: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Informed Consent to Treat a Minor

**Naturopathic medicine** is the treatment and prevention of diseases and disorders 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 used to stimulate the body's inherent healing capacity. A variety of treatment modalities may be used.

### **Traditional Chinese Medicine (TCM)**

TCM 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 disposable, sterilized needles through the skin into underlying tissues at specific points on the surface of the body. Sometimes moxa (a compressed herb), cupping therapy, or *guasha* is used over the skin at or near specific points on the body in order to stimulate the body's energy. Botanical formulas may be given in the form of pills, tinctures, herbal extract powders, or decoctions (strong teas) to be taken internally or used externally as a wash, poultice, salve, or fomentation.

### **Diet and Nutrition**

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**

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.

### **Homeopathic Medicine**

Homeopathy, developed in the 1700's, is based on the principle of "like cures like." A remedy is selected, which in its crude form would produce in a healthy individual the same symptoms found in a sick person suffering from the specific disease. Minute amounts of natural substances (plant, animal, mineral) are used to stimulate the body's innate ability to heal, as the aim is to change the body's energy levels that lie at the root of disease. Homeopathy is a powerful tool and effects healing on a physical and emotional level.

### **Physical Medicine**

This includes the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation, therapeutic ultrasound, or heating lamps 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 naturopathic doctor will help you identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

Your naturopathic doctor will take a thorough case history, do a screening physical examination and urine samples if necessary. If your case requires, the physical may include more specific examinations such as gynecological, breast, rectal, prostate or genital exams.

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## Declaration and Consent to Treatment

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 your naturopath immediately of:

- any disease process that you are suffering from
- if you are on any medication or over the counter drugs
- any existing nutritional supplements, herbs, or health food products
- If you are pregnant, suspect you are pregnant, actively attempting to become pregnant or you are breast-feeding

There are some slight 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, acupuncture or cupping
- Fainting or puncturing of an organ with acupuncture needles, accidental burning of the skin from the use of moxa or cupping
- Muscle strains and sprains, disc injuries from spinal manipulation.
- The potential for stroke is a concern in neck manipulation, but tests will be done to screen for this possibility. Clinical research has shown that stroke-like occurrences are rare – approximately 1 in 1.5 million manipulations.

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 when law requires it. I understand that I may look at my medical record at anytime and can request a copy of it or have a report drawn up by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that my naturopathic doctor will answer any questions that I have to the best of his/her ability. I understand that the results are not guaranteed. I do not expect the naturopathic doctor to be able to anticipate and explain all risks and complications. I will rely on the 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 exceptions below):

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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.

If I am unable to make my appointment I must provide advance notification at least 24 hours before my scheduled appointment in which case no charge will be applied. Otherwise, a \$50 cancellation fee will be applied and may only be waived in cases of emergency at the discretion of the clinic.

**THIS IS TO ACKNOWLEDGE** that I have been informed and I understand that:

- I. Any treatment or advice provided to me as a patient is not mutually exclusive from any treatment or advice that I may now be receiving or may in the future from another licensed health care provider;
- II. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Alberta;
- III. No employee, student or anyone else under the Clinic's direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider;
- IV. The treatment and therapies rendered or recommended by this Clinic may be different than those usually offered by a medical doctor or other licensed health care provider.

**I DECLARE** that I have received a full and complete explanation of the treatment or services that I may receive from Dr. Jennifer Yee, Doctor of Naturopathic Medicine, and hereby authorize and consent to treatment.

**I AGREE** to pay my full account at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests, administrative fees as well as other applicable fees. I understand that these fees are non-refundable.

Patient's Full Name: \_\_\_\_\_  
First Middle Last

Parent/Guardian Full Name: \_\_\_\_\_  
First Middle Last

Date of Consent: \_\_\_\_\_  
Day Month Year

Naturopathic Doctor: Dr Jennifer Yee, ND (CNDA #1650)

\_\_\_\_\_  
**Signature of Parent or Guardian**

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