KLEINBURG
INTEGRATIVE HEALTH

NATUROPATHIC INTAKE FORM

Please Complete and Return to Reception

Successful health care and preventive medicine are only possible when the doctor has a complete understanding of their patient physically, mentally, and emotionally. The nature of your responses to the following questions will go a long way in assisting my understanding of your truest desires. Your time, thoughtfulness and honesty in completing this overview will greatly aid me to assist your health needs.

Name: _____ Date: ____

Address:_____

City/Postal Code:

Telephone number: Home: Cell:

E-mailAddress:

Age:_____ Date of Birth:_____ Gender: Female / Male

Education:_____

Married:___ Separated:____ Divorced:____ Widowed:____ Single:____ Partnership:____

Occupation:_____

Emergency contact name: _____

Phone number:_____ Relation:_____

How did you hear about this Clinic? Online (list source if known):

Referral: Yes__ No___ If yes please let us know who to thank:

Other: _____

What do you know or what would you like to learn about the naturopathic approach?

What expectations do you have from ***this*** initial visit?

What ***long term*** expectations do you have from working with your naturopathic doctor?

What is your present level of commitment to address any underlying causes of your signs and symptoms that relate to your lifestyle? Rate from 0 to 10, 10 being 100% committed.

0% 0 1 2 3 4 5 6 7 8 9 10 100%

How would you describe your general state of health? Excellent Good Fair Poor

What behaviors or lifestyle habits do you currently engage in regularly that you believe ***support*** your health?

What behaviors or lifestyle habits do you currently engage in regularly that you believe are ***self destructive***?

What potential obstacles do you foresee in addressing the lifestyle factors which are undermining your health and adhering to the therapeutic protocols which we will be sharing with you?

Who do you know that will sincerely and consistently support you with the beneficial lifestyle changes you will be making?

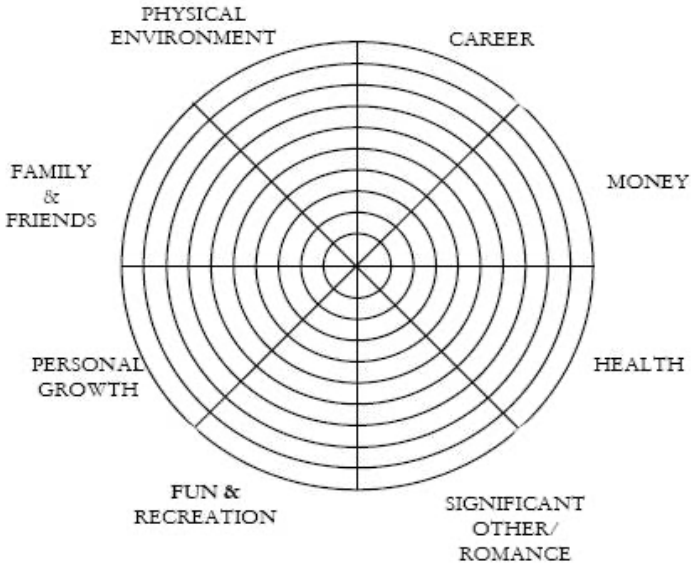
What do you love to do?

WHEEL OF BALANCE

Wellness is a balance of many factors. Using the circle, shade your level of Satisfaction in each area as it relates to you.

For example if you are 60% Satisfied in your career, shade the first six levels of the career slice.

Do the same for each area, Starting from the center point radiating outward.



STRESS

How stressful is your work? 0 = No stress 10 = Highest level of stress:

How stressful are other aspects of your life?

How do you handle these stresses?

CURRENT HEALTHCARE

Are you currently receiving healthcare? Yes / No

If yes, where are from whom? This includes MD's (please include phone and fax number), Physiotherapist, Chiropractor etc.

1.	**2.**	**3.**
Phone:	**Phone:**	**Phone:**
Fax:	**Fax:**	**Fax:**

Do you get regular screening tests done? Y / N If so, which ones? _____

_____

If no, when and where did you last receive medical or health care?

What are your most important health concerns? List as many as you can in order of importance.

1.
2.
3.
4.
5.

Do you have any known contagious disease at this time? Yes / No

If yes, what?

If you are female are you currently pregnant? Yes No (Please circle one)

GENERAL

Height:_____ Weight:_____ Weight one year ago:_____

Maximum Weight:_____ When:_____

Do you have a religious or spiritual practice? Y / N If so, what kind?

What is your family heritage?_____

CHILDHOOD ILLNESSES

Weight at Birth?:_____

Please circle whether you had any of the following as a child:

Rheumatic fever Diptheria Scarlet fever Chicken pox

German Measles Measles Mumps

HOSPITALIZATIONS/SURGERY/IMAGING

What hospitalizations, surgeries, x-rays, CAT scans, EEG, ECGs have you had (include the yr as well as procedure):

1.
2.
3.
4.

ALLERGIES

Are you hypersensitive or allergic to any drugs, foods or environmental/chemicals?

Please list any prescription medications, over the counter medications, vitamins or other supplements you are taking. Be sure to also include the brand and associated dosage

1.
2.
3.
4.
5.

Do you think that there is anything else important that has not been covered so far?

Thank-you for taking the time to fill out this intake form! I look forward to working with you in your journey towards better health.