Naturopathic Consultation with Dr. Gayle Heath

Name _____ Date _____
Date of Birth _____(y/m/d) Sex _____
Address _____ Telephone _____ (home)
_____ _____ (work)
_____ _____ (cell)
Email _____ How can we best reach you? _____
May we leave messages pertaining to your visits: Y N
Occupation _____ Ethnic Background _____

Emergency Contact:
Name _____
Telephone _____ Relationship _____
Address (if different from above) _____

Other Health Care Providers you are currently seeing:
Name 1. _____ 2. _____ 3. _____
Telephone _____ _____ _____
Specialty _____ _____ _____
Referred to Dr. Heath by _____

Please list your foremost health concerns, in order of importance to you:
1. _____
2. _____
3. _____
4. _____
5. _____

How would you rate your current state of health: Excellent Good Fair Poor

Medical Analysis
Medications (prescription and over-the-counter) and supplements, including dosages and duration of use, current and past: _____
_____
How many times, approximately, have you been treated with antibiotics? _____
Please list all allergies (food, environmental, drug) _____
_____
Please list any past serious injuries or illnesses, including when they occurred and any complications that you may have experienced _____
_____
Please list any hospitalizations or operations, including why, when they occurred and any complications _____
_____
Have you ever had an adverse reaction to a vaccine? If so, please indicate which vaccine and the nature of the adverse reaction: _____

Please indicate which family members (parents, siblings, grandparents), if any, have had or have the following conditions:

□ Diabetes _____
□ Heart Disease _____
□ High Blood Pressure _____
□ High Cholesterol _____
□ Stroke _____
□ Cancer _____
□ Seizures _____
□ Kidney Disease _____
□ Thyroid Dysfunction _____
□ Asthma _____
□ Allergies _____
□ Arthritis _____
□ Autoimmune disease _____
□ Depression _____
□ Schizophrenia _____
□ Alcohol/Drug abuse _____
□ Other Mental Illness _____
□ Other _____

Female specific

Age at menarche (first menses) _____ Number of days in typical cycle _____
Number of days of menstrual flow _____ Colour of menstrual flow _____
Blood clots in menstrual flow? _____ Date of last menses _____
Number of pregnancies _____ Number of live births _____
Are you pregnant or is there any chance that you could be pregnant now? Y N
Do you perform regular (monthly) self breast exams? Y N
Date of last mammogram _____ Any irregularities? _____
Date of last PAP test? _____ Any irregularities? _____

Male specific

Date of last physical _____ Last DRE (Digital Rectal Exam)? _____
Any irregularities (if yes, please explain)? _____

Lifestyle Analysis

Please indicate which of the following you regularly consume:

□ Tobacco How much/day _____
□ Alcohol How much per day/week/month _____
□ Caffeine Form and amount/day _____
□ Recreational Drugs Which and how often _____

Do you exercise? Y N Details _____
Current Weight _____ lbs Height _____
Have you lost or gained any weight in the past year? If so, how much and over what time period? _____

Please describe a typical day's diet:
Breakfast: _____
Lunch: _____
Dinner: _____
Snacks: _____
Beverages (including quantity): _____
Are there any foods which you exclude from your diet? For what reason? _____
_____

How often do you have a bowel movement? _____
How often do you urinate per day? _____

Are you regularly exposed to pets, tobacco smoke or other environmental toxins at home?
_____

How would you rate your energy level on an average day? (10 being the most)
1 2 3 4 5 6 7 8 9 10
How many hours of sleep do you get per night? _____
Do you have difficulty falling asleep? Y N
Do you wake up during the night Y N If yes, how often? _____
Do you feel rested on waking? Y N
Do you take naps? Y N If yes, how often? _____

How would you rate your stress level on average? (10 being the most stress)
1 2 3 4 5 6 7 8 9 10
What are sources of stress in your life?
_____
Is there anything else that you would like to mention that has not been covered or feel it is important for me to be aware of? _____
_____

Informed Consent for Naturopathic Treatment

Naturopathic Doctors use a variety of therapeutic approaches, either alone, or in combination. These include nutritional and lifestyle counselling, nutritional supplementation, Asian medicine and acupuncture, botanical medicine, homeopathy, and physical medicine.

Botanical medicine is the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist prevention and recovery from injury and disease. **Homeopathy** is a form of medicine based on the law of similars – that is the use of very minute doses of a substance to treat symptoms that would be provoked by large doses of the same substance. These minute doses are of plant, animal or mineral origin, and 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. **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, 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 massage, soft tissue 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 Naturopathic Doctor will help you to identify risk factors and make recommendations to help you optimize your physical, mental, and emotional well-being. Your Naturopathic Doctor will develop a case history, do a physical examination, and order blood and urine tests as needed. Physical exams such as gynaecological, breast, rectal, prostate, and/or genital are sometimes needed in order to provide information to make a diagnosis or for case development, or you may be referred to your medical doctor for these exams and tests.

Even mild therapies have their complications, especially in certain physiological conditions such as pregnancy, lactation, and 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 suspect or are aware of, or if you are pregnant, suspect you are pregnant, or you are lactating.

There are some risks, however rare, to treatment by Naturopathic Medicine. These include, but are not limited to:

1. Aggravation of pre-existing symptoms
2. Allergic reaction to supplements or herbs
3. Pain, bruising, or injury from acupuncture, venipuncture, or intramuscular injections
4. Fainting or puncturing of an organ with acupuncture needles
5. Accidental burning of skin from the use of moxa

This is to acknowledge that as a patient I have been informed and 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 by paying the appropriate fee.
- Any questions I have will be answered by my Naturopathic Doctor to the best of her ability.
- Results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications and I wish to rely on her to exercise judgement during the course of the procedure which she feels at the time is in my best interests, based upon the facts then known.
- Any treatment or advice provided to me by my Naturopathic Doctor is not mutually exclusive of any treatment or advice that I may now be receiving or may in the future receive from another licensed health care provider; which I agree to disclose to my Naturopathic Doctor.
- 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
- My Naturopathic Doctor has not suggested or recommended to me to refrain from seeking or following the advice of another licensed health care provider
- The treatment and therapies rendered or recommended to me by my Naturopathic Doctor, may be different then those usually offered by a medical doctor or other licensed health care provider.

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

_____

_____

I intend this consent to apply to all of my present and future naturopathic care. I understand that I am free to withdraw my consent and discontinue participation in these procedures at any time.

Name of Patient or Guardian: _____

Signature: _____ **Date:** _____

Naturopathic Doctor: Gayle Heath, N.D. License #1631
Signature: _____ **Date:** _____