Adult Intake Form

Insight Naturopathic Clinic
550 Eglinton Ave E
Toronto, ON M4P 1N9
416-322-9980

www.insightnaturopathic.com

Patient Information

Full name _____ Date of Birth _____

Address _____ Phone 1 _____

_____ Phone 2 _____

_____ e-mail _____

Emergency contact information

Full name _____

Address _____ Phone 1 _____

_____ Phone 2 _____

_____ e-mail _____

How did you hear about our clinic?

Family of friend
Name:

Healthcare practitioner
Name:
Contact:

Patient from our clinic
Name:

Other
Please specify:

Have you ever had previous Naturopathic care? Y / N

If yes, when: _____

And with whom: _____

Chief Concerns

Please list your chief medical concerns in order of importance with a brief description.

1	
2	
3	
4	
5	

Health Goals

Please briefly describe what your goals are with respect to your health and Naturopathic Medicine.

_____

What obstacles do you foresee in your healing process?

_____

_____

How committed are you on a scale from 1-10? _____

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Prescription and over-the-counter medications
Please list ALL current prescription and over-the-counter medications.

Medication	Dosage	Frequency	Duration	Reason for taking

Natural Health Products
Please list ALL current natural products (supplements, botanical tinctures, herbs, teas, homeopathic, etc).

Medication	Dosage	Frequency	Duration	Reason for taking

Are you allergic to any medications or natural health products? Y / N
If yes, please list:

_____

Please list any other known allergies:

_____

Family Health History
Please check any of the following conditions that are in your family (parents, siblings, children, grandparents, aunts, uncles, cousins).

☐ Alcoholism
☐ Epilepsy/seizures
☐ Mental/psychiatric illness
☐ Cancer
☐ Glaucoma
☐ Diabetes
☐ Thyroid problems
☐ Anemia
☐ Heart disease
☐ Arthritis
☐ Asthma
☐ Hypertension
☐ High Cholesterol
☐ Eczema
☐ Other _____

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Other Healthcare Practitioners and Medical Specialists

Name: _____ Address: _____
Type: _____ _____
Clinic name: _____ Tel #: _____

Name: _____ Address: _____
Type: _____ _____
Clinic name: _____ Tel #: _____

Name: _____ Address: _____
Type: _____ _____
Clinic name: _____ Tel #: _____

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Declaration of Consent to Naturopathic Treatment

Naturopathic medicine is the treatment and prevention of diseases by natural means. Gentle techniques are used to stimulate the body's inherent healing capacity. Naturopaths assess the whole person, including physical, mental, emotional and spiritual aspects of the individual. Your visit may consist of a thorough case history and a screening physical examination, including a breast exam for female patients. If your case indicates, the physical examination may also include more specific examination of sensitive areas such as genital and rectal examinations. It is important that we are informed of any diseases that you are suffering from and if you are on any medications or over-the-counter drugs. If you are pregnant, suspect you are pregnant or breastfeeding, please inform us immediately.

There are some slight health risks to treatments in the naturopathic scope of practice. These include but are not limited to: Aggravation of pre-existing symptoms; Allergic reactions to supplements or herbs; Pain, bruising, fainting or injury from acupuncture, venipuncture, intramuscular or intravenous injection; Puncturing an organ with acupuncture needles. The results from naturopathic treatments are not guaranteed and not all risks and complications can be anticipated nor explained.

I agree to abide by the financial policies as outlined, and I accept full responsibility for any fees incurred during the treatment. I agree discharge this responsibility at the time of the visit via payment in full.

I have read all of the foregoing information and I understand that: The ultimate responsibility for my health is my own; I will be seeing a Naturopathic Doctor (ND) not a Medical Doctor (MD); The naturopathic doctors at Insight Naturopathic Clinic work within the naturopathic scope of practice; Any advice or treatments given to me as a patient of Insight Naturopathic Clinic is not mutually exclusive from any advice or treatment I have received in the past, receive now, or receive in the future from any other licensed healthcare practitioner; I am at liberty to seek or continue medical care from any other healthcare provider; No healthcare provider or employee under the direction of Insight Naturopathic Clinic has made the recommendation to me to refrain from seeking or following the advice of another healthcare provider.

Printed Name
(of patient or representative) _____

Signature
(of patient or representative) _____ Date:_____

If signed by a representative, indicate relationship: _____

WITNESS
Signature _____ Date: _____

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Patient Consent Form for Collection, Use and Disclosure of Personal Information

Privacy of your personal information is an important part of providing you with quality naturopathic care. We understand the important of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

In this clinic, Naturopathic Doctors: Jill Shainhouse, Moira Kwok, Jeff Zeidenberg and Mark Fontes act as the Privacy Information Officers. All staff members who come into contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate uses and protection of your information. Attached to this consent form, we have outlined what our clinic is doing to ensure that:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols

Our privacy protocols comply with privacy legislation, standards of our regulatory body, the College of Naturopaths of Ontario (CONO), and the law.

Do not hesitate to discuss our policies with any member of our staff. Please be assured that every staff person in this clinic is committed to ensuring that you receive the best quality naturopathic care.

How our clinic Collects, Uses and Discloses Patient's Personal Information

Our clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our clinic will use and disclose your information.

This clinic will collect, use and disclose information about you for the following purposes:

- To assess your health needs
- To provide safe and efficient health care
- To identify and ensure continuous high quality care
- To advise you of treatment options
- To allow us to efficiently follow up for treatment, care, and billing
- To establish and maintain communication and contact with you to distribute health care information and to book and confirm appointments
- To offer and provide treatment, care and services in relationship to preventative medicine, acute and chronic naturopathic health care
- To communicate with other treating health care providers, including specialists, family practitioners, referring physicians, and any other provider involved in the care of the patient
- For teaching and demonstrating purposes on an anonymous basis
- To comply with legal and regulatory requirements, including the delivery of patient's charts and records to CONO in a timely fashion when required according to the provisions of the Drugless Practitioner's Act (DPA)
- To comply with the agreements/undertakings entered into voluntarily by the member with CONO, including the delivery and/or review of patient's charts and records to the Board in a timely fashion for regulatory and monitoring purposes.
- To permit potential purchasers, practice brokers or advisors to evaluate the naturopathic practice

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- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the naturopathic doctor's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the CONO complaints committee
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this clinic to comply with all regulatory requirements

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Drugless Practitioner's Act (DPA) for the purpose of the CONO fulfilling its mandate under the DPA and for the defence of a legal issue.

Our clinic will not, under any circumstances, supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent to use or disclose your personal information, and we will explain the ramifications of that decision, and the process.

Patient Consent
I have reviewed the above information that explains how your clinic will use my personal information, and the steps your clinic is taking to protect my information.

I agree that Naturopathic Doctors; Jill Shainhouse, Moira Kwok, Jeff Zeidenberg and Mark Fontes can collect, use and disclose personal information about _____ as set out above.

Printed Name
(of patient or representative) _____

Signature
(of patient or representative) _____ Date:_____

If signed by a representative, indicate relationship: _____

WITNESS
Signature _____ Date: _____