



NATUROPATHIC ADULT INTAKE

Emma Stokes, ND
Doctor of Naturopathic Medicine

106 – 175 Chestermere Station Way Chestermere, Alberta T1X 0A4 Phone: 403-235-6208 Fax: 403-235-6209
Email: chestermere@lifepathwellness.com Web: www.lifepathwellness.com

Welcome

I want you to enjoy and benefit from your visits with me.

Your first visit will consist of consultation, detailed history, and a discussion about any functional medicine lab tests that would give us more insight into your health concerns. Labs that may be required cover the three main body systems that go out of balance, and include: Hormone testing, Digestive health testing, Advanced metabolic panel. Based on this information, initial recommendations for your treatment protocol will be made.

On your second visit, a detailed report of findings, review of any labs, and an in-depth treatment plan will be explained to you. Programs often include diet and lifestyle modifications, botanical/herbal medicine, and nutritional supplementation. These are usually an out of pocket expense unless you have a health spending account. This return visit is also a good time to ask any questions that you may have had after your initial visit. If you need immediate clarification on remedies, dietary recommendations or have a concern over any unfamiliar symptoms that may arise, please contact me immediately; sometimes it is a quick email response, other times it required us to set up a 15 or 30 minute follow up appointment.

As you start to experience a new level of wellness, a follow up appointment every three to four months for general disease prevention and health maintenance, and to review your supplement protocols is encouraged.

Payment coverage for Naturopathic visits is available through many extended healthcare plans; please inquire with your insurance provider as Dr Stokes is unable to make inquiries for you.

If you are unable to keep a scheduled appointment, please give 48 hours notice so that Dr. Stokes is able to provide that appointment time to someone else. A missed appointment charge of 50% of the visit cost will apply for short notice cancellations, or missed appointments.

All payments for visits are due at the time of your appointment.

Initial Naturopathic visit 1 hour / \$200

Naturopathic Report visit 45 min / \$145

Naturopathic follow up visit 30 min / \$ 100

Naturopathic follow up visit 15 mins / \$50

Dr. Stokes maintains a dispensary of professional strength, pure, high quality supplements for the convenience of her patients. All prescription recommendations are emailed following your appointment.

The following methods of payment are accepted:

Visa, Mastercard, Debit Card, or etransfer



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Patient First name: _____ Last name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone (home): _____ (cell): _____
 Email address: _____ Occupation: _____
 Sex: M ___ F ___ Age: _____ Date of Birth: _____
 Emergency contact: _____ Phone: _____
 How did you hear about Dr. Stokes: _____

What health concerns/ goals are you seeking Naturopathic care for?

Health Concern	When did it start?
1.	
2.	
3.	
4.	
5.	
6.	

List any health conditions you have been diagnosed with in the past:

Please list all CURRENT prescribed medications:

Drug name:	Dosage:	Length taken:

List all CURRENT vitamins, minerals, herbs, that you take more than occasionally: _____

List any allergies: _____

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Why did you choose to come to see me as a Naturopathic Doctor?

What expectations do you have from this visit today?

What behaviors or lifestyles habits do you currently engage in regularly that you believe support your health? (eg. exercise, good diet, positive thinking, good expectation management, etc.)

What behaviors or lifestyles habits do you currently engage in regularly that you believe are destructive lifestyle habits? (eg. workaholic, smoking, excessive alcohol consumption, high sugar diet, chemical or toxin exposure, excessive caffeine, etc):

CHRONOLOGICAL HEALTH HISTORY

This sort of health history helps to establish trends in a person’s health that may be relevant to present conditions. Indicate below any physical traumas such as accidents, broken bones, falls, illnesses, hospitalization, surgeries, and any emotional traumas such as deaths, loss of jobs, divorces, etc. and what year they happened:

SYMPTOMS/ MEDICAL CHECK

Please check all symptoms or if you have any of the following:

NEUROENDOCRINE

Anxiety		Body aches and pains		Heavy menses		Infertility	
Depression		Dry Skin		Fibrocystic breasts		Mood swings (PMS)	
Afternoon Exhaustion		General fatigue		Uterine fibroids		Foggy thinking	
Sleep problems		Acne		Endometriosis		Weight gain	
Difficulty waking in the morning		Headaches		Ovarian cysts		Increased body/facial hair	
Blood sugar imbalance		Hot flashes		Vaginal pain/dryness		Urinary tract infections	
Diabetes		Heart palpitations		Painful periods		Low sex drive	
						Poor memory/forgetful	



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DIGESTIVE

Frequent Acid reflux/heartburn		Liver disease		Crohn's disease		Abdominal pain	
Hiatal hernia		Fatty liver		Diverticulitis		Dry skin/hair	
Stomach/duodenal ulcers		Bloating, excessive gas		Hemorrhoids		Elevated cholesterol	
Migraine headaches		Colitis		Appendicitis		Water retention	
Gall bladder removed		Irritable bowel syndrome		Diarrhea		Dark circles under eyes	
				Constipation		Eczema	

CARDIOVASCULAR

Heart problems		Low blood pressure		Dizziness		Stroke	
Palpitations		Swelling in hands or feet		Numbness		Platelet disorders	
Circulatory problems		Muscle cramps		Fainting		Sickle cell	
Hypertension		Ringling in ears		Anemia		Kidney Disease	
				Varicose vein			

FAMILY MEDICAL HISTORY

Please check all of the following **conditions** that are applicable to **you & your family** and note who next to the condition.

Alcoholism		Heart Murmurs		Diabetes	
Allergies		High Blood Pressure		Eczema	
Arthritis		Hypo/Hyper thyroid		Gallbladder	
Asthma		Irritable Bowel		Gerd/hiatal hernia	
Autoimmune diseases		Kidney disease		Glaucoma/ Cataracts	
Cancer		Liver disease			
Crohn's or Colitis		Mental illness		Irritable Bowel	
Depression		Gout		Kidney disease	
Mental illness		Heart Disease		Liver disease	
Osteoperosis		Heart Murmurs		Ulcers	
Stroke or Aneurysm				Other (please list)	

Thank you for your cooperation, patience, and thoroughness!

THIS IS A CONFIDENTIAL RECORD OF YOUR MEDICAL HISTORY AND WILL BE KEPT IN CONFIDENCE BY EMMA STOKES, ND. INFORMATION CONTAINED HERE WILL NOT BE RELEASED TO ANY PERSON EXCEPT WHEN YOU HAVE AUTHOURIZED US IN WRITING TO DO SO.

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INFORMED CONSENT FOR NATUROPATHIC SERVICES

Naturopathic doctors assess the whole person, taking into consideration the physical, mental, emotional and energetic aspects of an individual. Your naturopathic doctor will conduct a thorough case history, physical exam and may request specific laboratory tests and reports to be used as part of the treatment work-up. It is very important that you inform your naturopathic doctor immediately of all disease process that you may be experiencing, and of any medication, over-the-counter drugs or supplements you are taking. If you are pregnant, suspect you are pregnant or are breast-feeding, please advise your naturopathic doctor. You will receive information about your diagnosis and/or treatment, including suggested courses of action, and expected benefits, risks and potential side-effects of treatments. Potential costs or additional requirements of such interventions will also be discussed. Treatment results are not guaranteed.

Statement of Acknowledgement

I, _____ as a patient (legal guardian _____) of Emma Stokes, Naturopathic Doctor, have read the above information and understand that my health care to be provided will reflect the Philosophy, Principles and Practice of Naturopathic Medicine.

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 anyone other than Dr. Stokes unless so directed by myself or law requires it. I understand that I may look at my medical records at any time and can request a copy of it by paying the appropriate fee.

I also recognize that even the gentlest therapies can have complications in certain physiological conditions, in very young children, or for those on multiple medications. The slight health risks of some naturopathic treatments include, but are not limited to: aggravation of pre-existing symptoms, allergic / sensitivity reaction to supplements or herbs, pain, fainting, bruising or injury from venipuncture or intramuscular vitamin injections, muscle strains and sprains from physical treatments & muscle testing.

The information I have provided to Emma Stokes, ND is complete and inclusive of all health concerns including possibility of pregnancy, and all medications including prescription drugs, over-the-counter drugs and supplements/remedies.

I understand that results are not guaranteed. I do not expect the naturopathic doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above. I accept full responsibility for any fees incurred during care and treatment and acknowledge that payment is required on the day of service.

I am aware that I am free to withdraw my consent and to discontinue treatment at any time.

Signature _____

Date _____