

WHOLSOME WELLNESS VITAMIN INJECTION INTAKE FORM

Dr. Julia Gill, Bsc. (Hon), ND
Naturopathic Doctor

PATIENT INFORMATION

Name: _____ Today's Date: ___/___/___ (M/D/Y)
 Age: _____ Gender: Male Female Date of Birth: ___/___/___ (M/D/Y)
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Cell Phone: _____ Home Phone: _____ Other/Fax: _____
 Occupation: _____ Email: _____
 How did you hear about our Clinic? _____

Emergency Contact

Name: _____ Relationship: _____ Phone Number: _____
 Do you have extended health care insurance for Naturopathic Medicine? Y / N
 Are you: Married Separated Divorced Widowed Single Partnership
 Live with: Spouse Partner Alone Friends Children Parents

PLEASE COMPLETE THE FOLLOWING QUESTIONS
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Please list your current health concerns:

1. _____
2. _____
3. _____

Please check if you have any of the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Low depressed mood | <input type="checkbox"/> Pernicious Anemia |
| <input type="checkbox"/> Weight issues | <input type="checkbox"/> Irritability/moodiness | <input type="checkbox"/> Pregnant /trying to be pregnant |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Memory Loss/Alzheimer's |
| <input type="checkbox"/> Sleep disorders | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Immunosuppression |
| <input type="checkbox"/> Thyroid disorders | <input type="checkbox"/> IBS/Inflammatory Bowels | <input type="checkbox"/> Numbness or tingling of body |

Family Doctor's Name: _____ Phone Number: _____

Last physical exam: _____ Last blood test: _____

Please list all medications and supplements that you are currently taking:

	Medication/Supplement	Dosage	Reason for use
1.			
2.			
3.			
4.			
5.			

**WHOLSOME WELLNESS
CONSENT TO TREATMENT**

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PLEASE NOTE THAT THIS FORM MUST BE SIGNED PRIOR TO YOUR 1ST APPOINTMENT

Naturopathic medicine is the treatment and prevention of diseases by natural means. Your ND will take a thorough case history, perform a physical examination that may include a breast exam and take blood and urine samples. Therefore, it is very important that you inform your ND immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise your ND immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding.

(Initials)_____ I understand that although all therapies are natural and non-invasive, there may be potential health risks and complications including but not limited to: aggravation of current symptoms; Allergic reactions to the supplements or herbs; Bruising from Biopuncture, Vitamin Injections or Acupuncture; Fainting from needling or at a sight of blood; Accidental burning of the skin from the use of Moxa; and Muscle strains and sprains, disc injuries from spinal manipulation.

(Initials)_____ I understand that charges are to be paid in full at the time of the visit. Payment for all dispensary items is due at the time of the visit.

(Initials)_____ I understand that a \$50 fee will be charged for any missed appointments or late cancellation (less than 24 hours).

As the patient, I am responsible for the total charges incurred for each visit including costs of supplements. If I have coverage for naturopathic medicine, it is my responsibility to bill my insurance company. I understand that most insurance companies do not cover the cost of supplements. I have read and understood the above stated policies and information. 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.

Patient Name (Please Print): _____

Signature of Patient or Guardian: _____ Date: _____

“The doctor of the future will give no medicine, but will interest her or his patients in the care of the human frame, in a proper diet, and in the cause and prevention of disease”

-Thomas Edison -