

Naturopathic Intake Form

Dr. Philip K.L Lee BSc, ND *** All information will be respected and for clinic use only.**

Last Name : _____ First Name : _____

Date of Birth : ____/____/____ Gender : M / F

Year Month Day

Address : _____ City : _____

Postal Code : _____

Home / Cell # : (____) _____ Office # : (____) _____

Email : _____

Emergency Contact : _____

Relationship : _____ Phone # : _____

OTHER HEALTH PROVIDER(S) INFORMATION

Family Physician: _____ Phone: () _____

Other Health Care Provider(s): _____ Phone: () _____

Occupation : _____

Do you have extended health benefits () Yes () No

Marital Status : Single Married Widowed Divorce

Number of Children : _____ (if any)

Your General Health is: () Excellent () Good () Fair () Poor

Energy Level : 0 1 2 3 4 5 6 7 8 9 10 (10 = best)

Number hours you sleep per night? _____

Number of times you exercise (30 min) : () 0 () 1-2 () 3-5 () over 5/wk

Major health concerns in order of importance;

1. _____
2. _____
3. _____
4. _____

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Burlington Natural Health Centre

1066 Brant St, Burlington L7R2J9 Tel : (905) 634-8598 Email : naturaldr@gmail.com

www.DrPhilipLee.com

Please list all **CURRENT** prescribed medications you are taking. Indicate the name of the drug & dosage

How many times have you been treated with antibiotics in the past 5 years? _____

FAMILY MEDICAL HISTORY:

Relation	Age	Health problems	Cause, if deceased
Father			
Mother			
Siblings			

Smoker? YES NO Amount/day? _____ Years smoked? _____ Year stopped? _____

Alcohol use? YES NO Type: _____ Frequency: _____

Caffeine use (coffee, tea, pop)? YES NO Type: _____ Frequency: _____

Amount of Water /day _____ Drinking water source (ie Brita, reverse osmosis) _____

Any known **food or drug allergies** : _____

If you are female, is there a possibility that you may be pregnant? YES NO

Stresses that you are experiencing currently?

Work Health Family Money Marriage Other: _____

Rate your stress level : Low Average High Very high Unbearable

When was your last vacation? _____ How often do you take a vacation? _____

Religion : _____

How did you learn about us? Internet Family Friend Health Care Professional Sign

Name: _____

We would like to show our appreciation to them !

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Declaration and Consent to Treat

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Naturopathic doctor will take a thorough case history during the first visit and may perform physical examinations, abdominal examinations, taking blood pressure and urine samples.

It is very important that you inform your doctor immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise him immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

There are some slight health risks associated with treatment by Naturopathic medicine.

These include but are not limited to:

- Some patients experience allergic reactions to certain supplements and herbs. Please advise your doctor of any allergies you may have.
- Fainting or puncturing of an organ with acupuncture needles. Doctors are trained to handle emergencies should the need arise.
- Pain, bruising or injury from blood draw or acupuncture or intravenous therapy.

I understand:

- I have read all the foregoing information and I understand that the ultimate responsibility for my health is my own.
- The clinic does not guarantee treatment results.
- That my Naturopathic doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have.
- I am free to withdraw my consent and to discontinue treatment at any time.

Client Name (Please Print) : _____

Signature (Client or Guardian): _____ Date : _____

Fees Schedule (HST Included)

	Price	Special Rate	Description
First Visit (60 minute)	\$160	\$120	Comprehensive medical interview, physical examination and may include treatment during the 60 minute visit.
Follow-up Visits (30 minute)	\$80.00	\$60	The visit cost includes all treatments materials such as needles, use of equipment and much more.
Follow-up Visits (15 minute)	\$50.00	\$40	Quick follow-up visits or Acupuncture visits .
	Naturopathic 45 min visit \$110 <u>Special Rate -25% off</u> For Students, Children and Senior above 65 years of age		

Home visits are available.

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Effective October 1st, 2023

Frequent Acupuncture/Bioflex Laser Treatment Visits (30 minute) \$68

Live Blood Cell Analysis appointments are \$160

Missed appointment fees : \$15

*Student refers to those individuals in high school/colleges /university with a valid student card.

*Elderly above 65 years old

** Please note that these fees are not covered by OHIP.

Please check with your extended health benefits to determine the details of your Naturopathic Medicine coverage.

Any prescribed supplements/botanicals/homeopathics are not included in the above fees.

Fees are payable by Cash, Cheque, Debit, Airmax, Visa or Mastercard at the end of each visit.

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