

YATES NATUROPATHIC CLINIC
DR. SETH YATES, B.Sc., N.D.

**PLEASE NOTE THAT THESE FORMS MUST BE SIGNED AND FILLED OUT
PRIOR TO YOUR 1ST APPOINTMENT**

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. Your Naturopathic Doctor will take a thorough case history, and may do a screening physical examination, including a breast exam and take blood and urine samples.

It is very important therefore that you inform your Naturopathic Doctor immediately of any disease process that you are suffering from, if you are on any medication or over the counter drugs. If you are pregnant, suspect you are pregnant or you are breast-feeding; please advise your Naturopathic Doctor immediately.

There are some slight health risks to treatment by Naturopathic Medicine. These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from venipuncture or acupuncture
- Fainting or puncturing of an organ with acupuncture needles.

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 unless law requires it. If required, I understand that my Naturopathic Doctor may discuss my case with other healthcare providers. I understand that I may look at my medical record at anytime and can request a copy of it by paying the appropriate fee of \$0.10 per page. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that the results are not guaranteed. I do not expect the Doctors to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to Naturopathic care 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 at any time.

Please ensure to give at least one business day cancellation notice. This will allow for consideration of other patients who would also like to schedule an appointment. For appointments cancelled on the same day or missed appointments, the full cost of the appointment will be charged. Consideration will be given to unforeseeable circumstances, at the discretion of the Naturopathic doctors

Patient Name: (Please Print) _____

Signature of Patient: _____

Date: _____ Naturopathic Doctor: _____

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Name: _____ Date: _____

Address: _____ City: _____

Postal Code: _____ e-mail: _____

Phone: (H): _____ (M/W): _____

May we leave phone messages relating to your visits? Y / N

Date of birth _____ (M/D/Y) Age: _____ Sex: M / F

Emergency Contact Name: _____

Phone: _____ Relation: _____

How did you hear about our Clinic? _____

Occupation: _____ Do you like your job? _____

Marital Status: _____ No. of Children: _____

Family Physician: _____ Phone: _____

What are your **main health concerns**, in order of importance to **you**:

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

MEDICAL HISTORY

Date of last physical exam _____ Height _____ Weight _____

Maximum Weight _____ When? _____

Energy level (1-10, 10 highest) _____

Hours of sleep per night? ___ Any problems falling or staying asleep? ___

Do you usually wake up feeling refreshed? Y / N

Do you drink alcohol? Y / N how many drinks per week? _____

Do you smoke? Y / Past / N How many cigarettes per day? _____

Do you drink Coffee Y / N Cups/day ___ Black Tea Y / N Cups/day ___

Have you ever used recreational drugs? ___ If so, which drugs and for how long? _____

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Do you have any known allergies? Y / N To what? _____

Current Medications & how long taken

Current vitamins and supplements:

Other treatments or health care?(e.g. physio, massage, chiropractic...)

Please indicate any serious conditions, illnesses or injuries, and any surgeries or hospitalizations; along with approximate dates

How many times have you been treated with antibiotics? _____

Do you frequently use any of the following? (circle)

Aspirin/ Tylenol/ Laxatives/ Antacids/ Diet pills/ Birth control pills

Please indicate if any of the above caused adverse reactions:

Do you get regular screening tests done by another doctor? (Pap, blood tests, etc.)? Y / N

Do you have any dietary restrictions (religious, vegetarian/vegan, etc.)?

FAMILY HISTORY

Indicate if a close relative (parent, child, sibling) has had any of the following:

- I don't know my family medical history

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Please check the appropriate boxes for immediate family (ie. grandparents, parents, siblings)

- | | | |
|--|--|--|
| <input type="checkbox"/> allergies/hay fever | <input type="checkbox"/> eating disorders | <input type="checkbox"/> psychiatric illness |
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy | <input type="checkbox"/> obesity |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> gout | <input type="checkbox"/> stroke |
| <input type="checkbox"/> bleeding problems | <input type="checkbox"/> heart problems | <input type="checkbox"/> substance abuse |
| <input type="checkbox"/> cancer | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> thyroid disease |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> kidney problems | <input type="checkbox"/> tuberculosis |

ENVIRONMENT

Hobbies _____

Do you exercise regularly? Y / N

What do you do for exercise, how much, how often?

Are you exposed to significant tobacco smoke(work, home, etc.)? Y / N

Are you frequently exposed to animals (work, pets, etc.)? Y / N

How is your home heated? _____

Are you regularly exposed to toxins or other hazards (work, home, hobbies, etc.)? Please describe. _____

How would you describe the emotional climate of your home?

How stressful is your work, or other aspects of your life? How well do you handle these stresses?

Is there anything that you feel is important that has not been covered?

