



Ottawa Integrative Health Centre Inc.  
 1129 Carling Ave., Ottawa, ON K1Y 4G6  
 P: (613) 798-1000 F: (613) 798-9995 www.oihc.ca

## Naturopathic Intake - Pediatric

### Patient Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth *day* \_\_\_\_\_ *month* \_\_\_\_\_ *year* \_\_\_\_\_ Age \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Yes, sign me up for the monthly e-newsletter

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Yes, sign me up for the monthly e-newsletter

Referred By \_\_\_\_\_

### Other Health Care Providers

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### **Medical Concerns**

List your child's primary health concerns, in order of importance.

Please describe their onset, how long you have been experiencing them, and any other useful information in the space provided below.

1.
2.
3.

### **Medical History**

List all medications the patient is currently taking. \_\_\_\_\_

\_\_\_\_\_

List all supplements the patient is currently taking. \_\_\_\_\_

\_\_\_\_\_

List all past prescription medications the patient has taken. \_\_\_\_\_

\_\_\_\_\_

Does the patient have any allergies? If so, what to? \_\_\_\_\_

\_\_\_\_\_

Has the patient been hospitalized or undergone surgery? \_\_\_\_\_

\_\_\_\_\_



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### Prenatal History

During pregnancy did Mother suffer from any of the following? *(please circle all that apply)*

*diabetes*                      *nausea*                      *alcohol/drug use*                      *bleeding*

*vomiting*                      *high blood pressure*                      *thyroid problems*                      *infection*

*other* \_\_\_\_\_

Mother's age at pregnancy \_\_\_\_\_ How long was the pregnancy in weeks? \_\_\_\_\_

Number of previous pregnancies \_\_\_\_\_ Number of previous miscarriages \_\_\_\_\_

During the pregnancy was there any physical or emotional trauma? \_\_\_\_\_

List all medications and supplements taken during pregnancy? \_\_\_\_\_

Was there any exposure to disease during pregnancy? If so, what disease(s)? \_\_\_\_\_

During pregnancy did Mother travel? If so, where? \_\_\_\_\_

### Labour History

Where did the birth take place? \_\_\_\_\_

During labour which interventions, if any, were applied? *(please circle all that apply)*

*induction*                      *episiotomy*                      *pitocin*                      *forceps*

*vacuum extraction*                      *pain medication*                      *C-section*                      *epidural*

*other* \_\_\_\_\_

How many hours was the labour? \_\_\_\_\_



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### Newborn History

Weight \_\_\_\_\_ length \_\_\_\_\_ head circumference \_\_\_\_\_

APGAR score: birth \_\_\_\_\_ 1 minute \_\_\_\_\_ 5 minutes \_\_\_\_\_

Did the patient suffer from any of the following conditions? (*please circle all that apply*)

*congenital defects*                      *infection*                      *anemia*                      *respiratory distress*

*poor feeding*                      *colic*                      *jaundice*                      *rashes*

*other* \_\_\_\_\_

### Nutritional History

Was the infant breast fed? If so, for how long? \_\_\_\_\_

Was the infant formula fed? If so, which formula? \_\_\_\_\_

At what age was solid food introduced? \_\_\_\_\_

Which foods were introduced first? \_\_\_\_\_

Are there any foods that are excluded from the child's diet? If so, explain. \_\_\_\_\_

\_\_\_\_\_

### Vaccination History

Has the patient been given any of the following vaccinations? (*please circle all that apply*)

*diphtheria*                      *measles*                      *chicken pox*                      *pertussis*

*mumps*                      *flu shot*                      *tetanus*                      *reubella*

*polio*                      *hepatitis*                      *other* \_\_\_\_\_

Has the patient had any adverse reactions to any of the vaccinations listed above? If so, explain. \_\_\_\_\_

\_\_\_\_\_



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### Family Health History

<i>Family Member</i>	<i>Age</i>	<i>List of Illnesses</i>
Mother		
Father		
Sibling		
Sibling		
Sibling		
Maternal Grandmother		
Maternal Grandfather		
Paternal Grandmother		
Paternal Grandfather		

### Other History

Describe the patient's general school/day care performance. \_\_\_\_\_

What are the child's interests? \_\_\_\_\_

What is the child's favourite activity? \_\_\_\_\_

How much exercise does the child get? How often? \_\_\_\_\_

Has the child been diagnosed as having any learning disabilities? If so, explain. \_\_\_\_\_

Does any family member smoke? \_\_\_\_\_

Are there any pets in the child's home? If so, what type? \_\_\_\_\_

Describe the patient's sleep \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Patient/Client Agreement Form**

Each patient/client is required to read the following before treatment.

Your signature below acknowledges the following:

1. I understand that Naturopathic and other services provided at OIHC are not covered by the provincial government, yet their expenses may be covered by private insurance plans and may be tax deductible.
2. The fees and services have been clarified in advance. Payment is due at the end of each visit as the clinic does not bill insurance companies directly. Cash, cheque, Interac, Visa, and MasterCard (no other credit card) are acceptable methods of payment
3. Forty-eight hours notice is required when cancelling or changing an appointment. Otherwise, I understand that I will be charged for 50% of the missed appointment.
4. Items purchased are non-refundable, whether or not they have been opened.
5. I understand that natural health care is a joint responsibility between me (the patient/client) and my practitioner. Improving my lifestyle can be as important as the remedies and treatments.
6. I understand that I may contact my health care provider by phone or e-mail and that all emails will be screened by reception and forwarded to the appropriate Naturopathic doctor/practitioner.
7. I realize that integrative health care/medicine is not an isolated system and that all our health care providers welcome teamwork with NDs, MDs, DCs, RMTs, and other health practitioners.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_



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### **Informed Consent**

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopaths 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.

A number of different approaches are used. Diet and nutritional supplements, botanical medicine, homeopathy, Asian medicine and acupuncture, hydrotherapy, physical medicine, and lifestyle counselling are mainstays of Naturopathic medicine.

Individual *diets and nutrition supplements* are recommended to address deficiencies, treat disease processes, and promote health. The benefits include increased energy, increased digestive health, improved immune function and general well being.

*Botanical medicine* is a plant-based medicine that uses teas, tinctures, capsules, and other compounds to assist the body in recovery from injury and disease. These compounds are also used to boost the body's immune system and prevent disease.

*Asian medicine* is a system of care, which includes acupuncture, dietary recommendations, and botanical medicines. These various treatments are used to eliminate disease and restore balance in the body's functions. Sometimes moxa (a compressed herb) is burned over an acupuncture point to relieve symptoms.

*Homeopathy* is a form of medicine based on the Law of Similars - simply described as the use of tiny doses of naturally occurring substances to stimulate the body's ability to heal itself. Homeopathy is a powerful tool and effects healing on an emotional as well a physical level.

*Physical medicine* refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems. Hydrotherapy refers to the use of hot and cold water applications to improve circulation and to stimulate the immune system.

As Naturopathic medicine is a holistic approach to health, *lifestyle* is considered relevant to a Naturopath's approach to most health problems. Thus, the identification of lifestyle risk factors will allow for recommendations to be made that will help to optimize physical, mental, and emotional environment.

At your first appointment you can expect a thorough physical examination and history taking. This will include urine testing, and may include the ordering of blood work or a breast or



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pelvic examination. Because some therapies must be used with caution when dealing with particular conditions (such as pregnancy and lactation, kidney disease, and heart disease), it is very important that you inform your Naturopathic doctor immediately of any disease that you are suffering from, as well as any forms of medication, drugs, or supplements you are taking.

There exist slight health risks when receiving treatment by Naturopathic medicine. These risks include, but are not limited to, aggravation of pre-existing symptoms; allergic reactions to supplements or herbs; pain, bruising, fainting, or injury from venipuncture or acupuncture; puncturing of an organ with acupuncture needles; accidental burning of the skin from the use of moxa; muscle strains or disc injuries as a result of spinal manipulations.

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I understand that a record will be kept of the health services provided to me, and that it will be kept confidential and will not be released to others unless so directed by me, unless the law requires it.

I understand that I may look at my medical records at any time, and can request a copy of this record by paying the appropriate fee.

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 practitioner will answer any questions that I may have to the best of her ability.

I understand that results cannot be guaranteed.

I do not expect the Naturopathic doctor to be able to anticipate and explain all risks and complications.

I will rely on the Naturopathic doctor to exercise her judgement during the course of the procedure which she feels at the time is in my best interest, based on the facts then known.

With this knowledge, I voluntarily consent to the diagnostic and therapeutic procedures mentioned above.

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 my participation in these procedures at any time.

I understand if I am seeing more than one doctor at the Ottawa Integrative Health Centre I imply consent for them to share and discuss my file and deemed necessary by the practitioners.

Patient Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Ottawa Integrative Health Centre care provider: \_\_\_\_\_