



3523 Main st. | Vancouver BC Canada | www.yinstill.com | 604.873.9355

NATUROPATHIC INTAKE FORM

Last name:	First name:	Circle: Mr., Miss, Mrs., Ms., Dr.
Birth date:	Age:	Occupation:
Phone number:	Email:	Address:
Height:	Weight:	
Emergency contact name:	Phone:	How did you hear about us?

Family doctor: _____

Date of last physical exam: _____

Date of last blood test: _____

Do you get regular health screens (PAP smears, blood tests, annual physical)? _____

Other physicians/alternative health care practitioners:

If you are female, are you currently pregnant or breastfeeding? _____

Family history, including cause of death if applicable:

Condition	Family member

Current health concerns/health goals, in order of importance to you:

- 1. _____
- 2. _____
- 3. _____

Past and current medical conditions, injuries, illnesses, diagnosis, surgeries, hospitalizations (and their dates):

Allergies: _____

Current medications, supplements, and dosages:

Approximately how many times have you been treated with antibiotics in your life? _____

Have you been vaccinated? Yes No Alternative schedule
Have you had any adverse reactions to vaccines? _____

Please indicate the frequency with which you use any of the following with: Never, Rarely, Sometimes, Often, Daily

Aspirin/painkillers	
Antacids	
Diet pills	
Other over-the-counter medications	
Laxatives	
Birth control (indicate type)	
Alcohol (type and amount per week)	
Caffeine (type and amount per week)	
Tobacco (type and amount per week)	
Recreational drugs (type and frequency)	
Water intake (per day)	
Exercise (type and frequency)	

Describe your overall state of health (circle one): Excellent Good Fair Poor

What behaviours do you engage in that are meant to improve your overall well-being?

What behaviors do you engage in that are hindering your overall well-being?

Please list any dental procedures (root canals, abscesses, infections, cavities) with dates and teeth affected:

Have you ever had mercury amalgam fillings in your teeth? _____

If yes, have you had them removed, and when? _____

Please list any activities you engage in that bring you joy:

Informed Consent to Naturopathic Treatment

Please note that this form must be signed prior to your first 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 perform a physical examination including a breast exam, and take blood and urine samples. If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams.

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

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. Dr. Shilo is trained to handle emergencies should the need arise.

There are some slight health risks associated with naturopathic treatments. These include but are not limited to:

- Some patients experience allergic reactions to certain supplements and herbs. Please advise your naturopathic doctor of any allergies you may have.
- Pain, bruising, or injury from venipuncture, acupuncture, or parenteral (IV) therapy.
- IV therapy also carries a very small risk of fainting, allergic reaction or phlebitis (inflammation of the vein).
- Fainting or puncturing of an organ with acupuncture needles or accidental burning of the skin from the use of moxa.
- Homeopathic remedies may occasionally result in aggravation of pre-existing symptoms. When this occurs the duration is usually short.

I understand:

- The clinic does not guarantee treatment results.
- My naturopathic doctor will explain to me the exact nature and indication of any treatment provided and will answer any questions I may have.
- My naturopathic doctor will make the appropriate referral for me when necessary.
- I am free to withdraw my consent and discontinue treatment at any time.

Cancellation policy:

Please keep in mind that we require a 24 hour notice for any cancellations. Note that in the case that you will be receiving IV treatments with Dr. Shilo, the following is our late cancellation policy for these types of appointments: IV drip: \$50; IV push \$25.

I, _____, understand the risks associated with naturopathic medicine and provide my informed consent to treatment with Dr. Shilo, which may include but is not limited to: clinical nutrition, dietary and lifestyle counselling, IV therapy, acupuncture, pharmaceutical prescriptions, and any other treatment that may be indicated in my specific case.

Signature of patient or legal guardian: _____ Date: _____