



## **Introduction Letter**

Thank you for choosing the **Naturopathic Clinic** to help you with your medical needs. We are here to help in any way possible. If you have any questions, please feel free to ask.

We are enclosing a new patient information packet, which contains

- 1) History and Intake forms,
- 2) Context of Care Overview
- 3) Informed Consent

All of these forms need to be filled out completely.

If the forms are not filled out completely we will ask you to finish them before you see your doctor. This may take up some of the appointment time reserved for you.

Please give 24 hours notice to cancel an appointment. There is a \$25.00 missed appointment fee.

If you have any questions please feel free to contact the office during our office hours.

We also ask that you please not wear any perfume or strong smelling lotions.

Thank you.  
In Health,

**Dr. Ana G. Lara N.D.**

Doctor of Naturopathic Medicine

*SUCCESSFUL HEALTH AND PREVENTIVE MEDICINE ARE ONLY POSSIBLE WHEN THE DOCTOR HAS A COMPLETE UNDERSTANDING OF THE PATIENT PHYSICALLY, MENTALLY AND EMOTIONALLY. PLEASE COMPLETE THIS QUESTIONNAIRE AS THOROUGHLY AS POSSIBLE. PRINT ALL INFORMATION AND MARK ANYTHING YOU DON'T UNDERSTAND WITH A QUESTION MARK.*

## **Intake Form**

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Concern	How long has this been a concern	Possible cause(s)

What medications or supplements are you currently taking or have taken within the last six months (include all prescriptions, vitamins, minerals and over the counter products – ex. Aspirin®)

Medication/Supplement	How long have you been taking this	Have you had any reaction to this product

List all surgeries you have had:

Procedure	Year or Age	Any complications?

List any major injuries you have sustained:

Injury	Year or Age	Any long term effects?


Which of the following have you ever had? (Please check box on right-hand side for all that apply)

Abscesses	Cold Sores	Hay Fever	Miscarriage	Rheumatic Fever	Sunstroke
Alcoholism	Depression	Heart Disease	Mononucleosis	Rubella	Thyroid Disease
Allergies	Diabetes	Hepatitis	Mumps	Scarlet Fever	Tonsillitis
Amnesia	Frequent ear infections	High Blood Pressure	Parasites	Sexual Abuse	Tuberculosis
Anemia	Eating Disorder	Influenza	Pelvic Inflammatory Disease	Sexually transmitted disease	Typhoid
Arthritis	Emphysema	Kidney Stones/ Disease	Peritonitis	Skin Disease	Varicose veins
Asthma	Epilepsy	Leukemia	Pleurisy	Sinusitis	Whooping Cough
Cancer	Gall Stones	Measles	Pneumonia	Strep Throat	Worms
Chicken Pox	Gout	Migraines	Prostatitis	Stroke	Yellow Fever

Which of the following do you currently use? (Please indicate amount, how often, how long)

Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_  
Hormones \_\_\_\_\_ Coffee \_\_\_\_\_  
Cortisone \_\_\_\_\_ Laxatives \_\_\_\_\_  
Sedatives \_\_\_\_\_ Antacids \_\_\_\_\_  
Recreational Drugs \_\_\_\_\_

Have you ever been exposed to second hand smoke (long term), toxic chemicals, solvents, sprays, pesticides, herbicides, heavy metals (lead, mercury, cadmium, arsenic, etc.) while at work, home or traveling?

Yes  No

Are there any other medical conditions or health concerns? \_\_\_\_\_

Which of the following diseases/conditions listed, or any others, have affected your parents, grandparents or siblings? (Please check box on right-hand side for all conditions that apply)

Alcoholism	Chronic Bronchitis	Gallstones	Hepatitis	Pneumonia	Seizure Disorders	
Allergies	Depression	Glaucoma	Kidney Disease	Rheumatic Fever	Thyroid Disease	
Arthritis	Diabetes	Gout	Mental Illness	Sickle Cell Anemia	Tuberculosis	
Asthma	Easy Bleeding	Hay Fever	Mononucleosis	Skin Diseases	Ulcerative Colitis	
Cancer	Eczema	Heart Disease	Multiple Sclerosis	Strep Throat	Uterine Fibroids	
Celiac Disease	Emphysema	High Blood Pressure	Osteoporosis	Stroke	Venereal Disease	

### Typical Food Intake

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Drinks: \_\_\_\_\_

Foods you crave: \_\_\_\_\_

Foods you dislike: \_\_\_\_\_

Foods you are allergic/sensitive to: \_\_\_\_\_

### General

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Weight 1 yr ago: \_\_\_\_\_

Max Weight: \_\_\_\_\_ When: \_\_\_\_\_

When during the day is your energy the best? \_\_\_\_\_ The worst? \_\_\_\_\_

### Commitment:

As you may be aware two of the main goals of naturopathic medicine are to prevent disease and to treat the cause of disease rather than just treating a symptom (an example of treating a symptom is taking an aspirin to treat a headache) while this is helpful for acute (short term), conditions; chronic conditions (systemic, long term) such as arthritis, allergies, diabetes, osteoporosis, etc. are not healed by treating the symptoms. The medicines that are often used to treat chronic conditions are usually ways of coping with the symptoms or suppressing the symptoms without addressing the root cause. While this can be helpful to manage severe conditions, there is no actual healing occurring and the process of disease may be advancing or affecting other body systems.

Healing is a process that takes time. This can vary depending on how fast the body heals - in my experience the process can be anywhere from 2-3 years. This does not mean that no change in a person's condition will occur until then. There will be significant symptomatic relief that will occur much sooner than this, however the KEY is to remember that we are NOT TREATING THE SYMPTOMS.

## **CONTEXT OF CARE OVERVIEW**

PLEASE TAKE THE TIME TO FILL THIS IN AND BRING IT WITH YOU FOR YOUR FIRST VISIT ALONG WITH YOUR INTAKE FORM (feel free to write in the back if you need to)

1. Why did you choose to come to this clinic?
  
2. What do you know about our approach?
  
3. What three expectations do you have from this visit to our clinic?
  
4. What long term expectations do you have from working with our clinic?
  
5. What expectations do you have of me personally as your physician?
  
6. What is your present level of commitment to address any underlying causes of your signs and symptoms that relate to your lifestyle? Rate from 0 to 10, 10 being 100% committed)  

1	2	3	4	5	6	7	8	9	10
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9. What behaviours or lifestyle habits do you currently engage in regularly that you believe support your health (please list)
  
10. What behaviours or lifestyle habits do you currently engage in regularly that you believe are detrimental to your health (please list)
  
11. What potential obstacles do you foresee in addressing the lifestyle factors that are undermining your health and in adhering to the therapeutic protocols which we will be sharing with you?
  
12. Who do you know that will sincerely support you consistently with the beneficial lifestyle changes you will be making – please list? (If you don't have anyone it will be very difficult for you)

## **Informed Consent**

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the

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individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include: diet, nutritional supplements, botanical medicine, homeopathy, Asian medicine and acupuncture, hydrotherapy, physical medicine, and lifestyle counselling.

**Individual diet and nutritional supplements** are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, increased gastrointestinal function, improved immunity, and general well being.

**Botanical medicine** is a plant-based medicine that involves the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist in recovery from injury and disease.

**Homeopathy** is a form of medicine based on the Law of Similars – that is, the use of tiny doses of the very thing that causes symptoms in healthy people. These minute doses of plant, animal, or mineral origins are used to *stimulate the body's ability to heal itself*. Homeopathy is a powerful tool that effects healing on a physical and emotional level.

**Asian medicine** includes the use of acupuncture, Eastern herbs and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin into underlying tissues at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or decoctions (strong teas) to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

**Physical medicine** refers to the use of hands-on techniques such as soft tissue, and spinal manipulation for the purpose of treating musculoskeletal and neurological problems.

**Hydrotherapy** refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

**Lifestyle counselling** involves identifying risk factors and making recommendations to help optimize one's physical, mental and emotional environment.

During your initial visits, your Naturopathic Doctor will take a thorough case history, do a physical examination, and when indicated require blood and urine tests performed within the last 3 months. The physical examination may include more specific examinations such as gynecological (e.g. PAP), rectal, prostate, or genital exams.

Even the gentlest therapies may cause complications in certain physiological conditions (e.g. pregnancy, lactation, very young children, or those taking multiple medications). Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important, therefore, that you inform your doctor immediately of any disease process that you are suffering from, as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you are pregnant, or you are breast-feeding advise your doctor immediately.

There are some slight **risks** associated with 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 acupuncture
- Fainting or puncturing of an organ with acupuncture needles
- Muscle strains and sprains or disc injuries from spinal manipulation

Please initial the following:

\_\_\_\_\_ 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 without my consent, unless required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee.

\_\_\_\_\_ I understand that the Naturopathic Doctor will answer any questions that I have to the best of their ability. I understand that the results are NOT guaranteed. I do not expect the doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for (please list any exceptions): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I understand that charges are to be paid at the time of the visit unless specific arrangements have been made. (Initial Consultation \$175.00 - 60 to 75 minutes) (Second Visit -30 to 45 minutes \$90.00) (Follow-up Consultations - 30 minutes \$70.00). Payment for all dispensary items is due at the time they are received. Please NOTE prices may be subject to change.

\_\_\_\_\_ I understand that a fee will be charged (Missed Appointment Fee \$25.00) for any missed appointments or late cancellations (less than 24 hrs).

As the patient, you are responsible for the total charges incurred for each visit. If you have coverage for Naturopathic Medicine through an insurance company, you are responsible for billing your own insurance company – your doctor will provide you with all of the information necessary to send your claim for reimbursement.

Your Naturopathic Doctor may prescribe supplements that can be purchased at the clinic or elsewhere. Most insurance companies DO NOT cover the supplements that we prescribe and dispense.

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I have read and understood the above-stated information and policies. I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw consent and to discontinue participation in these procedures at any time.

Patient Name (please print): \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_