NATUROPATHIC CLINIC

DR. ANA LARA N.D.

Doctor of Naturopathic Medicine

Thank you for choosing the **Naturopathic Clinic of Dr. Ana Lara ND** 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 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 Dr. Lara. This may take up some of the appointment time reserved for you. Please give 24 hours' notice to cancel an appointment. There is a minimum $25.00 missed appointment fee.
If you have any questions, please feel free to contact the office 905-682-9636 during our office hours.
**We encourage for you to bring with you any test results as well as any prescriptions or supplements you may be taking.
We also ask that you please not wear any perfume or strong-smelling lotions.

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 the following form as thoroughly as possible. Fill in ALL information possible and MARK anything you don't understand with a question mark.* THANK YOU!

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Adult Intake Form

Please fill out the form below as detailed as possible

Part 1 PERSONAL INFORMATION:

Date of 1st Appointment: Day / Month / Year

Name: Last First Middle

Date of Birth: Day / Month / Year

Sex(at birth): ☐F ☐M Gender:

Address:
Street #/P.O. Box Apartment #
City Province Postal Code

Telephone #'s: Home Cell Work

E-mail Address:

Occupation
Full Time ☐ Part Time ☐ Shift Work ☐
Employer/ Company

Are you:
Single ☐
Married ☐
Separated ☐
Divorced ☐
Widowed ☐
Living with a partner ☐
Other ☐

Do you have children? Yes ☐ No ☐ If yes, how many?

Emergency Contact:
Name
Relationship
*Phone/cell number

Referred by/ How did you hear of this office?

Who is your family physician? Dr. ☐
When was your last physical? Year ☐ Month
Are you under the care of any specialists? Yes ☐ No ☐
Are you receiving any other form of health care? Yes ☐ No ☐
What form(s) of healthcare?

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Part 2: HEALTH CONCERNS AND YOUR MEDICAL HISTORY:

Please list your major **Health Concerns** in *order of importance*:

Concerns	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 – such as Advil®)

Prescription or Supplement	How long have you been taking this	Side effect

List all surgeries you have had:

Procedure	Year or Age	Any complications?

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List any hospitalizations major injuries or 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 - food or environmental	☐	Diabetes	☐	Hepatitis	☐	Mumps	☐	Scarlet Fever	☐	Tonsillitis	☐
Amnesia	☐	Frequent ear infections	☐	High Blood Pressure	☐	Parasites	☐	Sexual Abuse	☐	Tuberculosis	☐
Anemia	☐	Eating Disorder	☐	Influenza or COVID-19 SARS-CoV-2	☐	Pelvic Inflammatory Disease	☐	Sexually Transmitted Infection	☐	Typhoid	☐
Arthritis	☐	Emphysema	☐	Kidney Stones/Disease	☐	Peritonitis	☐	Skin Disease (Eczema or psoriasis, etc.)	☐	Varicose veins	☐
Asthma	☐	Epilepsy	☐	Leukemia	☐	Pleurisy	☐	Sinusitis	☐	Whooping Cough	☐
Cancer	☐	Gall Stones	☐	Measles	☐	Pneumonia	☐	Strep Throat	☐	Worms or parasites	☐
Chicken Pox	☐	Gout	☐	Migraines	☐	Prostatitis	☐	Stroke	☐	Yellow Fever	☐

Any other please indicate here:

Which of the following do you currently/regularly use (check the box)? Then please indicate the amount and how often and if relevant for how long.

☐Alcohol
☐Tobacco
☐Hormones
☐Coffee Cortisone
☐Laxatives
☐Sedatives
☐Antacids
☐Recreational Drugs

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Typical Food Intake
Breakfast:
Lunch:
Dinner:
Snacks:
Drinks/fluids:
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?

Have you ever been exposed to secondhand smoke (long term), toxic chemicals, solvents, sprays, pesticides, herbicides, heavy metals (lead, mercury, cadmium, arsenic, etc.) while at work, home or traveling?
☐Yes ☐No
Additional details:

Part 3 FAMILY MEDICAL HISTORY:

Are you adopted? ☐Yes ☐No
If yes, please leave blank if you don't know your family history

Which of the following diseases/conditions listed, or any others, have affected your parents, grandparents or siblings? (Please check off and if possible, mark on the condition for all that apply:
M- Maternal (mother's side)
P- Paternal (father's side)
S- sibling
GM or GF – grandmother or grandfather
A or U – aunt or uncle
E.g.
If your Maternal Grandmother had diabetes you would check off Diabetes and write under Diabetes like so →

Diabetes	MGM

Alcoholism	☐	Chronic Bronchitis	☐	Gallstones	☐	Hepatitis	☐	Pneumonia	☐	Seizure Disorders	☐
Allergies	☐	Depression	☐	Glaucoma	☐	Kidney Disease	☐	Rheumatic Fever	☐	Thyroid Disease	☐

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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	☐

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?

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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☐

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 may be 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 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 advice your doctor immediately.

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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 read carefully and initial the following: if you have any questions regarding these, they will be addressed during the appointment.

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 $230.00 - 60 to 75 minutes) (Second Visit can last 45 minutes $155.00) (Follow-up Consultations - 30 minutes $105.00). 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 $55.00) 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, we have direct billing with some insurance companies if your insurance company is not one, we directly bill or if you have reached your visit or yearly limit you are responsible for billing your own insurance company and payment – 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: *your initials here are considered a signature if you do not have your own electronic signature

Date:

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