



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 child's 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 required and provided information regarding:

- 1) Pediatric Intake forms and Health History,
- 2) Patient Payment Responsibility,
- 3) Acknowledgment of Receipt of Notice of Privacy Practices and Consent to Treatment,

All of these forms need to be filled out as completely as possible.

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 \$55.00 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.

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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Pediatric Intake Form

Please fill out the form below as detailed as possible

Date of 1st Appointment:

Name (of child):

Name of parent(s) or guardian(s):

Date of Birth (of child): Sex (at birth): F M

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:

When was your child's last physical?

Who is your child's physician?

Is your child under the care of any specialists? Yes No

Is your child receiving any other form of health care? Yes No

What are your child's main health concerns? (Please list all major health concerns in order of importance)

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

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Medical History

What medications or supplements is your child currently taking or has taken within the last six months (include all prescriptions, vitamins, minerals and over the counter products – ex. Children’s Tylenol®)

Medication/Supplement	How long has your child been taking this	Has your child had any reaction to this product

How many times has your child been on antibiotics?

Less than 5x Less than 10x More than 10x

List any major injuries or surgeries your child has experienced:

Injury/ Surgery	Year or Age	Any noted long term effects?

How would you describe your child’s general state of health?

Excellent Good Fair Poor

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

Abscesses	Diabetes	Kidney Disease	Psoriasis	Sunstroke	
Allergies	Frequent ear infections	Leukemia	Rheumatic Fever	Thyroid Disease	
Anemia	Emphysema	Measles	Roseola	Tonsillitis	

Asthma	Epilepsy	Migraines	Rubella (German Measles)	Tuberculosis
Bronchitis	Headaches (recurring)	Mononucleosis	Scarlet Fever	Typhoid
Cancer	Heart Disease	Mumps	Sexual Abuse	Whooping Cough
Chicken Pox	Hepatitis	Parasites	Skin Disease	Warts
Cold Sores	High Blood Pressure	Pleurisy	Sinusitis	Worms
Constipation (chronic)	Influenza	Pneumonia	Strep Throat	Yellow Fever

Vaccinations:

Please indicate what immunizations your child has had:

DPT (Diphtheria, Pertussis, Tetanus)	Hib (Haemophilus influenza B)	Polio
Chicken pox	Flu vaccine	Hepatitis B
MMR (Measles, Mumps, Rubella)	Tetanus booster; when?	Hepatitis A

Other:

Please indicate if your child had any adverse reactions:

Prenatal Health

What was the health of the parents at **conception**?

Mother → Poor Fair Good Excellent Unknown

Father → Poor Fair Good Excellent Unknown

What was the health of the mother **during** the **pregnancy**?

Poor Fair Good Excellent Unknown

What was the mother's age at child's birth?

How was the mother's diet during pregnancy?

Poor Fair Good Excellent Unknown

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Did the mother receive prenatal medical care? Yes No Unknown

Did the mother experience any of the following during the pregnancy: (Please check box on right and side for all that apply)

Bleeding	Eclampsia	Thyroid problems	Pre-eclampsia
Diabetes	High Blood Pressure	Physical/ Emotional Trauma	Severe Vomiting

Did the mother use any of the following during pregnancy?

Alcohol Tobacco
Antibiotics Recreational Drugs

Did the mother use any over-the-counter medications? (Please list)

Did the mother use any prescription medications? (Please list)

Any other? (Please list)

Birth History

Not known (adoption)

Term length: Full Premature

How many days? Late How many days?

Length of labour? Weight at birth?

Any complications?

Was the birth: Vaginal C-Section

Did your child experience (or was diagnosed with) any of the following shortly after birth?

Jaundice Seizures Birth defects
Rashes Birth injuries Genetic disorder

Diet

Was your infant breast fed? Yes No

How long was your infant breast fed?

Did formula used to feed your infant? Yes No

What type of formula was your infant fed?

What foods were introduced before 6 months? (Please list approximate month as well)

What foods were introduced between 6-12 months? (Please list approximate month as well)

Did your child ever experience colic? Yes No

If Yes, was it: Mild Moderate or Severe

Does your child have any dietary restrictions?

Describe a typical day's diet

Breakfast:

Lunch:

Dinner:

Snacks:

Beverages (please include total quantity):

Has your child ever craved or eaten any odd foods or objects?

How are your child's bowel movements & how frequent are they?

Health and Development

At what age did your child first?

Sit up

Crawl

Walk

Talk

How many hours does your child sleep?

What time does your child go to sleep? PM

What time does your child wake up? AM

Does your child have night terrors/ nightmares?

How would you describe your child's temperament?

How would you describe your child's behaviour and performance at school?

Has your child experienced any psychological, mental, or emotional traumas? Yes No

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 to stimulate the body's inherent healing capacity.

Various 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 gynaecological (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 \$230.00) Follow-up visits from 30-60 minutes \$105-\$210). Payment for all dispensary items is due at the time they are received. *Naturopathic Visits are usually covered by most extended health plans.

As the (parent of 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 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.

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 as well as others that I seek care for. 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: