

New Naturopathic Patient Intake Form

	Name (last, first)	Email				
	Address	Home pho	ne **put a	star next to	best number for confirmation call**	
	City	Work phor	ie		Cell phone	
	Occupation and Employer			Referred by	,	
	Emergency contact (name & phone)		Married		Date of birth	
H	lave you ever seen an Naturopathic doctor before?Y	ES NC	Dr.s	Name		
Α	re you currently under the care of a physician? If so	, who, an	d for wh	at condi	tion(s)?	
S	urgical History (what and when)					
Ν	IRI/Xrays (what part of body and when)					
lf	you are experiencing pain, describe quality of pain(sharp, sta	abbing,	aching	.)Rate pain on scale #1-10	
Н	low long have you been experiencing your pain or co	ondition?				
D	o you have limited range of motion?					
Υ	our condition is improved by					
Υ	our condition is aggravated by					

Metabolic Assessment Form

PART I

Please list the 5 major health concerns in your order of importance:

1		
2		
3		
4.		
5.		

PART II Please circle the appropriate number "0 - 3" on all questions below. 0 as the least/never to 3 as the most/always.

Category Golon Category Category Category Category Category Category Golon Category Ca				
Alternating constipation and diarrhea 0123 Constipation (123) Exercially in the morning 0123 Diarrhea 0123 Diarrhea 0123 Coated tongue of "fuzzy" debris on tongue 0123 More than 3 bowel movements daily 0123 Use laxatives frequently 0123 Use laxatives frequently 0123 Excessive belching, burping, or bloating 0123 Difficult bowel movements 0123 Difficulty digesting fruits and vegetables; undigested foods found in stools Difficulty digesting fruits and vegetables; undigested foods found in stools Do you frequently use antacids Peeling hungry an hour or two after eating 0123 Do you frequently use antacids Peeling hungry an hour or two after eating 0123 Depend on coffee to keep yourself going or started 123 Depend on coffee to keep yourself going or started 0123 Do you frequently use antacids Peeling hungry an hour or two after eating 0123 Depend on coffee to keep yourself going or started 0	Category I (Colon)		Category V (Bile Enzymes)	
Alternating constipation and diarrhea 0123				0123
Diarrhea				0400
Constipation	• •			0123
Hard dry or small stool Coated tongue of "fuzzy" debris on tongue Pass large amount of foul smelling gas O1 23 Pass large amount of foul smelling gas O1 23 More than 3 bowel movements daily Use laxatives frequently use antacids Feeling hungry an hour or two after eating Do yor fallow from antacids, food, milk, carbonated beverages Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine O1 23 Category IV (Pancreatic Enzymes) Excessive plassage of gas Aususe and/or hair O1 23 Category IV (Pancreatic Enzymes) Stool undigested, foul smelling D1 23 Category IV (Pancreatic Enzymes) Stool undigested, foul smelling D1 23 Stool undigested, foul		-		0400
Coated tongue of "fuzzy" debris on tongue				
Pass large amount of foul smelling gas More than 3 bowel movements daily Use laxatives frequently Difficult bowel movements daily O123 Redened skin, especially palms O123 Excessive belching, burping, or bloating O123 Offensive breath O123 Off				
More than 3 bowel movements daily				0123
Use laxatives frequently			· · · · · · · · · · · · · · · · · · ·	0123
Category II (Gastric Enzymes) Excessive belching, burping, or bloating Gas immediately following a meal Offensive breath Difficult bowel movements Offensive breath Difficult digesting fruits and vegetables; undigested foods found in stools Category III (Gastric Irritation) Stomach pain, burning or aching 1-4 hours after eating Do you frequently use antacids Feeling hungry an hour or two after eating Heartburn when lying down or bending forward Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine Noughage and fiber cause constipation Indigestion and fullness lasts 2-4 hours after eating Pain, tenderness, sorness on left side under rib cage Excessive passage of gas Nousea and/or hair History of gallbladder attacks or stones O123 Heartburn when lying down or bending forward O123 Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Category IV (Pancreatic Enzymes) Roughage and fiber cause constipation O123 Cat				-
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Weak nails 0123		-	Headaches with exertion or stress	0123
	Zimenty rooms weight	J 1 2 0	Weak nails	0123

Category IX (Cortisol Elevation)		Category XIV (Males Only) -Prostate		
Cannot fall asleep	0123	Urination difficulty or dribbling	012	-
Perspire easily	0123	Urination frequent	012	
Under high amounts of stress	0123	Pain inside of legs or heels	012	-
Weight gain when under stress	0123	Feeling of incomplete bowel evacuation	012	
Wake up tired even after 6 or more hours of sleep Excessive perspiration or perspiration with	0123	Leg nervousness at night	012	3
little or no activity	0123	Category XV (Males Only) - Male Hormones		
		Decrease in libido	012	
Category X (Thyroid – Decreased Metabolic	Activity)	Decrease in spontaneous morning erections	012	
Tired, sluggish	0123	Decrease in fullness of erections	012	
Feel cold – hands, feet, all over	0123	Difficulty in maintain morning erections Spells of mental fatigue	012	
Require excessive amounts of sleep to		Inability to concentrate	012	
function properly	0123	Episodes of depression	012	
Increase in weight gain even with low-calorie diet	0123	Muscle soreness	012	
Gain weight easily	0123	Decrease in physical stamina	012	
Difficult, infrequent bowel movements	0123	Unexplained weight gain	012	
Depression, lack of motivation	0123	Increase in fat distribution around chest and hips	012	
Morning headaches that wear off as the day progresses	0123	Sweating attacks	012	
Outer third of eyebrow thins	0123	More emotional then in the past	012	
Thinning of hair on scalp, face or genitals or	0123			
excessive falling hair	0123	Category XVI (Menstruating Females Only) -	Female	Hormone
Dryness of skin and/or scalp	0123	Are you perimenopausal	Yes	No
Mental sluggishness	0123	Alternating menstrual cycle lengths	Yes	No
1110111111 010000111111000	0.20	Extended menstrual cycle, greater than 32 days	Yes	No
Category XI (Thyroid – Increased Metabolic	A ctivity)	Shortened menses, less than every 24 days	Yes	No
Heart palpations	0123	Pain and cramping during periods	012	3
Inward trembling	0123	Scanty blood flow	012	3
Increased pulse even at rest	0123	Heavy blood flow	012	3
Nervous and emotional	0123	Breast pain and swelling during menses	012	
Insomnia	0123	Pelvic pain during menses	012	
Night sweats	0123	Irritable and depressed during menses	012	
Difficulty gaining weight	0123	Acne break outs	0 1 2	
		Facial hair growth	0 1 2	
Category XII (Pituitary - Decreased Metaboli	c Activity)	Hair loss/thinning	0 1 2	3
Diminished sex drive	0123	Catagory VVII (Mananayaal Harmanaa)		
Menstrual disorders or lack of menstruation	0123	Category XVII (Menopausal Hormones) How many years have you been menopausal?		
Increased ability to eat sugars without symptoms	0123	Do you ever have uterine bleeding since menopause?	Vos	No
		Hot flashes	012	
Category XIII (Pituitary - Increased Metabolic	c Activity)	Mental fogginess	012	
Increased sex drive	0123	Disinterest in sex	012	
Tolerance to sugars reduced	0123	Mood swings	012	
"Splitting" type headaches	0123	Depression	012	3
		Painful intercourse	012	3
		Shrinking breasts	012	3
		Facial hair growth	012	3
		Acne	012	
PART III		Increased vaginal pain, dryness or itching	012	3
How many alcohol beverages do you consume p	er week?	How many caffeinated beverages do you consume	per day	/?
How many times do you eat out per week?		How many times a week do you eat raw nuts or seeds?	?	
How many times a week do you eat fish?		How many times a week do you workout?		
List the three worst foods you eat during the ave	rage week?			
List the three healthiest foods you eat during the	average week?			
Do you smoke? If yes, how many time				
Rate your stress levels on a scale of 1-10 during	the average week.			

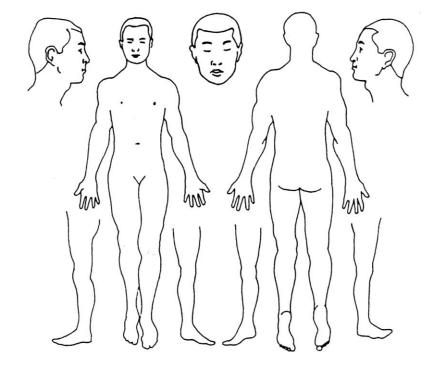
Please list any medications you currently take and for what conditions:

Please list any natural supplements you currently take and for what conditions:

AREAS OF PAIN

Are you experiencing pain/discomfort in any area of your body? Y N If yes, using the models to the right, please indicate the location of the discomfort by using the symbol that best describes the feeling:

+++ Sharp/stabbing
o o o Pins & needles
v v v Dull/aching
/ / / Numbness



Thank - you (please read and complete the informed consent next)

INFORMED CONSENT FOR NATUROPATHIC DOCTOR SERVICES

What is Naturopathic Medicine?

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. Please fill out the following forms completely in order for Dr. Tardik N.D. to fully understand the nature of your visit.

What to expect at your first visit?

Your naturopathic doctor will take a thorough case history, perform a physical examination and may take blood and urine samples.

It is very important that you inform your naturopathic doctor immediately of any medical conditions that you may be suffering from 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 breast-feeding.

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.

Disclosure and Consent

As with many medical treatments, there may be some risks associated with naturopathic treatments, including but not limited to:

- Allergic reactions to certain supplements and herbs. If you have a known allergy, please advise your doctor immediately
- Pain, bruising or injury from venipuncture, acupuncture or parental therapy.
- Fainting or puncturing of an organ with acupuncture needles, accidental burning of the skin from the use of moxa.
- Naturopathic medicine may occasionally result in the aggravation of pre-existing symptoms. When this occurs the duration is usually short.

Dispensary & Naturopathic Medicines:

Dr.Tardik, N.D. may recommend that you take certain products as part of your treatment plan. Please note that you are free to choose where you purchase the recommended products.

You will be made aware of all associated costs upon recommendation of specific health products. OHIP does not cover the cost of natural therapies recommended by Naturopathic Doctors.

Booking Appointments:

Please plan to arrive for appointments on time. Visits that begin late due to a patient's late arrival will be charged the full visit fee.

Payment for Services:

Payment for services is due at the end of each visit and a receipt will be given when payment is received. Please retain this receipt for your insurance or income tax claims, if applicable. Fees may be paid by cash, direct debit, Visa, or MasterCard. Please note that refunds are not available for medical services rendered, including lab tests performed. Extended health benefit plans often offer coverage for naturopathic medicine. Plans and policies differ, so please check with your provider regarding your coverage and claim procedures.

Cancelled and Missed Appointments

Please ensure to give at least 24 hrs cancellation notice. This will allow for consideration of other patients who would also like to schedule an appointment. For appointments cancelled on the same day or missed appointments will require a payment of 50% of the missed appointment rate. Consideration will be given to unforeseeable circumstances, at the discretion of the office manager.

Confidentiality

Everything that you communicate, directly or indirectly, to Dr. Tardik, ND is confidential, unless you give written permission to disclose information to a third party. Confidentiality is respected at all times.

It is important to note that there are exceptions to confidentiality that include the legal and/or ethical obligations to:

- 1. report incidents of child abuse (physical, sexual or emotional) and/or neglect
- 2. comply with a court ordered subpoena
- 3. prevent harm to yourself or another person should such plans be disclosed
- 4. report a health professional who has sexually abused a patient

In Case of Emergency

Emergency medical services are not offered by George Tardik, ND. In case of an emergency, patients should dial 911, or proceed to the Emergency Department of the nearest hospital.

I understand:

- ✓ I agree that by signing this form I consent to release my medical information to my Naturopathic Doctor and understand all of the information in the document.
- ✓ I agree that by signing this form I consent to receive Naturopathic treatments.
- ✓ I understand that clinic cannot guarantee treatment results.

Patient Name: (Please print name):	
Signature of Patient or Guardian:	Date:
Naturopathic Doctor:	_