

**CHILD INTAKE FORM Dr Nadia Tymoshenko ND, Naturopathic Doctor**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_ City \_\_\_\_\_ Postal code \_\_\_\_\_

Email (for appointment reminders) \_\_\_\_\_ How did you hear about me? \_\_\_\_\_

If Internet, how specifically did you find me (certain search terms, Glenbourne website, Nadia-ND website, FB):

\_\_\_\_\_

Parents/Guardians: (include any phone numbers we can phone or leave messages):

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

**What are your child’s health concerns, in order of importance?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other health care providers:** indicate their name and title (i.e., MD, Chiropractor, Counsellor):

\_\_\_\_\_

**Child’s Medical History:** Please indicate any health conditions, illnesses, injuries, surgeries and hospitalizations, along with approximate dates:

Current and past illnesses or conditions: \_\_\_\_\_

\_\_\_\_\_

Injuries, surgeries and hospitalizations: \_\_\_\_\_

\_\_\_\_\_

**Please list all known allergies:** \_\_\_\_\_ Have an EpiPen? \_\_\_\_\_

**Please list all prescription and over-the-counter medications your child is taking**

(Include the name, dose, duration of use, and reason for taking each one):

How many times has your child been treated with antibiotics? \_\_\_\_\_

What types of infections were the antibiotics for? \_\_\_\_\_

**Please list all supplements your child is taking** (i.e., vitamins, herbs, homeopathics):

\_\_\_\_\_  
\_\_\_\_\_

Which vaccinations has your child had? \_\_\_\_\_

Any adverse reactions to any vaccinations? \_\_\_\_\_

**Family History** Indicate if a close relative (parent, sibling, grandparent) has had any of the following:

Which relative(s):	Which relative(s):	Which relative(s):
Allergies _____	Heart disease _____	Diabetes _____
Asthma _____	Autoimmune disease _____	Cancer _____
Eczema _____	Kidney disease _____	Arthritis _____
Depression _____	Mental illness _____	Epilepsy _____
Other: _____		

Do either of the parents have a chronic illness? If yes please describe:

\_\_\_\_\_

**Prenatal Health (if known)**

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

Mother: Poor Fair Good Excellent      Father: Poor Fair Good Excellent

How was the mother's physical health during pregnancy? Poor Fair Good Excellent

How was the mother's emotional health during pregnancy? Poor Fair Good Excellent

How was the mother's diet during pregnancy? Poor Fair Good Excellent

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

Did the mother experience any of the following during pregnancy:

Nausea    Vomiting    Bleeding    High blood pressure    Diabetes    Toxemia

Thyroid problems    Physical stress/trauma    Emotional stress/trauma    Other: \_\_\_\_\_

Did the mother use any of the following during pregnancy?

Supplements: (Please list) \_\_\_\_\_

Prescription Medications: (Please list) \_\_\_\_\_

Over-the-counter Medications: (Please list) \_\_\_\_\_

Tobacco    Alcohol    Recreational drugs    Other: \_\_\_\_\_

**Birth History**

Pregnancy Length: Full term    Premature: \_\_\_\_\_ weeks    Late: \_\_\_\_\_ weeks

Length of labour: \_\_\_\_\_      Child's birth weight: \_\_\_\_\_

Was the birth: Vaginal    C-section    Induced    Forceps    Epidural    Home Birth

Was the mother given Intravenous antibiotics during labour? \_\_\_\_\_

Any complications for mom or baby during labour or delivery? \_\_\_\_\_  
Did the child experience any of the following at birth or soon after?  
 Jaundice  Rashes  Seizures  Respiratory difficulties  Birth injuries  Other \_\_\_\_\_  
Did the mother experience post-partum depression? \_\_\_\_\_ Was it:  Mild  Moderate  Severe

How was your child fed as an infant?  
 Breast-fed: how long? \_\_\_\_\_  Formula-fed:  Milk  Soy  Other \_\_\_\_\_  
 Other \_\_\_\_\_ Any reactions to any of these (i.e. rashes, constipation)? \_\_\_\_\_  
At what age was your child first introduced to foods (other than breast milk or formula)? \_\_\_\_\_  
What foods were introduced first? \_\_\_\_\_  
Did your child ever experience colic?  Yes  No Was it:  Mild  Moderate  Severe

**Please describe child's current diet in a typical day:**

Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Snacks \_\_\_\_\_ Beverages \_\_\_\_\_

Please list any food allergies or sensitivities \_\_\_\_\_

Please list any dietary restrictions (i.e., religious, vegetarian/vegan) \_\_\_\_\_

**General Health**

How often does your child have a bowel movement? \_\_\_\_\_  
Any problems associated with digestion? \_\_\_\_\_  
How many hours of sleep does your child typically get per night? \_\_\_\_\_  
Any problems associated with sleep? \_\_\_\_\_  
For girls – has menstruation begun? \_\_\_\_\_ If yes, since when \_\_\_\_\_  
Is your child in:  School (grade: \_\_\_\_\_)  Daycare  At home  Other \_\_\_\_\_  
Any concerns with your child's behaviour or performance at school/daycare: \_\_\_\_\_

Rate your child's typical stress level    None    Minimal    Average    High    Very high    Unbearable

Any concerns with your child's moods or emotional health? \_\_\_\_\_

Does your child exercise regularly?  Yes  No    Are there any pets in the home?  Yes  No \_\_\_\_\_

Are there any chemicals or toxins your child is regularly exposed to? (cigarette smoke, mould, home reno's) \_\_\_\_\_

How would you describe the emotional climate of your child's home?  
\_\_\_\_\_

Please provide any other relevant health/personal information that you feel is important:  
\_\_\_\_\_

Thank you. All information will be kept confidential. I look forward to helping you any way I can



# dr.nadia.nd

Nadia Tymoshenko | Naturopathic Doctor  
Nadia-ND.com

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## **Pediatric Consent Form (Please read and sign this page)**

Naturopathic medicine is the treatment and prevention of disease by natural means. Gentle, non-invasive techniques are used in order to support and stimulate the body's inherent healing capacity. Naturopathic therapies include: diet and nutritional supplements, botanical medicine, homeopathy, traditional Chinese medicine and acupuncture, naturopathic bodywork, and lifestyle counselling. Your Naturopathic Doctor will take a thorough case history, perform a physical examination as is pertinent to your child's case, and make recommendations based on the history, findings and assessment.

### **Statement of Acknowledgement & Consent to Treatment**

I understand that Nadia Tymoshenko ND provides naturopathic medical care based on the practices mentioned in the previous paragraph. I understand that it is my responsibility to provide complete information of all health concerns including but not limited to: any illness, diagnosis, and all prescription & over the counter medications the child is taking. I understand that results cannot be guaranteed. As with any form of medicine, there is a potential for aggravation of pre-existing symptoms or allergic reactions (i.e., to herbs or supplements). I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications. I understand that any questions I have will be answered by Nadia to the best of her ability.

I understand that a record will be kept of the health services provided. This record will be kept confidential and will not be released to others unless directed by me in writing or unless required by law. I understand that I am at liberty to seek or continue care from a medical doctor or other health care provider.

With this knowledge, I voluntarily consent to the diagnostic and therapeutic procedures mentioned above. I intend this consent to cover the entire course of treatment. I understand that I am free to withdraw my consent and to discontinue participation in these procedures any time.

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Parent/guardian's name printed \_\_\_\_\_

### **Payment Policy**

All payments are due in full at the time of each appointment. Our clinic accepts payment by cash, cheque and credit card. First pediatric visit is \$140, follow-up visits are \$85.

Please provide at least 24 hours notice to change or cancel appointments. The full appointment fee will be billed if you do not give sufficient notice of cancellation or change. This fee also applies to missed appointments. Exceptions can be made for extenuating circumstances.

Many people have extended health care benefits through their own plan or another family member's plan that covers naturopathic consultations. We recommend you check with your benefit plan and familiarize yourself with their procedures. At each appointment, we provide you with an official receipt that you can submit for reimbursement.

I agree to pay for my appointments in full at each appointment. I understand the cancellation policy and agree to pay the appointment fee if I fail to give at least 24 hours notice of cancellation or change.

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_