

**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

## INFORMED CONSENT & PATIENT AGREEMENT

Dr Nadia Tymoshenko BSc, ND

Naturopathic medicine is the treatment and prevention of disease by natural means. Gentle, non-invasive techniques are used to support the body's inherent self-healing process. Naturopathic therapies include: diet and nutritional supplements, botanical medicine, homeopathy, acupuncture, naturopathic bodywork, and lifestyle counselling. Your Naturopathic Doctor will take a thorough case history and perform a physical examination as is pertinent to your case to help identify underlying causes of illness and develop personalized treatment plans to address them.

### Statement of Acknowledgement & Consent to Treatment

I understand that Nadia Tymoshenko ND provides naturopathic care based on the practices mentioned in the previous paragraph. I understand that naturopathic health care is a joint responsibility between myself (the patient) and the practitioner. Improving my lifestyle can be as important as the therapies and treatments provided by the clinic. I am willing to be an active participant in my wellness.

I understand it is important to inform my ND immediately of any known or suspected allergies, medications I am taking (prescribed, over-the-counter, and birth control), and any diagnoses I have received from other licensed health care providers. I am also to inform my ND if I am pregnant, trying to get pregnant, or breast-feeding.

As with all medical therapies, naturopathic medicine has its limitations and may not be effective for all conditions. My ND will answer any questions I may have to the best of her ability and explain procedures, probable outcomes and potential risks of treatment whenever possible; however, due to individual responses, ND's cannot anticipate all possible outcomes or guarantee results. Minor health risks that may be associated with Naturopathic treatments include but are not limited to: aggravation of pre-existing symptoms; allergic reactions to supplements or herbs; pain, bruising, injury and/or fainting from needle acupuncture. I am free to withdraw my consent and discontinue treatment at any time.

I understand that I am at liberty to seek or continue care from a medical doctor or other licensed health care provider and I do not need to choose one method of healthcare over the other. Nadia Tymoshenko N.D. does not suggest to refrain from seeking or following conventional medical treatments.

I understand that a record will be kept of the health services provided to me. All personal and health information is confidential and will be treated in accordance with the Personal Information Protection and Electronic Documents Act and will not be released to others unless directed by me in writing or if required by law.

I always have the right to discuss and ask questions about any therapy that is proposed and I am able to withdraw my consent for specific therapies or treatments if I am not comfortable. With this knowledge, I voluntarily consent to naturopathic care and 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.

Name of patient (printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ If signed by guardian, print guardian's name and relation \_\_\_\_\_

### Payment Information & Cancellation Policy

Payment is due at each appointment. The clinic accepts payment by cash, debit & credit card. We provide an official receipt that you can submit for reimbursement if you have an extended health insurance plan or for income tax purposes if applicable. Naturopathic fees are not covered by provincial health care/MSI.

Please be advised that you are responsible for appointment times you have reserved. Appointments are in high demand, and your early cancellation/rescheduling will give another person the possibility to access that time. Therefore, we require at least **2 full business days' notice** to change or cancel your naturopathic appointment. If you miss or cancel an appointment without 2 business days' notice, a \$50 cancellation fee will be applied to your account. Exceptions to this policy can be considered in emergency situations.

I have read and agree to the above Payment and Cancellation Policy:

Signature \_\_\_\_\_ Date \_\_\_\_\_