

# **Naturopathic Intake Form**

Dr. Philip K.L Lee BSc, ND

\* All information will be respected and for clinic use only.

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender : M / F  
Year Month Day

Address : \_\_\_\_\_ City : \_\_\_\_\_

Postal Code : \_\_\_\_\_

Home / Cell # : (\_\_\_\_) \_\_\_\_\_ Office # : (\_\_\_\_) \_\_\_\_\_

Email : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Relationship : \_\_\_\_\_ Phone # : \_\_\_\_\_

## **OTHER HEALTH PROVIDER(S) INFORMATION**

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Other Health Care Provider(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Other Health Care Provider(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Occupation : \_\_\_\_\_

Do you have extended health benefits ( )Yes ( )No

Marital Status : Single Married Widowed Divorce

Number of Children : \_\_\_\_\_ (if any)

Your General Health is: ( ) Excellent ( ) Good ( ) Fair ( ) Poor

Energy Level : 0 1 2 3 4 5 6 7 8 9 10 (10 = best)

Number hours you sleep per night? \_\_\_\_\_

Number of times you exercise (30 min) : ( ) 0 ( ) 1-2 ( ) 3-5 ( ) over 5/wk

## **Major health concerns in order of importance;**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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**Burlington Natural Health Centre**

1066 Brant St, Burlington L7R2J9 Tel : (905) 634-8598 Email : [naturaldr@gmail.com](mailto:naturaldr@gmail.com)

[www.DrPhilipLee.com](http://www.DrPhilipLee.com)

Please list all **CURRENT prescribed medications you are taking**. Indicate the name of the drug & dosage

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How many times have you been treated with antibiotics in the past 5 years? \_\_\_\_\_

**FAMILY MEDICAL HISTORY:**

Relation	Age	Health problems	Cause, if deceased
Father			
Mother			
Siblings			

Smoker? YES NO Amount/day? \_\_\_\_\_ Years smoked? \_\_\_\_\_ Year stopped? \_\_\_\_\_

Alcohol use? YES NO Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Caffeine use (coffee, tea, pop)? YES NO Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Amount of Water /day \_\_\_\_\_ Drinking water source (ie Brita, reverse osmosis) \_\_\_\_\_

Any known **food or drug allergies** : \_\_\_\_\_

If you are female, is there possibility that you may be pregnant? YES NO

Stresses that you experiencing currently?

Work Health Family Money Marriage Other: \_\_\_\_\_

Rate your stress level : Low Average High Very high Unbearable

When was your last vacation? \_\_\_\_\_ How often do you take a vacation? \_\_\_\_\_

Religion : \_\_\_\_\_

How did you learn about us? Friend Relative Health Care Professional Flyers Signage

Name: \_\_\_\_\_

**We would like to show our appreciation to them !**

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## **Declaration and Consent to Treat**

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. Naturopathic doctor will take a thorough case history, perform a physical examination, including a breast exam and take blood and urine samples. If your case requires, the physical may include more specific examinations such as rectal, prostate or genital exams.

It is very important that you inform your doctor immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise him 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.

There are some slight health risks associated with treatment by Naturopathic medicine.

These include but are not limited to:

- Some patients experience allergic reactions to certain supplements and herbs. Please advise your doctor of any allergies you may have.
- Fainting or puncturing of an organ with acupuncture needles. Doctor are trained to handle emergencies should the need arise.
- Pain, bruising or injury from blood draw or acupuncture or intravenous therapy.

### **I understand:**

- I have read all the foregoing information and I understand that the ultimate responsibility for my health is my own.
- The clinic does not guarantee treatment results.
- That my Naturopathic doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have.
- I am free to withdraw my consent and to discontinue treatment at any time.

Client Name (Please Print) : \_\_\_\_\_

Signature (Client or Guardian): \_\_\_\_\_ Date : \_\_\_\_\_

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## Fees Schedule (HST Included)

	<b>Price</b>	<b>Special Rate</b>	<b>Description</b>
First Visit (60 minute)	\$ 150	\$120	Comprehensive medical interview, examination and may include treatment during the 60-minute visit.
Follow-up Visits (30 minute)	\$ 75.00	\$60	The visit cost includes all treatments materials such as needle, towel, use of equipment and much more.
Follow-up Visits (15 minute)	\$40.00	\$40	Quick follow-up visits or Acupuncture visits .
	<b>Special Rate -20% off</b> <b>For full time Students, Children and Elderly above 65 years of age</b>		

Home visits are available.

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Effective January 1st,2011

**Frequent Acupuncture Visits (30 minute) \$68**

**Live Blood Cell Analysis appointments are \$150**

\*Children are those individuals less than 3 years of age

\*Student refers to those individuals in high school/colleges /university with a valid student card.

\*Elderly above 65 years old

\*\* Please note that these fees are not covered by OHIP.

**Please check with your extended health benefits to determine the details of your Naturopathic Medicine coverage.**

Any prescribed supplements/botanicals/homeopathics are not included in the above fees.

Fees are payable by Cash, Cheque, Debit, Airmax, Visa or Mastercard at the end of each visit.

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