Lakeside Natural Health
CENTRE
HEAL · GROW · THRIVE

Naturopathic Medicine Flu Intake and Informed Consent

PLEASE NOTE THAT THIS FORM MUST BE SIGNED PRIOR TO YOUR 1ST APPOINTMENT

Contact Information:

Name _____ Address _____

Date of Birth M_____D_____Y_____ _____

Gender (circle) ____Male / Female_____ Age_____ Cell # _____

Home # _____ Parent or Guardian if under 16 years

Email _____ _____

Main Health Concerns: _____

Allergies (Food or Meditations): _____

YES / NO Can we send you our monthly newsletter and new event listings via email? Your email address will not be shared.

How did you hear about Lakeside Natural Health Centre? _____

We would like to take this opportunity to welcome you to Lakeside Natural Health Centre. This clinic utilizes the principles and practices of Naturopathic medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Your ND will conduct a thorough case history and may perform a physical exam, specific blood and/or urinary laboratory tests as part of the treatment work-up. It is very important that you inform your Naturopathic Doctor of any medical concerns or medication and supplements you may be taking. Please advise your ND if you are pregnant, suspect you are pregnant or if you are breastfeeding. 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. As with any form of medical intervention there can be health risks associated with treatment by naturopathic medicine including acupuncture. By signing this form you acknowledge your understanding of the associated risks and accept full responsibility for any fees incurred during care and treatment and grant permission to proceed. Possible side effects include, but not limited to; aggravation or pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from venipuncture or acupuncture.
Privacy of your personal information is an important part of providing you with quality Naturopathic care. We understand the importance of protecting your personal information and are committed to collecting, using and disclosing your personal information responsibly. Our privacy protocol complies with privacy legislation and standards of our regulatory body, the College of Naturopaths of Ontario.

I understand that a confidential record will be kept of the health services provided to me. This record will be kept confidential but if required, I understand that my Naturopathic Doctor may discuss my case with other healthcare providers. I understand that I may look at my medical records at any time and can request a copy of my file with a fee of $0.10 per page. I understand that information from my medical records may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that the results are not guaranteed. I do not expect Naturopathic doctors to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to Naturopathic care. I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent at any time.

Patient Name (Please print name): _____
Signature of Patient or Guardian: _____ Date: _____

The vision of Lakeside Natural Health Centre is to provide true integrative health care. Given our commitment to this best-patient practice, we will communicate with your other practitioners at our clinic to ensure that you are receiving true complementary care. This will be done with respect for all privacy laws and any restrictive stipulation you may have placed on this communication. Please speak to your practitioner if you would like more clarification on this process.
I welcome professional dialogue regarding my case between members of my health care team at Lakeside Natural Health Centre (please circle): Yes / No
Signature: _____