



## Pediatric Intake Form

Please take time to fill out the following information. It provides a basis for further questioning during your visit and helps with the health assessment. All information is for office use only and is strictly confidential.

**Date of First Visit:** \_\_\_\_\_ **Circle primary doctor:** Dr. Velichka, ND / Dr. Reid, ND / Dr. Leung, ND  
Dr. Sieben, ND / Dr. Loran, ND / Dr. Pearce, ND

### **Patient Information**

Full Name: \_\_\_\_\_ Date of Birth (D/M/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent's / Guardians Name : \_\_\_\_\_

How did you find out about the naturopathic services at this clinic? If referred, please indicate from whom.

### **Contacts** (In order of preference)

1. Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C): \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C): \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

May messages be left relating to your visits? Y / N Which phone number? \_\_\_\_\_

### **Please List Other Health Care Providers (include speciality if appropriate):**

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

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

### **Current Health Concerns:**

What are your health concerns in order of importance to you? Indicate any treatment or testing your child has had or is currently receiving for any of those concerns.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



**Medical History:**

How would you describe your child's general state of health?      Excellent      Good      Fair      Poor

Please indicate any serious conditions, illnesses or injuries, and any hospitalizations, along with approximate dates:

---

---

---

---

Please circle the conditions your child has had or currently has

- |                          |                |              |            |                    |
|--------------------------|----------------|--------------|------------|--------------------|
| Allergies                | Anemia         | Anxiety      | Arthritis  | Asthma             |
| Cancer                   | Celiac Disease | Chicken Pox  | Depression | Diabetes           |
| Digestive Issues         | Ear Infections | Eczema       | Epilepsy   | Food Sensitivities |
| Headaches/Migraines      | Heart Murmur   | Impetigo     | Measles    | Mononucleosis      |
| Mumps                    | Overweight     | Pneumonia    | Roseola    |                    |
| Rubella (German Measles) | Scarlet Fever  | Strep Throat | Seizures   | Whooping Cough     |

Does your child have any allergies (medicines, environmental, etc. )?

---

---

Please list all current medications (prescription, over the counter, vitamins, herbs, homeopathics, etc. )

---

---

---

Please list past prescription medications.

---

---

---

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



saskatoon  
**NATUROPATHIC MEDICINE**

call. 306-664-2150 | fax. 306-664-2151  
14-118 Cope Cres., Saskatoon S7T 0X3  
www.saskatoonnaturopathic.com

**Medical History (cont'd)**

Please indicate what immunizations your child has had (please circle any that apply)

DPT (diphtheria, pertussis, tetanus)      Haemophilus Influenza B      Hepatitis A      Hepatitis B  
Tetanus Booster; when? \_\_\_\_\_      Flu      MMR (measles, mumps, rubella)      Polio  
Other \_\_\_\_\_

Please indicate if any caused adverse reactions

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

What screening tests has your child had (blood, hearing, vision, etc.)

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

---

**Prenatal Health**

What was the health of the parents at conception?

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

What was the health of the mother during the pregnancy?

Poor      Fair      Good      Excellent      Unknown

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

How was the mother's diet during pregnancy?

Poor      Fair      Good      Excellent      Unknown

Did the mother receive medical care?   Y   N   Unknown

Did the mother experience any of the following during the pregnancy:

Bleeding      High blood pressure      Nausea      Vomiting  
Diabetes      Thyroid problems      Physical or emotional trauma

Other: \_\_\_\_\_  
\_\_\_\_\_



saskatoon  
**NATUROPATHIC MEDICINE**

call. 306-664-2150 | fax. 306-664-2151  
14-118 Cope Cres., Saskatoon S7T 0X3  
www.saskatoonnaturopathic.com

Did the mother use any of the following during the pregnancy?

Tobacco / Alcohol / Recreational drugs: \_\_\_\_\_

Prescription medications: \_\_\_\_\_

Over the counter medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

Other: \_\_\_\_\_

**Birth History**

Term length (Please circle):                  Full                  Premature: \_\_\_\_\_ wks                  Late: \_\_\_\_\_ wks

Length of labour: \_\_\_\_\_ Weight at birth: \_\_\_\_\_

Any complications: \_\_\_\_\_

Was the birth (Please circle):                  Vaginal                  C-section                  Induced                  Forceps                  Anesthesia used

Did the child experience any of the following at or shortly after birth? (Please circle)

Jaundice                  Rashes                  Seizures                  Birth Injuries \_\_\_\_\_

Birth defects \_\_\_\_\_

Other \_\_\_\_\_

**Diet**

How was your infant fed?

Breast fed. How long? \_\_\_\_\_ Formula. Milk/Soy/Other: \_\_\_\_\_

Other: \_\_\_\_\_

Did your child ever experience colic?                  Y                  N                  How severe?                  Mild                  moderate                  severe

Does your child have any food allergies or intolerances? Please list.

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

Does your child have any dietary restrictions (religious, vegetarian/vegan, etc.)?

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

Describe a typical day's diet:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

Beverages (and total quantity) \_\_\_\_\_



**Lifestyle**

How was your child's health in the first year?      Poor      Fair      Good      Excellent      Unknown

Has your child ever experienced an emotional trauma?      Y      N

Describe your child's sleep pattern

---



---

Does your child (Please circle):    wake early    have difficulty falling asleep    have night terrors    have no sleep problems

How would you describe your child's temperament?

---

How would you describe your child's behavior and performance at school?

---



---

**Family History**

Indicate if a close relative (parent, sibling) has had any of the following

	Who?		Who?
Allergies		Diabetes	
Asthma		Kidney disease	
Birth Defects		Other	
Juvenile Arthritis			

I don't know the family medical history

Do either of the parents have a chronic illness?      Y      N

Please describe:

---



---

**Environment**

Is the child in (Please circle):      school      daycare      home care      other

What are your child's favourite activities?

---



---



Does the child exercise regularly?      Y      N

How much, how often?

---

---

How many hours/week does your child: Watch TV? \_\_\_\_\_ Play on computer or video games? \_\_\_\_\_

How often does your child read (not for school), or how often does someone read to your child (Please circle)?

Daily                  Several times a week                  Weekly                  Less than weekly

Does anyone in the child's house smoke?      Y      N

Are there animals in the home?      Y      N

How is the child's home heated? \_\_\_\_\_

Do you know of any toxins or other hazards the child is regularly exposed to (home, other's work, hobbies, etc.)? Please describe.

---

---

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

---

---

Is there anything that you feel is important that has not been covered?

---

---

---

---



## **INFORMED CONSENT FORM**

### **Informed Consent**

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental and emotional aspects of the individual. Gentle, non-invasive techniques are generally used to stimulate the body's healing capacity.

Naturopathic Doctors are required to obtain informed consent and to make sure you are aware of possible side effects/risks due to treatment. The doctors of Saskatoon Naturopathic Medicine Incorporated (SNMI) use the following in their practices: diet and nutritional counseling, traditional Chinese medicine and acupuncture, botanical medicine, hydrotherapy, massage, homeopathy, and lifestyle counseling. It is important to know that any treatment or advice provided is not mutually exclusive from any treatment or advice that you may now be receiving or may in the future receive from another licensed health care provider. You are at liberty to continue medical care from a medical doctor, or any other health care provider licensed to practice in Saskatchewan.

**Individual diets and nutritional supplements** are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, improved gastrointestinal function, enhanced immunity, and general well-being.

**Botanical medicine** is plant-based medicine that involves the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist in recovery from injury and disease.

**Homeopathy** is a form of medicine based on the Law of Similars; that is, the use of tiny doses of the very thing that causes symptoms in healthy people. These minute doses, of plant, animal, or mineral origin, are used to stimulate the body's ability to heal itself. Homeopathy is a powerful tool that effects healing on a physical and emotional level.

**Asian medicine** includes the use of acupuncture, Eastern herbs and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin into underlying tissues at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or decoctions (strong teas) to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

**Hydrotherapy** refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

**Lifestyle counselling** involves identifying risk factors and making recommendations to help optimize one's physical, mental, and emotional environment.

During your initial visits, the doctors of SNMI will take a thorough case history and perform a basic/complaint-oriented physical examination, and when indicated, take urine samples for further testing, or blood samples for lab investigation.

Even the gentlest of therapies have their complications in certain physiological conditions such as pregnancy and lactation, in very young children, or those with multiple medications. Some therapies must be used with caution in certain diseases including but not limited to diabetes and heart/liver/kidney disease. It is very important therefore that you inform the doctors of SNMI immediately if any of the above applies to you. There are some risks to treatment by Naturopathic Medicine. These include but are not limited to aggravation of pre-existing symptoms, allergic reactions to supplements or herbs, pain/bruising/injury from acupuncture and massage, fainting or puncturing of an organ with acupuncture needles.



\_\_\_\_\_ I understand that a record will be kept of the health services provided to me. This record will be  
 Initials kept confidential among the naturopathic doctors at SNMI. This record will not be released to  
 others without my consent, unless required by law. I understand that I may look at my medical  
 record at any time and can request a copy of it by paying the appropriate fee.

\_\_\_\_\_ I understand that my case may be discussed for educational purposes and information from my  
 Initials medical record may be analyzed for research purposes in which my identity will be kept  
 confidential. I acknowledge that I have discussed, or have had the opportunity to discuss, with the  
 doctors of SNMI the nature and purpose of naturopathic treatment in general and my treatment in  
 particular as well as the contents of this consent.

\_\_\_\_\_ I understand that the doctors of SNMI will answer any questions that I have to the best of their  
 Initials ability. Because each individual responds differently to treatment, I understand that the results are  
 not guaranteed. I do not expect the doctor to be able to anticipate and explain all risks and  
 complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic  
 procedures mentioned above, except for (please list any exceptions):

\_\_\_\_\_

\_\_\_\_\_ I understand that fees and supplements are to be paid for at the time of the consultation.  
 Initials

\_\_\_\_\_ I understand that I will be charged (Missed Appointment Fee) for any missed appointments or  
 Initials cancellations with less than 48 hours notice. The credit card on file will be charged if no other  
 method of payment is given for the Missed Appointment Fee.

As the patient, you are responsible for the total charges incurred for each visit. If you have coverage for Naturopathic  
 Medicine, you are responsible for billing your own insurance company. The doctors of SNMI may prescribe supplements  
 that can be purchased from our in-house dispensary, or elsewhere. Most insurance companies do not cover the  
 supplements that we prescribe and dispense.

I have read and understand the above-stated policies and information. I hereby authorize and consent to naturopathic  
 treatment and examination by the doctors of SNMI. I intend this consent to apply to all my present and future  
 naturopathic care. I understand that I am free to withdraw my consent and to discontinue participation in these  
 procedures at any time.

**Consent to Treatment of a Minor**

PATIENT INFO:		
First Name: _____	Last Name: _____	
Age: _____	Male	Female

