

annapurna naturopathic

Women's Health and Natural Medicine



Shawna Darou, N.D.

Naturopathic Doctor



Welcome to Annapurna Naturopathic and congratulations for putting your health first. By investing in Naturopathic Medicine, you have taken a major step to improving your health now and for the future. As your Doctor, I'm certain you will find your experience with us a positive and rewarding one, helping you to set a new direction towards holistic health.

In making your appointment with us you have demonstrated that you are intent and ready to make the necessary shifts in your life necessary to experience total health. Please take the time to fill out the important questionnaire contained within this package. The responses you provide will greatly assist me to understand what your goals are and what expectations you have so that we can formulate an individualized health care plan tailored to your needs. Rest assured that all the information you share on these forms and in our interactions will be held with the utmost confidentiality. As your Doctor, I am the only person who reviews these forms. Please remember to bring the "intake form" and the signed "informed consent form" contained in this package when you come in for your initial visit.

Typically, your first visit is one and a half hours long and will include a full physical examination (excluding female gynecological). Once your condition is assessed you will be called in for a second visit where a treatment plan will be presented to you. Your progress will be monitored and further visits may be necessary to map out continued treatment. It is also important that if you have had any laboratory testing done within the past 6 months to bring a copy of these results with you on your first visit. If you have any difficulty gaining access to these documents, you can contact our office and we will provide a "Release of Records" form to assist you. Please remember that we require 24 hours notice for any cancellations or rescheduling of appointments so as to avoid the late cancellation / rescheduling fee.

Included in this package is a complete fee schedule of our services. Please take the time to review this before you come in. At present, Naturopathic care is not covered by OHIP. However, if you have extended medical insurance, please check with your plan to see if there is "Naturopathic Coverage", as many of the major insurance companies do offer this (for example: Liberty Health, Great West Life and Manulife).

I sincerely thank you for taking this step towards the betterment of your health and I look forward to seeing you at your visit to the clinic.

Shawna Darou, *N.D.*
Director, ANNAPURNA NATUROPATHIC

Annapurna Naturopathic Clinic: 822 Richmond St. W, Suite 200, Toronto, ON M6J 1C9

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CONFIDENTIAL PATIENT INTAKE FORM

Today's Date: _____

Name: _____ Age: _____ Date of birth: _____ Gender: M F

Address: _____ City: _____ Postal Code: _____

Home phone: _____ Work or Other phone: _____

Profession: _____ Employer: _____ Full or part-time? (circle)

E-mail address: _____

Circle one: • Married • Single • Widowed • Divorced • Separated • Common-law • Same sex

Live with: • Spouse • Partner • Parents • Children • Friends • Alone

Other health care providers (name and phone number);

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Do you have extended medical insurance? _____

Person to notify in an emergency? _____ Relationship: _____ Phone: _____

How did you hear about this clinic? _____

CURRENT HEALTH CONDITION

What health concerns brought you here today? Please list in order of importance to you:

1. _____

2. _____

3. _____

4. _____

Has anything recently changed or become worse? _____

Please list the five most significant stressful events in your life. Do any of these continue to affect you?

1. _____

2. _____

3. _____

4. _____

5. _____

PERSONAL HEALTH HABITS

Height: _____ Current weight: _____ Weight 1 year ago: _____ Maximum weight: _____ when? _____

Smoker: • Yes • No Smoked _____ years Amount/day: _____ Year stopped: _____

Alcohol use: • Yes • No Type: _____ Frequency: _____

Recreational drug use: • Yes • No Type: _____ Frequency: _____

Coffee: • Yes • No _____ cups / day Tea: • Yes • No _____ cups / day

Water: _____ cups / day Purified water: • Yes • No Tap water: • Yes • No

Are there any food groups that you avoid? • Yes • No _____

Are there any food groups that you eat a lot of? • Yes • No _____

Do you eat dairy products? • Yes • No _____

On a scale of 1 to 10, with 10 being the highest, please rate your average STRESS level: _____

On a scale of 1 to 10, with 10 being the highest, please rate your average ENERGY level: _____

How many hours of sleep do you get a night? _____ Do you wake up feeling rested? • Yes • No

Regular exercise? • Yes • No Type: _____ Duration: _____ Frequency: _____

Women: Are you currently pregnant? • Yes • No • Not sure

Type of birth control used: _____ If birth control pill use, how many years? _____

MEDICAL HISTORY – Please indicate the conditions that pertain to you personally:

- Alcohol Abuse
- Allergies
- Anemia
- Arthritis
- Asthma
- Bladder / Urinary Problems
- Bleeding Problems
- Blood Pressure Problems / Stroke
- Cancer
- Colitis
- Frequent colds, flu, sore throats
- Diabetes
- Digestive Disturbances
- Ear Problems
- Eating Disorders
- Edema
- Epilepsy
- Eye Problems
- Fatigue, Chronic
- Female Gynecological Problems
- Mononucleosis
- Fever
- Gall Bladder / Liver Problems
- Gum / Teeth Problems
- Hay Fever
- Headaches
- Head Injury / Serious Injury
- Heart Disorders
- Hepatitis
- Hypoglycemia
- Jaundice
- Joint Problems
- Kidney Problems
- Lung Problems
- Occupational Exposure to Toxic Substances
- Parasites
- Psychological Difficulties / suicidal / depression
- Sexually Transmitted Diseases (herpes, chlamydia, gonorrhea)
- Skin Problems
- Thyroid
- Ulcer

Please indicate any serious injuries or hospitalizations; along with approximate dates:

Do you have any allergies? _____

Check (✓) any of the following that you currently use, and indicate how often you use them or how long you have been using them:

- Laxatives _____ Birth Control Pills _____ Sleeping pills _____ Antacids _____
 Cortisone _____ Pain relievers _____ Aspirin _____ Anti-depressive _____

Please list all drugs and medications which you are currently prescribed, the reason and the effect:

Which medications have you used in the past, the reason and the effect?

If you take supplements please list brands and dosages of all products you are taking and the reasons for taking them: _____

FAMILY HISTORY – Has a close relative (parent, child, sibling, grandparent) had any of the following:

| | Who? | | Who? |
|---------------------|------|-------------------------|------|
| Allergies | | Depression | |
| Arthritis | | Other mental illness | |
| Asthma | | Drug abuse / alcoholism | |
| Epilepsy | | Bleeding problems | |
| Heart disease | | Multiple sclerosis | |
| High blood pressure | | Kidney disease | |
| Stroke | | Tuberculosis | |
| Cancer | | Thyroid problems | |
| Diabetes | | Other | |

ENVIRONMENT

Are you regularly exposed to toxins or other hazards (home, work, hobbies, etc.)? Please describe:

How would you describe the emotional climate of your home? _____

PERSONAL HEALTH HISTORY

Were you breast fed and for how long? _____

What was your health as a child until age 12? _____

Did you have any other childhood diseases other than chicken pox, measles, and mumps?

Please list all surgeries you have had, dates and reasons, and if you felt they were successful.

Have you ever had parasites that you know of? _____

Have you ever traveled to a third world country, if so for how long? _____

What do you feel your weakest organ system is? _____

How many times each year do you get a cold, flu or bronchitis? How many days are you sick with it? Do you miss work because of it? _____

How many times have you had antibiotics in your life? _____

Has there been a trauma or sickness that you have never recovered from and you have not been well since?

HEALTH GOALS

Please list your health goals in order of importance to you:

1. _____

2. _____

3. _____

4. _____

Thank you for taking the time to fill out these forms.

I look forward to working with you on your journey to health and wellbeing.



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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, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include diet, lifestyle counselling, clinical nutrition (primary via supplementation), botanical medicine, homeopathy, Asian medical theory and acupuncture, hydrotherapy, and physical medicine

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

Botanical medicine is a 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 health people. These minute doses of plant, animal, or mineral origins 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. Acupuncture is not used in children under the age of 12.

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, your Naturopathic Doctor will take a thorough case history and perform a basic/complaint-oriented physical examination, and when indicated, take urine samples or perform other laboratory testing.

Even the gentlest therapies may cause complications in certain physiological conditions this depends greatly on the individual and the extent of the illness. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease.

It is very important, therefore, that you inform your naturopathic doctor immediately of any disease process that you are suffering from as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you are pregnant, or you are breast-feeding, advise your doctor immediately.

Health risks associated with Naturopathic Medicine include but are not limited to:

- Aggravation of pre-existing symptoms during the healing process.
- Allergic reactions to supplements or herbs.
- Pain, bruising or injury from acupuncture.
- Fainting or puncturing of an organ with acupuncture needles.

_____ I understand that a record will be kept of the health services provided to me.
Initials This record will be kept confidential and 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 the Naturopathic Doctor will answer any questions that I have
Initials to the best of her ability. 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
Initials consultation.

_____ I understand that a fee will be charged (Missed Appointment Fee) for any
Initials missed appointments or cancellations with less than 24 hours notice.

As the patient, you are responsible for the total charges incurred for each visit. We accept cash, debit, or visa. If you have coverage for Naturopathic Medicine, you are responsible for billing your own insurance company – we will provide you with all of the information necessary to send your claim for reimbursement.

Your Naturopathic Doctor 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 intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Name (please print): _____

Signature of Patient or Parent / Guardian: _____

Date: _____



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Fee Schedule

| | |
|--|---------------------|
| Initial consultation (80 minutes) | \$220 |
| Second consultation (40 minutes) | \$130 |
| Subsequent consultations (20 minutes) | \$85 |
| Extended follow-up visit (40 minutes) - if extra time is needed | \$130 |
| | |
| Initial consultation – children*, students**, seniors (60 min. children; 80 min. adults) | \$175 |
| Second consultation – children, students, seniors (40 minutes) | \$110 |
| Subsequent consultations (20 minutes) | \$85 |
| | |
| Naturopathic health assessment (annual check-up) (40 minutes) | \$130 |
| Acupuncture - single treatment (40 minutes) | \$85 |
| Telephone consultations | \$85/ each 20 mins. |
| Note: Any appointment cancelled with less than 24 hours notice | \$85 |

Diagnostic Testing

| | |
|---|-----------|
| Food intolerance test (blood test - 96 food panel) | \$220 |
| Food intolerance test + Celiac panel | \$305 |
| Adrenal stress test (saliva) | \$200 |
| Female hormone panel - 2 point test (saliva) | \$215 |
| Custom hormone panels (saliva) - price varies: | \$215-265 |
| Digestive stool analysis - comprehensive test for gastrointestinal function | \$365 |
| Environmental pollutants profile | \$205 |
| Hair analysis for Toxic Metals | \$125 |
| Urine analysis for Toxic Metals | \$245 |
| Urinary Organic Acid Test (OAT) | \$295 |
| Comprehensive Nutritional Panel | \$365 |
| Comprehensive LPP (Lipoprotein Particle) Panel | \$210 |
| MTHFR Genotyping | \$190 |
| Telomere Analysis | \$260 |
| Vitamin D test (blood) | \$52 |
| Additional blood tests - thyroid, cholesterol, hormones are available - please inquire for prices | |

* Children: less than 16 years of age

** Students: in school full-time with valid photo id card

All fees are subject to H.S.T.

Fees are payable by cash, debit, visa or mastercard at the end of each visit.

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

Please note that these fees are not covered by OHIP, but they may be covered by your **extended health care plan**. Contact your employer or insurance agent to inquire about naturopathic coverage.