

**Sandra Cross RNCP, RBIE**

## ADULT INTAKE FORM

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

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Male ☐ Female ☐

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

May we leave a message? Yes ☐ No ☐

E-Mail Address: \_\_\_\_\_

Would you like to receive our electronic quarterly newsletters: **Yes No**

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

### Marital Status:

Single ☐ Married ☐ Divorced ☐ Separated ☐ Common Law ☐ Widowed ☐

Number of Children: \_\_\_\_\_

Date of last Physical Exam and bloodwork: \_\_\_\_\_

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

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

What is your **main** reason for coming in today? \_\_\_\_\_

List **other health problems** that are troubling you:

1) \_\_\_\_\_ When did it start? \_\_\_\_\_

2) \_\_\_\_\_ When did it start? \_\_\_\_\_

3) \_\_\_\_\_ When did it start? \_\_\_\_\_

4) \_\_\_\_\_ When did it start? \_\_\_\_\_

## HEALTH HISTORY:

What is your general **state of wellbeing** from 1-10? (10 is the highest) \_\_\_\_\_

What is your **level of commitment** to your wellbeing? 1-10? (10 is the highest) \_\_\_\_\_

On average, how would you **rate your energy** level from 1-10 (10 is the highest) \_\_\_\_\_

Please list previous **surgeries** (include dates if possible) \_\_\_\_\_

\_\_\_\_\_

Please list any **allergies** to **drugs, plants, foods, animal** or other? \_\_\_\_\_

\_\_\_\_\_

Please list current **supplements** and/or **medications**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you vaccinated? If so, any adverse reactions? Please list: \_\_\_\_\_

\_\_\_\_\_

Please check if you consume: Alcohol ☐ Artificial Sweeteners ☐ Coffee/caffeine ☐

Recreational Drugs ☐ Soda Pop ☐ Tobacco ☐

## FAMILY HISTORY:

	Age if Living	Age at Death	Cause of Death	Health Concerns
Mother				
Father				
Brother(s)				
Sister(s)				
Maternal Grandmother				
Maternal grandfather				
Paternal Grandmother				
Paternal Grandfather				

Please indicate which, if any, of the following you have had either **Now (N)** or in the **Past (P)**:

Allergies	Ear Infection	Malaria	Sexual abuse
Abscesses	Eczema	Measles	Sleeping Problems
Alcoholism	Emotional abuse	Mental illness	Small pox
Anemia	Epilepsy	Migraine	Strep throat
Arthritis	Fainting	Miscarriage	Stroke
Asthma	Fatigue	Mono	Syphilis
Balance issues	Fungal Infections	Mumps	Thyroid issues
Bladder infections	Gallstones	Numbness or tingling	Tonsillitis
Broken bone	Gas/bloating	Parasites	Tuberculosis
Bronchitis	Gout	Pelvic Inflammatory Disease	Varicose veins
Cancer	Hay fever	Physical abuse	Venereal disease
Chicken pox	Headache	Pneumonia	Vision issues
Child abuse	Heart disease	Poor memory	Warts
Chronic Sore Throats	Hemorrhoids	Rape	Weight issues
Cold hands/feet	Hepatitis	Rectal bleeding	Whooping cough
Depression	Herpes	Rheumatic fever	Worms
Diabetes	High blood pressure	Ring in ears	Other:
Diphtheria	Jaundice	Scarlet fever	

## PERSONAL HABITS/LIFESTYLE:

Do you **exercise**? **Y/N** What forms? \_\_\_\_\_

Do you have **sleep problems**? **Y/N** Please describe \_\_\_\_\_

How many **hours of sleep** do you get per night? \_\_\_\_\_ Do you **wake refreshed**? **Y/N**

Do you **sweat** at night? **Y/N** How is your general **body temperature**? **Warmer Cooler Average**

How much **water** do you drink per day? \_\_\_\_\_ Is your home **damp** or **moldy** at all? **Y/N**

Do you work in the presence of **toxic fumes** or **materials**? **Y/N** Do you use a **microwave**? **Y/N**

## OTHER:

What **long term** expectations do you have from **working with our clinic**? \_\_\_\_\_

What expectations do you have of me **personally** as your **practitioner**? \_\_\_\_\_

Is there any other information you think is important for me to know? \_\_\_\_\_

## Welcome to Sage Naturopathic Clinic!

### ABOUT US

At Sage Naturopathic Clinic, we want people to feel better. Our vision is to create a safe space for all our patients in which they can strive for their optimum health. We know that in today's world, striving for optimum health is not easy – it's incredibly challenging. At Sage, we work to empower our patients to feel the best they can feel. We aim to educate our patients so that they can make the most informed decisions about their care.

### PRIVACY POLICY

Privacy of your personal information is an important part of what we offer at Sage Naturopathic Clinic, and protecting your personal information is something we take very seriously. We are committed to collecting, using and disclosing your personal information responsibly.

- Only necessary information is collected about you;
- Only with your consent do we share information with others outside the clinic;
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols;
- Sage Naturopathic Clinic's privacy policy conforms to privacy legislation and standards of the Board of Directors of Drugless Therapy – Naturopathy.

Personal information is collected in order to:

- Assess your health;
- Provide health care;
- Advise you of treatment options;
- Establish and maintain contact with you regarding appointments, invoicing and follow-up care;
- Send you pertinent information and mailings;
- Facilitate your insurance claims;
- Allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale;
- Comply with the legal and regulatory requirements of the Drugless Practitioners Act.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian's name: \_\_\_\_\_  
(if under 18 years of age)

Signature of Parent/guardian: \_\_\_\_\_

### Collaborative Team:

At Sage, our healthcare team works to provide the best care possible for our patients. We recognize that in some cases, providing the best healthcare means utilizing the skills of multiple practitioners. In such cases allowing for professional, open dialogue, regarding your case, between members of your healthcare team at Sage Naturopathic Clinic can allow for optimal treatment strategies and improvement in your health.

I welcome professional dialogue regarding my case between members of my healthcare team at Sage Naturopathic Clinic:

Yes                      No

Signature: \_\_\_\_\_

### **Helpful Information for Intolerance Testing**

- 24 hours notice is needed for cancellations or a \$30 fee does apply
- Being well hydrated with water will help the testing and BIE session
- In cases of severe skin issues, all over body pain, or regular stomach upset - please bring all medications and supplements to your visit.
- In cases with skin issues or any rashes - please bring all personal care and laundry items.
- In cases with skin rashes and breathing trouble (where cats/dogs/furry friends are in the home) please bring a good hair sample in a well sealed sandwich bag. Keep family pet samples separate.
- Various parts of the body are used - including the feet
- Jewellery, watches and nylons will need to be removed ahead of time if worn. Small earrings or piercings are not a concern.
- Please avoid wearing clothing with an excessive amount of metal decor/design
- Methods of payment are cash, Debit, Visa, Mastercard