

Patient Intake Form

Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

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

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

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

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

Telephone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Other Current Health Care Providers (Family Doctor, Chiropractors, Massage Therapists, etc.,)

1. Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Does your current extended health care plan cover visits to a naturopathic physician? Yes/ No / Unsure

How did you hear about us? \_\_\_\_\_
(Health care provider, friend, newspaper, phone book, etc.,)

Chief Concerns

Please list which health areas you would like help improving

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

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

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

Bronte Naturopathic Detox & Wellness Centre
400 Bronte Street South, Suite #215
Milton, ON, L9T 0H7
Tel: (905) 876-3047 ext 200

Erin Center Chiropractic
2690 Erin Center Blvd.,
Mississauga, ON, L5M 5P5
Tel: (905) 607-5447

Dr. Ajay Lad B.Sc., N.D., R.Ac.

Doctor of Naturopathic Medicine

### Operations & Major injuries

Please specify approximately when it happened

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

### Medications

Medication	Condition	Date taken since	Any Adverse Effects

**Please specify your allergies:** \_\_\_\_\_  
 (medicines, environmental, food, other)

### General Condition

Please place an **X** in the box of any condition that you have or you may have had in the past.

	Present	Past		Present	Past		Present	Past
Abscesses			Hay Fever			Pleurisy		
Alcoholism			Heart Disease			Pneumonia		
Allergies			Hepatitis			PMS		
Anemia			Hernia			Prostatitis		
Arthritis			Herpes			Rheumatic Fever		
Asthma			HIV			Rubella		
BPH			Hypertension			Scarlet Fever		
Cancer			Hypotension			Sexual Abuse		
Chicken Pox			Influenza			Shingles		
Cold Sores			Jaundice			Skin Diseases		
Constipation			Kidney Disease			SLE		
Depression			Leukemia			Stroke		
Diabetes			Malaria			Strep Throat		
Drug Abuse			Measles			Syphilis		
Emphysema			Miscarriage			Tonsillitis		
Epilepsy			Mononucleosis			Tuberculosis		
Frequent Colds			Multiple Sclerosis			Ulcers		
Gall Stones			Mumps			Warts		
Genital Herpes			Parasites			Whooping Cough		
Gonorrhea			Peritonitis			Worms		
Gout			Pelvic Inflamm. Disease			Yellow Fever		

**Other conditions not mentioned:** \_\_\_\_\_

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## Consent Form Naturopathic Treatment

This is to acknowledge that I \_\_\_\_\_ have been informed and I understand that: *(patient's name)*

1. Any treatment or advice provided to me as a patient of this clinic is a mutually exclusive from any treatment that I may now be receiving or may in the future receive from another licensed healthcare provider.
2. I am at liberty to seek or continue medical care from a medical doctor or other healthcare provider licensed to practice in Ontario.
3. I am aware that no part of my treatment testing is covered by OHIP and that I am solely responsible for payment. I agree to pay my full account at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests and other fees.
4. I declare that I have received a full and complete explanation of all the treatments and services offered by my Naturopath and hereby authorize and consent to these treatments.
5. Cancellation Policy. We require 24 hours notice if you are unable to keep an appointment. Patients who fail to call will be billed for their missed appointment.

I hereby authorize and consent to treatment by **Dr. Ajay Lad B.Sc., N.D. R.Ac.**

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Parent/Guardian Signature (If patient is under 18 years old)*

\_\_\_\_\_  
*Date*

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## Consent for Collection, Use and Disclosure of Personal Information

As of January 2004, the Canadian government legislated a new Personal Information Protection and Electronic Documents Act (PIPEDA). The privacy of this clinic is made in accordance with the PIPEDA. Privacy of your personal information is an important part of this clinic. While providing quality Naturopathic Care, we understand the importance of protecting your personal information. In this clinic, Dr Ajay Lad BSc.,N.D.,R.Ac. acts as the privacy Information Officer.

All staff members who come in contact with your personal information are aware of this sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what our clinic is doing to ensure that:

- Only necessary information is collected about you.
- We only share your information with your consent.
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols.
- Our privacy protocols comply with your privacy legislation and standards of our regulatory body, the College of Naturopaths of Ontario.

This clinic will collect, use and disclose information about you for the following purposes: to provide health care; to advise you of treatment options; to establish and maintain contact with you; to send you newsletters and other information mailings; to communicate with others treating health care providers; to allow us to follow-up for treatment, care and billing; to complete claims for insurance purposes; to invoice for goods and services; to comply generally with the law; to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale.

By signing this consent, you have agreed that you have been given your informed consent to the collection, use and/or disclosure of your personal information as outlined above.

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Parent/Guardian Signature (If patient is under 18 years old)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Print Name of Patient or Guardian

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