

Please complete & bring to your first visit. Thank you.

Patient Name _____ Today's Date: MM/DD/YYYY

Date of Birth: MM/DD/YYYY Email: _____

Address _____ City _____ Province _____

Postal Code _____ Phone (Home) _____

(Cell) _____ (Work) _____

May we Contact You via Email and phone: Yes No

One Emergency contact <i>OR</i> Parent/Guardian Name(s) (if patient is a minor):	Phone Number	Relationship

Extended Health Insurance Coverage Information: Do you know if you have?
 Coverage for Naturopathic Services? Yes No Coverage for Remedies?: Yes No

How did you hear about our Naturopathic Services?: _____

Are you currently seeing any other Health practitioners? (i.e) Medical Doctors/Specialist

Name: _____ (Phone) _____ (Fax) _____

Name: _____ (Phone) _____ (Fax) _____

May we contact any of these practitioners: Yes No

1. Reason for visit: What is the main reason for treatment?

2. Please list any KNOWN allergies (food, medicine, environment):

3. Please list all current Medications & Supplements

Informed Consent for Naturopathic Treatment & Collection of Personal Information

This is to acknowledge that I _____ & _____ have been informed and I understand that: (patient name) (Parent/Guardian name if applicable)

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic doctors assess the whole person. Gentle techniques are used to stimulate the body’s inherent healing capacity. As your (or your child’s) Naturopathic Doctor (ND) I will take a thorough case history, perform a physical examination and may request additional tests. You will receive: information about your (or your child’s) Naturopathic diagnosis and will be provided with: a treatment protocol; alternative courses of action; expected costs, benefits, risks, and possible side effects.

Please note, there may be some health risks associated with treatment by Naturopathic medicine, please inform your ND if you suspect an adverse reaction: These can include but are not limited to:

- Homeopathic remedies may evoke aggravation of pre-existing symptoms, typically for a short duration.
• Some patients may experience previously unknown allergies to natural health products (herbs/supplements).
• Acupuncture may cause bruising to the skin and some areas are more sensitive than others.

I understand regarding my Naturopathic Care under Dr. Monique Bassan BSc(Hon) ND:

1. That I am free to withdraw my consent and discontinue treatment at any time.
2. I am able to seek or continue medical care from a medical doctor or any other healthcare provider I choose.
3. I declare I have received full and complete explanation of all treatments and services offered by my ND
4. Dr. Monique Bassan BSc(Hon) ND does not guarantee treatment results

I understand Office Policies of Dr. Monique Bassan BSc(Hon) ND:

1. If I miss/cancel an appointment without 24-hours advance notice I might be charged a fee of \$50.
2. My naturopathic treatment is not covered under the Ontario Health Insurance Plan (OHIP) and I agree to pay my full account at the time of each treatment.
3. I consent to the use of email to receive office notifications and appointment confirmations.

I understand the Privacy Policies of the Naturopathic practice of Dr. Monique Bassan BSc (Hon), ND:

1. This office operates in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA). The privacy of my personal information is important and is recognized by the following policy:
a. Only necessary information will be collected
b. Information is never shared without my written consent
c. This naturopathic practice will only collect, use, or disclose my information to provide personalized health care services; to advise me of treatment options; to establish and maintain contact with me; to enable follow-up treatment, care, and invoicing; to allow advisors to conduct an audit in the event of a practice sale or by the College of Naturopaths of Ontario; to complete claims for insurance purposes; to comply generally with the law (and Regulated Health Professions Act).
2. The storage, retention, and destruction of my personal information fully comply with the existing legislation and privacy protection protocols of the College of Naturopaths of Ontario.

With my signature, I authorize and consent to Naturopathic treatment of myself (or my child) named above by Dr. Monique Bassan BSc (Hon), ND, and I consent to the collection, use, or disclosure of my personal information, as outlined above.

X

MM/DD/YYYY

Name (Or parent/guardian Name if patient is a minor) SIGNATURE

DATE

Witness Name

SIGNATURE

DATE