

Active Sports Therapy
Suite 220 – 9950 MacLeod Trail SE
CALGARY, ALBERTA
T2J 3K9
Phone: 403-278-1405
Fax: 403-278-1475

Dr. C. W. Westmacott, M.D., C.C.F.P., MFHom (U.K.)

PATIENT INFORMATION

PLEASE ARRIVE 15 MINUTES EARLY WHEN YOU COME FOR YOUR FIRST APPOINTMENT. .

We are pleased that you have chosen to make an appointment, and we look forward to working with you in your pursuit for optimum health, maintenance and preventative health strategies.

*******THIS INFORMATION PACKAGE MUST BE FILLED OUT COMPLETELY (INCLUDING THE FULL MENSTRUAL HISTORY IF YOU ARE A WOMEN) AND RETURN IT TO US BEFORE YOUR FIRST APPOINTMENT IS BOOKED.**

This gives us the opportunity to review your health concerns before your visit. All information will be treated as strictly confidential.

Ideal Health / AST is an integrated Medical - Homeopathic Office. Our goal is not just to treat symptoms but also to find the source and the reason that is causing the dis-ease. These symptoms are only the body's expression of its present lack of balance. They are just the consequences of the dis-ease process and they will diminish or completely disappear as health returns. In order to accomplish this, we combine the traditional medical investigative approach and the use of medical therapies if necessary. However, Homeopathy, when appropriate, is our preferred treatment method because of its safety for all age groups and its deep acting ability to treat the source of and the reason for ill health (please see the included sheet entitled - What is Homeopathy?). We are delighted to be able to offer you this integrated approach.

IDEAL HEALTH / AST DOES NOT TAKE ON PATIENTS EXCLUSIVELY. IT IS IMPERATIVE THAT YOU MAINTAIN CONTACT WITH YOUR OWN FAMILY DOCTOR FOR ALL OTHER REGULAR MEDICAL CARE.

During the first visit, which is booked for one hour, we will be gathering all current information of your health concerns. We also will attempt to collect any needed past information, for example, blood work, X-Rays, Consultant's reports, etc., in order to obtain as complete a picture of your health concerns as possible. If needed for further clarification, at this visit, we will order further blood work, X-Rays, etc. We will also outline to you our treatment approach including follow up and maintenance visits.

A second visit (one-half hour) will be booked for you approximately 3 weeks after the first visit, at which time we will review the past and new information and suggest to you a plan of treatment which will include the Homeopathic approach. As this is an integrated practice, investigations and treatments in the follow up visits will be entirely by Homeopathy, entirely by Orthodox medical methods or will be a combination of the two. The treatment plan will depend on what is most appropriate for you at each visit. These visits will be booked for either 15, 30 or 60 minutes in length in order to allow us the needed time to provide you your treatment care.

Since it is preferable to work for good health and to prevent disease, we also address lifestyle changes, diet and preventive medicine measures. We believe that this approach is also part of the answer to the escalating health care cost crisis. Disease treatment is very expensive.

In the United Kingdom, Switzerland and in some other European countries, Homeopathy is covered by their National Health Insurance Plans. In England itself, over 45% of family Medical Doctors integrate Homeopathy into their medical practice. In Canada, it is not yet covered by the Provincial Health plans. However, more and more private insurance companies are covering Homeopathy. If you have an extended health plan, please check it regarding coverage. We will be pleased to provide written documentation of our credentials in Homeopathy, if the company wishes it.

Due to the comprehensive nature of our visits and the extra time spent with you that is not covered entirely by Alberta Health, there will be a fee included for all visits. You will receive a fee schedule before your first visit. We are looking forward to working with you.

Dr. Clare Westmacott, M.D., C.C.F.P. MF Hom (U.K.)
Carole Westmacott, R.N.
Your team at Ideal Health / AST

**“Natural Forces within us are the true healers of disease.”
Hippocrates – Father of Medicine**

Awareness with Committed Action Optimizes Your Total Health

WHAT IS HOMEOPATHY ?

Homeopathy is a unique system of medicine based upon natural laws of healing. It provides safe, effective treatment for mental, emotional and physical ailments. Homeopathic medicines act by stimulating the body's own recuperative powers or "vital force", allowing the body to heal itself and return to a state of optimum health. Homeopathic remedy action is now more easily understood and explained with the study of Quantum Physics. Treatment is aimed at removing the cause of illness (imbalance) rather than trying to eliminate the symptoms alone. Homeopathy recognizes that each individual will experience symptoms of dis-ease in their own unique way and then endeavours to match the *total dis-ease picture* to a single remedy (homeopathic medicine), or specific combinations of Homeopathic Remedies.

PAST AND PRESENT

Homeopathy was formulated by the German physician Samuel Hahnemann over 200 years ago. However, the natural law upon which homeopathy is based was known to physicians dating back many centuries. Ancient Ayurvedic texts mention the Law of Similars or "like cures like" and both Paracelsus and Hippocrates, the father of western medicine, had observed and recorded the application of this law in healing the sick.

The Law of Similars states that a medicinal substance, which can cause certain symptoms when taken by a healthy person, can cure those same symptoms when given to a sick person. Examples of the Law of Similars can be found in conventional medicine. Nitroglycerin, if taken in large quantities, can cause rapid heart rate, shortness of breath and chest pain - the same symptoms that a small medicinal dose of nitroglycerin under the tongue can relieve. Quinine, used in various forms to treat malaria, can cause malaria-like symptoms of aching, chills and recurrent fever if taken in large doses. In everyday life, exposure to onion juice leads to burning and watery eyes, runny nose and sneezing. Prepared homeopathically, onion (the remedy name being *allium cepia*) is one of the many effective remedies for hay fever.

The homeopathic pharmacopoeia of today contains more than 2500 remedies, derived from plant, mineral and animal sources. The healing properties of these medicines have been verified repeatedly in clinical practice over the last 200 years. Although a number of homeopathic remedies are made from plants or parts of plants, homeopathy is **not herbal therapy**. It is its own distinct system of therapeutics, based on the method of prescribing the remedy and on the method of the remedy production - **and cannot be compared to herbal therapy treatment**.

Today, homeopathy is becoming more popular, as people begin to seek a holistic approach to health care and want to take charge of their own health. It is practiced widely throughout the world in both private clinics and hospitals. There is also a growing community of lay homeopaths and people who use homeopathy to treat simple health problems in the home. Practitioners of homeopathy, include medical doctors, naturopaths, nurses, midwives chiropractors and veterinarians.

Homeopathic Remedies are available as pellets that are dissolved under the tongue or drops that are left under the tongue for one minute before they are swallowed. /2

HOMEOPATHIC DRAINAGE

The purpose of drainage is to begin the healing process and to prepare the patient for continued and more specific healing. Without drainage, healing is not as successful long term. Drainage is also preventative medicine. It is different than herbal cleanses in that it actually gets into the cell and cleans (detoxifies, drains) the entire cell and the enzyme systems of the cell as well as the extra cellular matrix, so that each cell performs, as it should. Our world has become much more toxic. We shower every day but we don't think about what is happening inside our bodies. We cannot stress enough how important this is. Our Homeopathics are the best available in the world – as are our Probiotics. Homeopathic drainage is done with a series of drops.

WHAT ILLNESSES CAN BE TREATED?

Homeopathy is used for the treatment of both acute and chronic health problems. Minor ailments of short duration, such as colds, flu's, digestive upsets or injuries can be resolved quickly. More deep-seated illnesses, such as eczema, allergies, arthritis or depression, require a longer course of treatment, often with a “constitutional” remedy. This is prescribed on the basis of an extensive interview and medical history, which provides a complete picture of the individual at the mental, emotional and physical levels.

HOW MANY TREATMENTS ARE NEEDED?

The amount of treatment needed depends upon the individual and the nature of their condition. The number of visits required is directly related to the severity, complexity and duration of the illness. *True healing occurs from the inside out – in its own time and it cannot be forced.*

WHO CAN RECEIVE HOMEOPATHIC TREATMENT?

Homeopathy, when used correctly, is a safe and effective treatment for people of all ages: from babies and small children to pregnant women, adults and the elderly. Homeopathy works by stimulating the innate curative capacity of the individual, in a gentle manner.

LIFESTYLE CHANGES

Lifestyle changes (not just physically, but also how we think and how we react and feel) are ESSENTIAL for *complete and permanent healing* to occur.

IDENTIFICATION DATA –

Please Print The Following Information and Return Pages 1-6.

FIRST APPOINTMENT SCHEDULED FOR: _____

NameAge Date of Birth

AddressSex Marital Status

City, ProvinceHealth Number

Postal CodePlace of Birth

Telephone: Home: Work: Cell:

E Mail:

Name and D.O.B. of children-please list : 1)

Occupation2)

Spouse / Partner's Name3)

Date of Birth4)

Name and address of your Family Doctor

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PLEASE STATE YOUR REASON (S) FOR COMING TO OUR CLINIC & LIST THEM IN THE SPACE PROVIDED IN THE ORDER OF IMPORTANCE TO YOU. IF NECESSARY PLEASE USE THE BACK OF THIS PAGE.

WHO REFERRED YOU TO IDEAL HEALTH / AST?

PERSONAL MEDICAL HISTORY

PLEASE LIST *(in chronological order giving the year and the reason) all Hospitalizations; Surgeries; Dental Surgeries (including root canals); Serious Illnesses and Injuries. With any of these Surgeries or illnesses; have you been “unwell since”?*

PLEASE LIST ALL MEDICATIONS THAT YOU ARE TAKING NOW *(including all those that you buy without a prescription, such as vitamins, supplements, herbal, etc.) ARE YOU PRESENTLY USING (or have used in the past) ANY HOMEOPATHIC REMEDIES? WHAT EFFECT DID THEY HAVE ON YOU? WERE YOU ON ANY LONGER TERM MEDICATIONS THAT HAVE NOW BEEN DISCONTINUED?*

WHAT CHILDHOOD IMMUNIZATIONS AND DISEASES DID YOU HAVE? DID YOU HAVE ANY SIGNIFICANT OR SERIOUS REACTIONS WITH THEM?

GIVE YOUR CHILDHOOD DEVELOPMENT MILESTONES (if known), e.g., age of crawling, walking, teething, talking, etc.

YOUR OWN PERSONAL BIRTH HISTORY (if known), e.g., Any problems during the pregnancy and/or the delivery, premature or on time, weight at birth, etc.

IF YOU HAD NO RESTRICTIONS TO FOODS (e.g. because of diseases such as diabetes, elevated cholesterol, etc., or for religious or philosophical reasons), what foods/flavours like sweet, sour, salt, fat, chocolate, spices, eggs, fish, sugar, milk, vinegar, etc.:

Do you have a strong desire (craving) for?

Do you have a strong dislike (aversion) to?

Disagrees with you in any way if you eat them and what problem(s) do they cause?

YOUR MEDICAL HISTORY: *Please mark with an "X" if you have had any of these problems in the past and with a "C" if any of the problems are currently present.*

-weight loss or
-weight gainamount
-unusual fatigue - loss of energy
-headaches - severe.....migraine
-dizzy orfainting spells
-decreased hearing
-ringing in the ear(s)
-ear infections – frequent
-failing visioneye pain
-double or blurred vision
-glaucomacataracts
-nose bleeds – frequent
-sinus pain
-sore throat – frequent
-teeth/gum pain – bleeding
-hoarsenesschronic cough
-hayfever / allergies
-pneumonia / pleurisy
-bronchitis / emphysema
-frequent chest infections
-shortness of breath
 -on exertion
 -lying flat
-chest pain or tightness
-high blood pressure
-heart murmur
-irregular pulse
-palpitations
-high cholesterol / fat
-swollen ankles
-calf pain - when walking
-restless legs
-varicose veins / phlebitis
-loss of appetite – recent
-difficulty swallowing
-indigestion or heartburn
-persistent nausea / vomiting
-peptic ulcer / abdominal pain
-gall bladder trouble
-jaundice / hepatitis
-sexually transmitted diseases
-change in bowel habits
-diarrheaconstipation
-bowel polyps
-Crohn's / colitis
-stool abnormality
 -bloodyblack
 -pale
-hemorrhoidshernia
-urine infections - frequent
-urinary abnormalities
 - urinationpainful
 -overnight > than twice
 -bloody.....no control
 -decrease in force / flow
-kidney stones
-venereal disease / genital warts
-urethral discharge
-nemiabruise easily
-cancer (type).....
-asthma / wheezing.....
-diabetesexcessive thirst
-thyroid disease
-convulsions / seizures
-stroke
-tremor / hands shaking
-muscle weakness
-numbness / tingling sensations
-arthritis / rheumatism
-back pain - frequent
-bone fracture / joint injury
-goutosteoporosis
-foot paincold / numb feet
-rasheshives
-eczemapsoriasis
-sleeping - difficulty
-nervousnessdepression
-memory problemsphobias
-moodinessstress-excessive
-mental illness
-rheumatic feverscarlet fever
-HIV / Aids

.....tuberculosisherpes
.....contact with blood or body fluids
.....blood transfusions
.....sexual problems / difficulties

.....antibiotic use - frequent
.....child
.....adult
.....MalesprostatePSA test

FEMALES - please complete in FULL

..... Menstrual flow .....	.....age started	.....pain / bleeding with intercourse
.....regular.....irregular.....	.....pain / cramps	.....birth control method
.....days of flow .....	.....length of cycle	.....was birth control pill ever used
.....1st day of your last period		.....date when last on IT
.....currently pregnant		.....infertility history
.....breast feeding		.....menopause
Number of .....	.....pregnancies .....	.....date of last period
.....miscarriages		.....any spotting since menopause
.....abortions .....	.....live births	.....symptoms of menopause
.....problems in pregnancy, delivery or after		.....date of last PAP test
..... physically, emotionally or mentally		
.....premenstrual syndrome		.....date of last mammogram
.....pre menopausal		.....date of last Breast Thermography

HABITS

Cigarettes:number per dayyears smokedyear quit smoking?
Alcohol:number of drinks per week
Coffee:number of cups/mugs per day
Regular Exercise:no.....yes.....number of times per week
Sleep Pattern:satisfactoryoccasionally disturbedmostly disturbed
.....regular use of sleeping medications/aids
Street Drugs:yesnoIV drug use (ever) Please list:.....

Any Dental Mercury Fillings?.....

TESTS (*year of last one*)

.....cholesterol.....sugar.....other blood tests.....cardiogram
.....chest X-Ray.....TB test.....rectal.....eye exam.....dental exam

FAMILY HISTORY

(If any relative has suffered any of the following, if known, please circle the number and indicate which relative)

1. Epilepsy (seizures)
2. Migraine headaches
3. Mental disorder / Suicide
4. Glaucoma
5. Diabetes
6. Thyroid disorder
7. Hay fever
8. Asthma / Allergies
9. Anemia (low blood/iron)
10. Bleeding Disorder
11. Arthritis / Rheumatism
12. Osteoporosis (weak bones)
13. Heart disease / problems
- 14) Stroke
- 15) High Blood Pressure
- 16) High Cholesterol (fats)
- 17) Alcoholism / Drug use
- 18) Depression
- 19) Genetic Disease
- 20) Cancer or Tumor
- 21) Eczema / Psoriasis
- 22) Tuberculosis
- 23) Ulcers
- 24) Stomach / Bowel problems
- 25) Kidney / Bladder problems
- 26) Gonorrhea / Syphilis / HIV / Aids

Please give further details of the family history:

Ages and sex of siblings. Where are you in the family? (e.g. eldest, middle?)

Present state of health of Parents and Grandparents. If deceased, please give age and cause of death (if known).

Please sign the bottom of the page in your normal written signature. Thank-you for taking the time to fill out this confidential questionnaire. It is of great help to us in your care.

Did you fill out your reasons for coming to us on page 1?

Written Signature..... Date:

Please attach a photocopy of a recent picture so we may better identify you.

Thank you.