



Dr. Gayle Maguire, Naturopathic Doctor

Active Sports Therapy Calgary, AB. Ph: (403) 278-1405

Naturopathic Medicine Intake & Consent Forms

GENERAL CONTACT INFORMATION

Patient Full Name	
Date Of Birth	
Address	
Phone	
Email	
Occupation	
Emergency Contact	Name: _____ Ph: _____
Primary Physician	
Last Physical Exam	Date: _____
Referred By	

MEDICAL INFORMATION

What are the health concerns for which you are seeking naturopathic care, in order of importance:

Medication(s):	
Vitamin/Supplement:	
Allergies:	
Hospitalizations or Serious Illnesses:	
Traumas:	

<p>Family History:</p> <p><i>Please check any of the following conditions that have occurred in your family (grandparents, parents, siblings).</i></p>	<ul style="list-style-type: none"> <input type="radio"/> I don't know my family history <input type="radio"/> Diabetes <input type="radio"/> Cancer <input type="radio"/> Heart Disease <input type="radio"/> Autoimmune Disease <input type="radio"/> Osteoporosis <input type="radio"/> Seizures <input type="radio"/> Thyroid Disease <input type="radio"/> Kidney Disease <input type="radio"/> Alzheimer's or neurological disease <input type="radio"/> Mental Illness or Addiction
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<p>Dietary Restrictions or Areas for Improvement:</p>	
<p>Intake:</p>	<p>Caffeine:</p> <p>Alcohol:</p> <p>Drugs:</p> <p>Tobacco:</p> <p>Water:</p> <p>Salt:</p>
<p>Exercise Amount/Type:</p>	
<p>Energy Levels:</p>	<p>Rate your energy level: Great Fair Poor</p> <p>When during the day is your energy the best? _____</p> <p>the worst? _____</p>
<p>Stress Levels:</p>	<p>Is your stress level manageable? Yes No</p> <p>How do you cope with stress:</p>
<p>What else affects your health goals:</p>	<p>Possible Obstacles:</p> <p>Things you do well/support system:</p>

REVIEW OF SYSTEMS

Please check the box if you are currently experience the symptom, or write "P" for the past.

Mental/Emotional					
	Mood Swings		Anxious/Nervous		Poor Concentration
	Poor Memory		Low Mood		Anger/Irritability
	Suicidal Thoughts		History of Trauma		Difficulty Coping
Endocrine/Hormonal					
	Heat/Cold Sensitive		Sugar Sensitivity		Low Blood Sugar
	Fatigue		Weight loss/gain		"Night Person"
	Feeling "wired"		Grind Teeth		Low Blood Pressure
	Hormonal symptoms		Fertility Challenges		Low libido
Immunity					
	Frequent Infections		Swollen Glands		Slow Healing
	Earaches		Hayfever		Antibiotics often
Digestion					
	Heartburn		Regular Gas/Bloating		Change in Thirst
	Change in Appetite		Constipation		Loose Stool/Diarrhea
	Abdominal Pain		Black stool		Clay coloured stool
	Floating Stool		Hemorrhoids		Bad Breath
	Better if don't eat		Sensitive to smells		Nose runs while eat

Accuracy of Information

I certify that the above medical information is correct to my knowledge. *Initial* _____

Privacy and Sharing of Information

I authorize the clinic and Dr Gayle Maguire to collect, use and disclose my personal and medical information in accordance with applicable legislation and regulations, including third party insurance. In addition, I authorize the clinic and Dr Gayle Maguire to communicate with my family doctor and/or referring doctor/health professional as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential. I understand that my phone and email address may be used to communicate regarding my healthcare, and for Fullscript online dispensary.

Initial _____

- Please add me to email list for general newsletters from the clinic and Dr Maguire.

Consent to Naturopathic Medical Treatment

Dr. Gayle Maguire, ND will include the following examination and treatment methods, but not limited to: Physical examination & common diagnostic procedures (including

venipuncture and laboratory evaluation of blood, urine, saliva, and stool), Clinical nutrition (diet, oral supplements, vitamin injections), Botanical/herbal medicines (teas, tinctures, supplements, topical), Lifestyle advice, Homeopathic remedies (very dilute remedies) and Acupuncture (fine, sterile, disposable needle inserted beneath the surface of your skin along invisible pathways throughout your body called meridians, where it rests for 15-20 minutes until removed).

Expectations: Patients will receive information about your assessment, treatment, available reasonable alternatives, associated costs, expected benefits, risks, any side effects, and in each case the consequences of not having the treatment.

I understand that treatment results are not guaranteed. I understand that not all risks and complications can be foreseen and I will advise my naturopathic doctor immediately if I experience any adverse reactions. I understand that the naturopathic doctor has not suggested or recommended me to refrain from following or seeking the advice of another health care provider.

Benefits / Possible Risks of Naturopathic Treatment

There are slight health risks associated with naturopathic treatment such as, but not limited to: an allergic reaction to or side effects from a supplement and/or herb; fainting, bruising, pneumothorax, or injury from acupuncture, blood collection, injections and that while extremely rare, death could arise. I understand that in some cases, my symptoms may temporarily worsen before they begin to improve.

I understand it is necessary to give my naturopathic doctor full and accurate information about my health, medications and supplements, illnesses and allergies; if I am pregnant, suspect I am pregnant or am breast-feeding or have a pacemaker; I am carrying, or believe to have any infectious agents/illnesses.

Fees: I understand that naturopathic medicine is not covered by Alberta Health, and as such I agree to pay for services and product on the same day rendered. We require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a \$50 cancellation fee.

I acknowledge that I have read and understood the above and hereby consent to naturopathic medical treatment and acknowledge that I can withdraw consent at any time:

Name (Patient or Guardian): _____

Signature: _____ Date: _____