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WELCOME:

Thank you for making an appointment and making a commitment to your health. The following information is intended to educate you about naturopathic medicine and help us create a working relationship.

A licensed Naturopathic Doctor (N.D.) attends a four-year graduate naturopathic medical school and is educated in the same sciences as an M.D. In addition to a standard medical curriculum, a Naturopathic Doctor completes four years of training in clinical nutrition, homeopathic medicine, botanical medicine and life style counseling.

The Naturopathic model of health believes that health is the constant and natural state of being for an individual. If we live according to nature, our bodies will be healthy. Each one of our bodies posses an innate intelligence and when given the chance, will move in the direction of health.

The basic things in nature that determine our health are the food we eat, the air we breath, the water we drink and the level of joy and healthy consciousness we have in our lives. Naturopathic medicine works to restore health using the most natural therapies possible and works to gently stimulate the body to heal itself.

During the first consultation we will spend between 1-1.15 hours talking about your current health concerns, your medical history as well as your dietary and lifestyle habits. We will then create a recommendation plan specific to your needs. Together we'll work together to restore health and vitality. Typical benefits you will experience will be more energy, better digestion, less inflammation and pain and a much greater understanding of your own health and well being.
I look forward to working together and helping you create health and vitality in your life! Please take a minute to read over and fill out the following questionnaire. At the end of the questionnaire you will find a complete listing of my fee structure, payment policies and cancellation policy. I have also included a Consent for services form for you to date and sign before your first appointment.

NEW PATIENT QUESTIONNAIRE

Name_____

Address_____
City_____State_____Zip_____

Home Phone_____Work/Cell Phone_____

Email_____
Age_____

What is your primary reason for being here today? (Please describe in your own words and as much detail as you would like)

List secondary concerns whether or not you feel they are related to your primary reason for being here.

Supplements.
Please list any vitamins, herbs or other supplements that you are taking. Include the brand name, amounts and dosages per servings.

MEDICATIONS

Please check any you currently take or have taken in the past.
____Laxatives ____Pain Relievers ____Antacids____Cortisone
____Thyroid Meds___Sleeping aids ____Antibiotics___Diet Pills
____Hormones ____Other

Please list Medications that you are currently using. List dosages.
1._____ 2._____
3._____ 4._____
5._____ 6._____

PAST MEDICAL HISTORY
List most recent conditions first. Include all hospitalizations, surgeries, major illnesses and any stressful event that you feel had an impact on your health.

FAMILY HISTORY

	Father	Mother	Siblings	Children
Ages (if living)	_____	_____	_____	_____
Healthy?	_____	_____	_____	_____
Age at death	_____	_____	_____	_____
Cause of death	_____	_____	_____	_____
Check those applicable:				
Anemia	_____	_____	_____	_____
Arthritis	_____	_____	_____	_____

FAMILY HISTORY CONTINUED;

	Father	Mother	Siblings	Children
Asthma	_____	_____	_____	_____
Allergies	_____	_____	_____	_____
Autoimmune	_____	_____	_____	_____
Cancer	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Heart Disease	_____	_____	_____	_____
Hypertension	_____	_____	_____	_____
Stroke	_____	_____	_____	_____
Kidney Disease	_____	_____	_____	_____
Seizures/Epilepsy	_____	_____	_____	_____
Depression	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Thyroid	_____	_____	_____	_____

ALLERGIES:
Are you hypersensitive or allergic to any drugs or medications? If so, please describe below.
Drugs_____
_____
Foods_____
Chemicals or Environmental
Toxins_____

LIFESTYLE:
Do you smoke?_____ If yes, what and how much?_____
Do you drink Alcohol?_____ If yes, what and how much?_____
Do you exercise?_____ If yes, what kind and how often?
_____
Do you sleep well?_____ If no, what is the problem?_____

Do you enjoy your work?____ If no, why not?_____
Do you spend time outside?____ If yes, how much and in what form?

Do you have supportive relationships in your life?_____. If not, Why?_____

FEE STRUCTURE:

First Office Call:	$180.00
Return Office Call:	$75.00
Pediatric First Office Call	$ 150.00
Pediatric Return Office Call	$60.00
Phone Consult (30 minutes)	$50.00

CANCELLATION POLICY:

Missed or canceled appointments will be charged $25. This fee will be charged if you cancel less than 24 hours in advance or do not show up for your appointment. Emergencies are an exception.

PAYMENT:

Payment is expected at the time service is rendered. Payments of cash, check and credit cards (MasterCard & visa) are accepted.