



RUPA SALWAN

NATUROPATHIC DOCTOR

Name _____

Address _____

Phone (H) _____ (W) _____ (Other) _____

Email Address _____

Emergency contact: Name _____ Phone _____

GENERAL INFO:

Date of Birth(YY/MM/DD): _____ Age: _____

Gender: M / F / prefer not to answer Height: _____ Weight _____

Occupation: _____

Chief Concerns (in order of importance to you):

Current Medications and dosage (including vitamins and supplements):

List any major past surgeries/hospitalizations:

Which of the following conditions have you had? Please circle:

Alcoholism	Depression	Herpes	Pleurisy	Seizures
Abortion	Diabetes	HIV	Pain (chronic)	Tonsillitis
Allergies	Emphysema	Kidney disease	Pneumonia	Tuberculosis
Amnesia	Epilepsy	Leukemia	Prostatitis	Ulcer (GI)
Asthma	Gallstones	Malaria	Rheumatic fever	Whooping cough
Cancer	Glaucoma	Measles	Rubella	
Chicken pox	Goitre	Miscarriage	Scarlet fever	
Cold sores	Gout	Mononucleosis	Sexual abuse	
Celiac	Heart disease	Parasites	STD	
IBD	Hepatitis	Peritonitis	Stroke	

Any other major conditions? _____

Have you experienced any recent changes in your weight? Loss/Gain? How many pounds? _____

How much of the following substances are you currently using (i.e.: 1 coffee/ day/ week/ month)?

Tobacco	Alcohol
Coffee	"Recreational" drugs (please specify)

Are you currently under the care of another physician?

Physician's Name and Title	Phone	For what conditions?

Please list any problems with the following:

Eyes	
Ears	
Nose/sinuses	
Skin	
Throat	
Heart/cardiovascular	
Lungs	
Joints/muscles	
Abdomen/digestion	
Urinary system	
Genitals	

Please give a sample one-day diet (including beverages consumed and portion sizes):

Breakfast	Lunch	Dinner	Snacks

Where would you rate your stress level? (Low) 0 1 2 3 4 5 6 7 8 9 10 (high)

Are you physically active? No Occasionally Moderately Highly

If so what activities do you participate in? _____

How frequently? _____

Have you ever been treated by a Naturopathic Doctor before? _____

If yes, when? _____

What kind of treatment? _____

Thank you for taking the time to complete this form!



RUPA SALWAN

NATUROPATHIC DOCTOR

Informed consent

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include diet, lifestyle counselling, clinical nutrition (primary via supplementation), botanical medicine, homeopathy, Asian medicine and acupuncture, hydrotherapy, and physical medicine

Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, improved gastrointestinal function, enhanced immunity, and general well-being.

Botanical medicine is plant based medicine that involves the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist in recovery from injury and disease.

Homeopathy is a form of medicine based on the Law of Similars; that is, the use of tiny doses of the very thing that causes symptoms in healthy people. These minute doses, of plant, animal, or mineral origin, are used to stimulate the body's ability to heal itself. Homeopathy is a powerful tool that effects healing on a physical and emotional level.

Asian medicine includes the use of acupuncture, Eastern herbs and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin into underlying tissues at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or decoctions (strong teas) to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

Physical medicine refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems.

Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

Lifestyle counselling involves identifying risk factors and making recommendations to help optimize one's physical, mental, and emotional environment.

During your initial visits, your Naturopathic Doctor will take a thorough case history and perform a basic/complaint-oriented physical examination, and when indicated, take urine samples for further testing, or blood samples for lab investigation.

Even the gentlest therapies may cause complications in certain physiological conditions. This depends greatly on the individual and the extent of the illness. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important, therefore, that you inform your naturopathic doctor immediately of any disease process that you are suffering from as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you are pregnant, or you are breast-feeding, advise your doctor immediately.

Health risks associated with Naturopathic Medicine include but are not limited to:

- Aggravation of pre-existing symptoms during the healing process.
- Allergic reactions to supplements or herbs.
- Pain, bruising or injury from venipuncture or acupuncture
- Fainting or puncturing of an organ with acupuncture needles
- Muscle strains and sprains or disc injuries from spinal manipulation

_____ I understand that a record will be kept of the health services provided to me. This
Initials record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee.

_____ I understand that the Naturopathic Doctor will answer any questions that I have to the
Initials best of her ability. I understand that the results are not guaranteed. I do not expect the doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for (please list any exceptions):

_____ I understand that fees and supplements are to be paid for at the time of the
Initials consultation.

_____ I understand that a fee will be charged (Missed Appointment Fee) for any missed
Initials appointments or cancellations with less than 24 hours notice.

As the patient, you are responsible for the total charges incurred for each visit. We accept cash, debit, cheque or visa. If you have coverage for Naturopathic Medicine, you are responsible for billing your own insurance company – we will provide you with all of the information necessary to send your claim for reimbursement.

Your Naturopathic Doctor may prescribe supplements that can be purchased from our in-house dispensary, or elsewhere. Most insurance companies do not cover the supplements that we prescribe and dispense.

I have read and understand the above-stated policies and information. I hereby authorize and consent to naturopathic treatment and examination by Rupa Salwan, ND. I understand that I am free to withdraw my consent and to discontinue in these procedures at any time.

Patient Name (please print): _____

Signature of Patient or Guardian: _____

Date: _____