north toronto naturopathic clinic
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PEDIATRIC INTAKE FORM

Parent/Guardian, thank you for taking the time to accurately complete this intake form. The information you contribute is valuable in providing the highest standard of naturopathic health care for your child. For anything that does not yet apply, please write N/A.

Name: _____ Date: _____
Parent/Guardian: _____ Phone: _____
Address: _____
Age: _____ D.O.B. _____ Weight: _____ Height: _____
Guardian's email: _____
Would you like you receive clinic updates/ special offers/upcoming events? Yes No
(Your e-mail address is kept strictly confidential)

Main Health Concerns (in order of priority)	How long have you had this concern?	How has it been treated so far?

Note: If there are more concerns, they will be covered in your first appointment.

Past Medical History:
Please circle any of the following that your child has experienced.

General Health status: weight gain or loss, weakness, fever, chills, sweats, night sweats, frequent colds/flu
Cardiovascular: chest pain, palpitations, known murmurs, anemia
Respiratory: asthma, bronchitis, pneumonia, shortness of breath, wheezing, cough, sputum
Gastrointestinal: Appetite changes, food sensitivity, food aversions, trouble swallowing, heartburn, indigestion, abdominal pain, burping, flatulence, bloating, nausea, vomiting, change in bowel movements, constipation, diarrhea, rectal itching, rectal bleeding, colic, hemorrhoids, diaper rash
Skin: chicken pox, eczema, hives, pigment or color change, moles, excessive dryness or moisture, itching, bruising, rashes, cradle cap, hair concerns, head lice/tinea, nail concerns
Head: headaches, dizziness, head injury
Eyes: change in vision, blurring, redness, pink eye, watering, itchy, discharge
Ears: earache, ear infections, discharge, ringing, hearing loss
Mouth and throat: frequent sore throat, bleeding gums, toothache, tonsillitis, canker sores
Neurological: seizures, fainting, coordination problems, mood changes, depression, anxiety
Urinary: frequency, urgency, bed wetting, UTI's
Male: testicular pain, discharge, hernia, circumcision
Female: yeast infections, menstrual concerns, vaginal itching, discharge
MSK: joint pain, deformities, delayed motor skills, restricted motion, muscle cramps

List any major illness, surgeries, hospitalizations, x-rays received: _____
_____

Immunizations received

☐ Measles	☐ Mumps	☐ Rubella	☐ Meningitis	☐ Diphtheria
☐ Pertussis	☐ Polio	☐ Tetanus	☐ Hepatitis	☐ Chicken pox
☐ Flu shot	☐ Allergy	☐ Other		

Any adverse reactions to any vaccination? _____

	Current	Past
MEDICATIONS		
SUPPLEMENTS		

Family History

Do any of the child's family members (mother, father, siblings, grandparents) have any of the following conditions?

☐ alcoholism	☐ bleeding disorder	☐ heart disease	☐ stomach ulcers
☐ allergies	☐ cancer	☐ hyperactivity	☐ stroke
☐ anemia	☐ cataracts	☐ kidney disease	☐ TB
☐ arteriosclerosis	☐ celiac disease	☐ learning disability	☐ yeast infections
☐ arthritis	☐ colitis	☐ mental disease	☐ venereal disease
☐ Asthma	☐ depression	☐ muscular dystrophy	☐ other (list below)
☐ bed wetting	☐ diabetes	☐ MS	☐
☐ birth defects	☐ epilepsy	☐ schizophrenia	☐

Prenatal History:

Mother's age at child's birth: _____ How many pregnancies before this child?_____
Mother's health at conception: ❒ Excellent ❒ Good ❒ Fair ❒ Poor
Mother's emotional state during pregnancy was: ❒ Excellent ❒ Stable ❒ Stressed
Emotional climate of household: ❒ Excellent ❒ Stable ❒ Stressed
Mother's diet during pregnancy was: ❒ Poor ❒ Fair ❒ Good ❒ Excellent

Please check the appropriate boxes regarding mother's pregnancy

☐ Alcohol use	☐ Diabetes	☐ Illnesses	☐ Physical or emotional trauma
☐ Bleeding	☐ Drug use	☐ Medications	☐ Thyroid problems
☐ Cigarette	☐ Hypertension	☐ Nausea	☐ Other complications

List any supplements/vitamins taken during pregnancy:_____
_____
Was your child exposed to smoke during prenatal period? _____

Birth History

❒ Full Term ❒ Premature ❒ Late
Pregnancy length (wks):_____Labour length_____
❒ Home birth ❒ Hospital birth ❒ Midwife ❒ Vaginal birth ❒ C-Section
❒ Pain Meds? Which? _____

Were there any complications with the labour or birth? _____

General Behaviour and Emotional Status of Child

Briefly describe your child's behaviours and/or emotional status in the following situations:
At home: _____
At school (e.g. anxiety, separation anxiety)_____
Current marital status of parents: _____
Current stability of the home: _____
Describe relationships with friends, family members: _____
Current ages of the child's siblings? _____
Mother's working hours/wk:_____ Father's working hours/wk: _____
Do you have a nanny or a babysitter? Yes ❒ No ❒ How often? _____
Who is with your child during the day?_____
How often have you moved since your child was born? _____
Have you noticed any particular time of day when your child's behaviour is, in general:
Worse? _____ Better? _____
List any of your child's fears or worries: _____
_____
List current interests and/or activities your child currently partakes in (e.g. sports, dance lessons) _____
List your child's sensitivities (e.g. hot, cold, bright lights, wool, emotionally): _____
_____
_____
Has your child had any traumatic experiences (e.g. divorce, car accidents)?
_____
How does your child respond to discipline? _____
Was your child a quiet or fussy infant? _____
Are there any pets in the household? _____
Are there any smokers in the household? Yes ❒ No ❒
Please describe your child's personality: _____
_____
_____

DIET

Was your child breastfed? Yes ❒ No ❒ For how long?_____
If not breastfeed, what was first food?_____
Was formula used? Yes ❒ No ❒ What kind? _____
At what age was formula introduced?_____ Age of solid foods introduced?_____
What were the first three solid foods introduced?_____
What solid foods were started prior to 6 months of age? _____
List your child's favourite foods: _____
What is the child's appetite like now?_____
Please describe your child's typical daily diet?_____
_____
How much fluids does the child drink per day?_____ Preferred fluid?_____
Please list anything else you would like to add:
_____
_____
_____
_____

Thank you very much for taking the time to fill out this form ☺

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

_____ **Initials** I understand that a record will be kept of the health services provided to me. This 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.

_____ **Initials** I understand that the Naturopathic Doctor will answer any questions that I have to the 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):

_____

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

_____ **Initials** I understand that a fee will be charged (Missed Appointment Fee) for any missed 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 Ruth Anne Baron, ND and/or Via Bitidis, ND. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Name (please print): _____

Signature of Patient or Guardian: _____

Date: _____