Dr Wendy Davis ND

Adolescent Intake Form

Child's Name: _____ Date of Birth: _____

Gender: M/F Height: _____ Weight: _____

Parents/Guardians: Mother: _____ Father: _____
(if patient <18 years of age)

Address: _____

_____

Telephone Numbers

Mother - Home: _____ Work: _____ Cell: _____

Father – Home: _____ Work: _____ Cell: _____

Email Address: _____

Family Dynamics

Siblings - Names / Ages:_____

_____

Step-parents / Legal guardians:
Name: _____ Phone #:_____
Visitation / Care Status: _____

Day Care or Babysitter Name and Telephone: _____

Other Health Care Providers:

Name: _____ Specialty: _____

Phone: _____

Name: _____ Specialty: _____

Phone: _____

CHIEF CONCERNS

What is it? When did it start? Who also is/ has treated the condition? How? What makes it better or worse?_____

_____

_____

_____

Other health concerns: (in order of importance)_____

_____

_____

If you are unsure about any of the following questions, feel free to leave blank and discuss them further with the doctor.

Describe child's present health:
EXCELLENT GOOD FAIR POOR

- ❑ Allergies: (food, med.'s, environmental)
  _____
  _____
- ❑ Asthma:
  Treatment_____
- ❑ Chemical exposure (smoke, pets,H2O
  _____
  _____
- ❑ Chicken pox
  Date:_____
- ❑ Croup
  Date:_____
- ❑ Ear Infections
  Date:_____
- ❑ Frequent colds
  #/Yr._____
- ❑ Impetigo
  Date:_____
- ❑ Measles
  Date:_____
- ❑ Meningitis
  Date:_____
- ❑ Mononucleosis
  Date:_____
- ❑ Mumps
  Date:_____
- ❑ Roseola
  Date:_____
- ❑ Rubella
  Date:_____
- ❑ Scarlet fever
  Date:_____
- ❑ Skin conditions:_____
- ❑ Surgeries:
  Approximate Date / Conditions
  _____
  _____
  _____
- ❑ Whooping cough
  Date:_____
- ❑ Hospitalizations
  Dates:_____
  _____
  _____

Other:_____
_____
_____

FAMILY MEDICAL HISTORY

Abbreviations for family members:
Mother (M) Father (F) Siblings (S) please specify Maternal GP's (MGM / MGF)
Paternal GP's (PGM / PGF)

CONDITIONS / ILLNESS / DISEASES

- ❑ ADHD/ ADD
  _____
- ❑ AIDS
  _____
- ❑ Asthma
  _____
- ❑ Arthritis
  _____
- ❑ Auto-immune diseases
  _____
- ❑ Blood diseases
  _____
- ❑ Cancer
  _____
- ❑ Diabetes Type I or II
  _____
- ❑ Heart disease (HTN, CHF etc.)
  _____
- ❑ GI disorders (e.g. Ulcers)
  _____
- ❑ Respiratory disease
  _____
- ❑ Sexually transmitted diseases
  _____
- ❑ Sleep disorders
  _____
- ❑ Urinary problems
  _____
- ❑ Vision / hearing problems
  _____
- ❑ Other
  _____

MEDICATIONS / SUPPLEMENTS / DIET

Please list all current medications (prescribed or otherwise and / or supplements(vitamins, herbs, homeopathics): _____
_____
_____

Please list all past prescriptions and supplementations:_____
_____
_____

Please describe the child's typical diet:
Breakfast: _____
Snacks: _____
Lunch: _____
Snacks: _____
Dinner: _____
Beverages (kind and quantity): _____
_____

****DR. WENDY'S CANCELLATION POLICY****
All of Dr Wendy's clients will receive a complimentary reminder call/email 24-48 hours prior to their scheduled appointment. However, this is a courtesy call/email and appointments are considered confirmed at the time of booking. We request that two (2) business days (48 hours) notice be given for cancellations to avoid a cancellation fee.

_____
Client/parent/guardian initial

CONSENT TO TREATMENT

I hereby consent to the treatment offered to me by Dr. Wendy Davis. It is my full understanding that Dr. Wendy Davis is a licensed Doctor of Naturopathic Medicine. It is my own choice and decision to accept the treatments offered by Dr. Wendy Davis.

I hereby consent to the diagnosis offered to me by Dr. Wendy Davis. It is fully understood that Doctors of Naturopathic Medicine are trained in diagnosis. It is my own choice and decision to accept a diagnosis offered by Dr. Wendy Davis. I am fully aware that I have the right to a second opinion.

I understand that Intravenous Therapy, Acupuncture and Allergy Testing does not fall within the standard training of a Naturopathic Doctor. I understand that these are adjunctive therapies to Naturopathic Medicine for which Dr. Wendy Davis has received specific training, separate from her training at the Canadian College of Naturopathic Medicine.

SaskHealth does not cover laboratory examinations. They vary in cost depending on the tests required. These costs will always be communicated before they are ordered.
Botanical and homeopathic medications, as well as nutritional supplements, can be obtained from Dr Wendy Davis ND. You are free to obtain these supplements from any other source.

Signature: _____ Date: _____
(Patient or legal guardian if under 18 years of age)

LOTUS TREE
WELLNESS AND HEALING
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