

Adult Intake Form

Name: _____ Date of Birth: _____

Gender: M/F Height: _____ Weight: _____

Parents/Guardians: Mother: _____ Father: _____

(if patient <18 years of age)

Address: _____

Email Address: _____

Telephone Number

Home: _____ Work: _____ Cell: _____

Emergency Contact:

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Other Health Care Providers:

Name: _____ Specialty: _____

Phone: _____

Name: _____ Specialty: _____

Phone: _____

Have you ever seen a Naturopath before? Y / N

If so, who and when? _____

Please let us know how you heard about us! _____

CHIEF CONCERNS

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

Description, duration, current treatment: _____

OTHER LIFESTYLE OR FAMILY HISTORY CONCERNS NOT MENTIONED

****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 business days (48 hours) notice be given for cancellations to avoid a cancellation fee.

I have read and understand the cancellation policy.

Client/parent/guardian initial

PRIVACY POLICY

I understand that Dr Wendy Davis ND and her associated practitioners understand and abide by the policies outlined by the Personal Information Protection and Electronic Documents Act (PIPEDA).

CONSENT TO TREATMENT

I hereby consent to the treatment offered to me by Dr. Wendy Davis ND. It is my full understanding that Dr. Wendy Davis ND is a licensed Doctor of Naturopathic Medicine. It is my own choice and decision to accept the treatments offered by Dr. Wendy Davis ND. I understand that Intravenous Therapy and BIE 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 ND has received specific training, separate from her training at the Canadian College of Naturopathic Medicine.

I hereby consent to the diagnosis offered to me by Dr. Wendy Davis ND. 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 ND. I am fully aware that I have the right to a second opinion.

SaskHealth does not cover laboratory examinations recommended by Dr Wendy Davis ND. 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/parent/legal guardian if under 18 years of age)