

How to Schedule and Prepare for Your First Appointment with Dr. Heather Fox

INFORMATION: Review this entire package and complete the new patient forms: You'll see that these are probably the most comprehensive forms you've ever completed for a doctor's visit. This is because our approach will be highly comprehensive, and the more data we have, the better we can fine-tune the treatment plan and help you accomplish your health goals.

PREPARATION: Bring copies of your previous/recent laboratory tests for your file: If you have copies of your previous/recent lab tests, bring these so that we can review them and put them in your file. Bring a copy to leave with Dr Fox--we will not have time to go through the process of copying these during your visit. Bring a copy that you can leave. We will use your previous results to determine which new tests need to be performed or repeated. ***Bring your current medications and nutritional supplements: We will need to review your current intake of medications and supplements.***

How much does it cost to see Dr. Heather Fox?

The fees for Natural Medicine visits are as follows:

- \$155 for the initial 1-1 1/2 -hour visit (which includes a physical exam and thorough case-taking)
- \$85 for subsequent follow-up visits
- Telephone consultations will be billed according to time
- Emails will be replied to at the rate of \$25 each
- CANCELLATIONS REQUIRE 24HR NOTICE or will be billed accordingly.

Therapies performed during the visit (such as electro-acupuncture or other protocols) are NOT included in these prices, which will be effective April 1st, 2009, and do not include the cost of supplements or herbal products. Payment can be made via cash, cheque or credit card.

Are Natural Medicine visits covered by government health insurance?

In Saskatchewan public health insurance does not cover visits with Doctors of Natural Medicine, but many private health insurance plans (e.g. through your employer or school benefits plan) provide coverage for naturopathic visits as well as acupuncture treatments. Plans typically provide coverage for natural medicine practiced by a licensed Doctor of Natural Medicine, and acupuncture by a registered acupuncturist or Doctor of Natural Medicine. Contact your health insurer to find out what services are covered for you, and how much coverage you have per year. If you do not have private insurance coverage, we can create a treatment plan that takes your budget into consideration.

What does a Doctor of Natural Medicine do?

DNM's are primary health care professionals. We focus on removing barriers to healing and wellness and we rely on using natural therapies such as electro-acupuncture, Ayurvedic medicine, herbal medicine, homeopathy, hydrotherapy, nutrition, lifestyle counselling, electronic medicine and massage therapy, and more.

How qualified are Doctors of Natural Medicine?

Registered Doctors of Natural Medicine have at least 7 years of post-secondary education - 3+ years in a recognized university & 4 years at an accredited teaching institution in North. Candidates for licensure must then pass rigorous medical & ethical licensing exams that are set by medical regulatory boards.

Can Natural Medicine treat my condition?

Yes... but No. Natural Medicine is about treating people, not conditions. Natural Medicine is about removing barriers to wellness. Doctors of Natural Medicine take the time to get to know their patients, and to understand what the root cause is behind the illness. Then we determine what combination of treatments work best to help your body repair itself or maintain a healthy state (disease prevention).

What can I expect on a Natural Medicine visit?

The first visit with Dr. Fox is about gathering information, and will last approximately 1 hour. You will have filled out the attached health questionnaire found in this package, and provided details about your current & past health concerns. If you already have lab results, please bring them in to your first visit. These details are required in order to fully understand everything about you and your health. Subsequent visits are 30-45 minutes long, and treatments usually start on the second visit. The number and frequency of subsequent visits depend on the severity of your condition, how long you have had it, and how quickly your body responds to the therapies. Follow-up visits are very important in order for your doctor to monitor your progress.

How are Doctors of Natural Medicine different from my medical doctor (MD)?

Medical doctors and specialists are experts in diagnosing diseases, and prescribe pharmaceutical drugs and surgery in order to treat these diseases and reduce the appearance of symptoms. Doctors of Natural Medicine are experts in diagnosing the root cause of illness, and treating people as a whole. The cause of the illness is addressed through alternative modalities such as electro-acupuncture, Ayurvedic medicine, herbal medicine, homeopathy, hydrotherapy, nutrition, lifestyle counselling, electronic medicine, IV nutrition therapy and Chelation, massage therapy, and more.

Do Doctors of Natural Medicine prescribe drugs or use surgery?

The natural medicine philosophy is based on using natural therapies to stimulate the body's own healing response. In cases when drugs & major surgery are required, patients are referred to medical doctors. Patients undergoing surgery or on prescription medication can benefit from concurrent natural medicine treatment.

We are aware of the time it takes to fill out such a lengthy intake form. However, your cooperation in completing it is essential in providing the highest standard of care. All information is confidential.

PLEASE PRINT

REGISTRATION INFORMATION

Name: _____
(First) (Middle) (Last)

Today's Date: _____
mm dd yy

Date of Birth: ____/____/____ Age: ____ Gender: ____
mm dd yy

Home Address: _____

City: _____ Postal Code: _____

Email Address: _____

Home Telephone: () _____ Work: () _____

May we leave messages on your home phone relating to our visits? Y N

May we email you? Y N

Emergency contact (name): _____ Phone: () _____

How did you find out about our clinic?

- Referral
– Whom may we thank? _____
- Newspaper / magazine
- Yellow pages
- Billboard
- Health food store
- Other _____

Family Physician: _____ Phone: () _____

Other Health Care Providers: _____ Phone: () _____

PRESENT HEALTH CONCERNS: Please list your most important health concerns. If possible, please list them in order of importance to you. For example, #1 is most important, and #5 is least important.

- 1)
- 2)
- 3)
- 4)
- 5)

YOUR MAJOR GOALS FOR THE FIRST VISIT: Please tell me what you would like to accomplish on the first visit.

- 1)
- 2)
- 3)
- 4)
- 5)

YOUR QUESTIONS: What questions do you have for your first visit?

If you are female, are you currently pregnant? Y N

MEDICAL HISTORY

How would you describe your general state of health? (Circle) Excellent Good Fair Poor

Please indicate any serious conditions, illnesses, injuries, and any hospitalizations along with approximate dates: _____

Do you have any allergies (medicines, environment, etc.)?

Please list all current medications (prescription, over the counter, vitamins, herbs, homeopathic, etc.):

Please list all past prescription medications:

How many times have you been treated with antibiotics? _____

Do you frequently use any of the following? (Circle) Aspirin Laxatives Antacids Diet pills Birth control pills/implants/injections
Alcohol – how much / day or week _____
Caffeine – form and amount / day _____
Recreational drugs – what and how often _____

Please indicate what immunizations have you had (✓):
_____ DPT (diphtheria, pertussis, tetanus) _____ Haemophilus influenza B
_____ Hepatitis A _____ Tetanus booster
_____ "Flu" _____ Hepatitis B
_____ MMR (measles, mumps, rubella) _____ Polio
_____ Small pox

Did you experience any adverse reactions to past immunizations? _____

Do you get regular screening tests done by another doctor (Pap, blood tests, etc)? Y N

FAMILY HEALTH HISTORY

Indicate if a close relative (parent, child, sibling) has any of the following: Please state who?

- | | |
|--------------------|---------------------|
| Allergies | High blood pressure |
| Alcoholism | Kidney disease |
| Asthma | Mental illness |
| Arthritis | Mononucleosis |
| Cancer (type) | Multiple Sclerosis |
| Chronic Bronchitis | Osteoporosis |
| Diabetes | Rheumatic Fever |
| Depression | Skin diseases |
| Drug abuse | Strep throat |
| Emphysema | Stroke |
| Hepatitis | Tuberculosis |
| Heart disease | Other |

I don't know my family medical history

GENERAL HISTORY

Check the symptoms / conditions which apply to you:

✓ **Generals**

_____ Noticeable weight loss _____ Fatigue _____ Noticeable weight gain _____ Weakness _____ Fever

✓ **Skin**

_____ Rashes _____ Color change _____ Lumps
_____ Changes in hair / nails _____ Itching _____ Dryness
_____ Eczema _____ Hives _____ Psoriasis
_____ Boils _____ Moles

✓ **Head**

_____ Head injuries _____ Headaches
_____ Hair loss _____ Dandruff

✓ **Eyes**

_____ Redness _____ Spots _____ Pain
_____ Specks _____ Excessive tearing _____ Flashing lights
_____ Double vision _____ Glaucoma _____ Blurred vision
_____ Cataracts _____ Crossed eyes _____ Blind spot
_____ Discharge

Do you wear glasses / contacts? _____

Date of last eye exam? _____

✓ **Ears**

_____ Infection _____ Ringing in the ears (tinnitus) _____ Vertigo
_____ Discharge _____ Earaches _____ Hearing loss

Do you use hearing aids? _____

Date of last hearing test? _____

✓ **Nose and Sinuses**

_____ frequent colds _____ Hay fever _____ Nosebleeds
_____ Nasal stuffiness _____ Discharge _____ Itching
_____ Loss of smell _____ Sinus infections

✓ **Mouth and Throat**

_____ Dry mouth _____ Bleeding gums
_____ Sore tongue _____ Hoarseness
_____ Spots / sores in mouth _____ Dental cavities
_____ Heat / cold intolerance _____ Sore throat
_____ Lumps in neck _____ Loss of taste
_____ Tonsillitis _____ Loss of taste
_____ Stiff neck _____ Enlarged thyroid

Date of last dental exam? _____

✓ **Respiratory**

_____ Sputum _____ Cough
_____ Haemoptysis _____ Bronchitis
_____ Wheezing _____ Emphysema
_____ Asthma _____ Pneumonia
_____ Tuberculosis _____ Pleurisy
_____ Chest pain _____ Difficulty breathing

Results of spirometry tests or the lung tests: _____

✓ **Cardiovascular**

_____ Rapid heart beat _____ Slow heartbeat
_____ High blood pressure _____ Heart murmurs
_____ Low blood pressure _____ Rheumatic fever
_____ Chest pain _____ Edema / swollen ankles
_____ Palpitations _____ Difficulty breathing

- Blueness of skin (cyanosis)
- Thrombophlebitis
- Deep leg pain
- Migraine
- Cold hands / feet
- Extremity numbness
- Leg cramps

Results of electrocardiogram or other heart tests:

Gastrointestinal

- Trouble swallowing
- Heartburn
- Excessive hunger / thirst
- Poor appetite / thirst
- Diabetes
- Nausea
- Vomiting
- Regurgitation
- Vomiting of blood
- Indigestion
- Hepatitis
- Ulcer
- Excessive bloating
- Hemorrhoids
- Constipation
- diarrhea
- hypoglycemia
- abdominal pain
- food intolerance / allergy
- excessive belching
- passing of gas
- jaundice
- liver or gallbladder problems
- colitis
- hernias

Frequency of bowel movements? _____
 Color and size of stools? _____
 Change in bowel habits? _____
 Any recent bleeding or black tarry stools? _____

GenitoUrinary

- dark colored urine
- excessive urination
- burning / pain on urination
- pus in urine
- urgency
- dribbling
- urinary infections
- blood in urine
- frequency at night
- kidney infection
- foul smelling urine
- hesitancy
- incontinence
- kidney stones

Musculoskeletal

- Muscle or joint pains
- Arthritis
- Back pain
- Broken bones
- General muscle weakness
- stiffness
- gout
- artificial joints / limbs
- muscle spasms / cramps
- joint swelling

Neurological

- Fainting / blackouts
- weakness
- numbness / loss of sensation
- Tremors / involuntary motion
- Nervousness
- Depression
- Difficulties concentrating
- Convulsions / seizures
- Migraine
- loss of balance
- paralysis
- tingling / pins and needles
- speech problems
- tension
- memory changes / loss
- irritability
- loss of sleep

Hematological

- Anemia
- Easy bleeding
- any past transfusions
- easy bruising

Women/Men

- Fibrocystic breasts
- Fertility Problems
- Erectile Dysfunction
- menstrual irregularity
- Prostate discomfort/elevated PSA
- Cervical/Breast/Ovarian/Prostate/Testicular/Uterine Cancer

_____ Other Explain _____

Any other conditions:

DIET

Do you have any food allergies or sensitivities? Please list:

Do you have any dietary restrictions (religious, vegetarian / vegan, etc.)?

Describe a typical day's diet (with quantity)

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Beverages _____

LIFESTYLE / ENVIROMENT

Occupation _____

Hobbies _____

Do you exercise regularly? Y N What do you do for exercise, how much and how often?

Are you exposed to toxins or other hazards (work, home, hobbies, etc.)? Please describe:

How would you describe the emotional climate of your home?

How stressful is your work or other aspects of your life? How do you manage stress?

Is there anything that you feel that is important that has not been covered?

Thank you for taking time to complete this intake form. We look forward to working with you in your naturopathic care. Please return this form to our clinic before your visit so that we can do an evaluation with the given information and also work on your treatment protocol while you await your appointment.

Dr. Heather Fox DNM PhD DAc

3512 13th Ave.
Regina, SK

NOTICE OF UNDERSTANDING AND AGREEMENT

I understand that I am not consulting for medical diagnosis or medical treatment procedures. The services provided at this clinic are, at all times, restricted to helping me gain a better understanding of my level of health so that I will have a greater self-awareness and be able to use a self-care program.

I understand that the recommendations, discussion, sale of nutritional supplements or homeopathics pertain to the 'whole body' concept of nutrition and do not relate in the context of any specific ailment or condition but may relate to removing obstacles to healing.

The appointments do not involve the diagnosing, prognosticating, treating or prescribing of medicines for the treatment of disease, or any act which will constitute the practice of medicine in this Province for which a license is required.

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Therapies performed during the visit (such as electro-acupuncture or other protocols) are not included in these prices, which will be effective April 1st, 2008, and do not include the cost of supplements or herbal products. Payment can be made via cash, cheque or credit card.

In Saskatchewan public health insurance does not cover visits with Doctors of Natural Medicine. Contact your health insurer to find out what services are covered for you, and how much coverage you have per year. If you do not have private insurance coverage, we can create a treatment plan that takes your budget into consideration.

I (we) agree to pay for services rendered as the charge is incurred.

CANCELLATION POLICY

Should you have to cancel or reschedule your appointment kindly give 24 hours notice to avoid a 50% charge for your scheduled service.

Patient's Signature _____ **Date** _____

ASAP - URGENT: Patient's Authorization to Release Medical Records

Patient information

NAME:	
DAY PHONE NUMBER:	
BIRTH DATE:	
IDENTIFICATION OR SASKATCHEWAN HEALTH #:	

Holder of Medical Records

Name of clinic and/or physician:	
Street:	
City, Prov., Postal code:	
Phone/ Fax:	Fax:
Optional: Approx. dates of treatment:	Beginning: Continuing until: <input type="checkbox"/> present

Information to be released

- Copy of complete health records including chart notes, lab and imaging reports: history and physical
- Lab results: please send all lab and imaging reports
- Imaging studies: Radiographs, MRI, US, CT, etc.: please send all lab and imaging reports

ASAP - URGENT: Patient's Authorization to Release Medical Records

Information is to be released and sent to:

DR. HEATHER FOX DNM PHD DAC.

3512 13TH AVE.

Regina, SK S4T 1P9

Phone: 306-522-2407

Fax: 306-522-2296

PATIENT CONSENT AND AUTHORIZATION TO RELEASE MEDICAL RECORDS

1. This authorization is valid for ninety (90) days from the date signed. I understand this consent can be revoked by me at any time before disclosure has occurred.
2. Unless specifically excluded, this authorization includes release of specially protected records—such as referral to, diagnosis of, and/or treatment for substance abuse, mental health conditions, and sexually transmitted diseases such as HIV.
3. I understand that records of my healthcare are protected under provincial and federal regulations regarding confidentiality and cannot be released or discussed without my written consent unless otherwise provided for or allowed by these regulations.

Patient/ guardian AUTHORIZING SIGNATURE:	
TODAY'S DATE:	

Minor's Consent

- This applies to persons aged 13 to 18 for records pertaining to substance abuse and/or mental health records, and to persons aged 14 to 18 for records pertaining to sexually transmitted diseases, including HIV.

Minor's SIGNATURE:	
TODAY'S DATE:	