

# CORE HEALTH

## NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

### Welcome to the Clinic

*In order to serve you as efficiently and effectively as possible, please complete the enclosed forms prior to your appointment. If you have any questions please feel free to call the clinic.  
We respectfully request 72 hours notice in the event that you cannot keep your first appointment. The first consultation can involve upwards of 1.5 – 2hours time, depending on the individual*

**Please bring to your appointment**

This completed form.

Any remedies (vitamins, minerals, homeopathics, herbs, and drug etc) you are currently taking.

Any relevant test results already completed.

First morning urine sample in a clean, disposable container

As a large number of patients of this clinic have environmental/chemical sensitivities the offices are perfume-free zones. We would ask that you refrain from wearing any perfumes on your appointment.

**Your Child's appointment is on:** \_\_\_\_\_

Full payment is to be made at the time of your visit. Cash, Cheque, Debit, Visa or Mastercard are all accepted tender for transactions.

Full Name _____ Date of Birth _____ <div style="text-align: center;">yy          mm          dd</div> Address _____ City _____ Postal Code _____ Phone Number (        ) _____-_____ Email _____ Who is filling out this form? _____ _____	Emergency Contact _____ Relationship to Child _____ Phone Number _____ Secondary Contact: _____ Phone Number _____ Siblings: _____ Ages: _____ Parents or guardians Names: Mother _____ Father _____
<b>HOW DID YOU LEARN OF OUR OFFICE:</b> Friend      Relative      Health Care Professional Name: _____	<b>HAS YOUR CHILD HAD PREVIOUS NATUROPATHIC CARE:</b> If yes, when? _____ With whom? _____

# CORE HEALTH

## NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

**Major health concerns for your child in order of importance**

1	4
2	5
3	6

Have you tried other treatments for those listed above?

---



---



---

**OTHER HEALTH CARE PROVIDERS (ie: dentist, medical doctor, ect)**

1.	2.	3.
( )	( )	( )

**MEDICAL HISTORY**

1. General state of health:            **Excellent**            **Good**    **Fair**    **Poor**

2. Current supplements and/or medications: \_\_\_\_\_  
\_\_\_\_\_

3. Past supplements and/or medications: \_\_\_\_\_  
\_\_\_\_\_

4. Any allergies (including drug, food and environment)? Please describe: \_\_\_\_\_  
\_\_\_\_\_

5. Surgeries, hospitalizations, major trauma or illness (and dates): \_\_\_\_\_  
\_\_\_\_\_

6. Has your child had any screening tests performed (allergy, psychological, vision, hearing, blood, ect) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CORE HEALTH

NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

**7. IMMUNIZATIONS (please circle)**

pertussis      diphtheria      tetanus      polio      measles      mumps      rubella  
hepatitis A      hepatitis B      chicken pox      flu shot      tuberculosis      HPV Vaccine

Other: \_\_\_\_\_ Any adverse reactions?(please describe) \_\_\_\_\_

8. How many times, if any, has your child been treated with antibiotics? \_\_\_\_\_

**PRENATAL AND BIRTH INFORMATION:**

1. Mother's age with this pregnancy? \_\_\_\_\_ # of previous pregnancies: \_\_\_\_\_ #of previous miscarriages: \_\_\_\_\_

2. Planned pregnancy?    yes                      no

3. Fertility Problems?    yes                      no

4. Birth control method: \_\_\_\_\_

5. What was the health of the parents at conception?

Mother:      excellent      good      fair      poor      unknown

Father:      excellent      good      fair      poor      unknown

6. Did mother receive prenatal Care? \_\_\_\_\_ By whom? \_\_\_\_\_

Please circle any of the following that applied to the pregnancy:

diabetes      thyroid problems      nausea      vomiting      high blood pressure

bleeding      toxemia      infections      alcohol/drug use      other \_\_\_\_\_

**DURING THE PREGNANCY:**

1. Was there any physical or emotional trauma? (accidents, abuse, death in the family, ect) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# CORE HEALTH

NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

2. What medications and supplements were taken(if any)? \_\_\_\_\_

3. Any exposure to diseases( Y / N ) What diseases? \_\_\_\_\_

4. Any travelling? ( Y / N ) Where? \_\_\_\_\_

5. Occupation: \_\_\_\_\_ Where? \_\_\_\_\_

6. Typical diet during pregnancy:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

7. Did the mother use any of the following during the Pregnancy? (Please circle and state frequency where appropriate)

tobacco      alcohol      Prescription medications      Supplements      Recreational drugs

## BIRTH

1. Where was the birth? \_\_\_\_\_ Term length: Full    Premature \_\_\_\_\_ late \_\_\_\_\_ weeks

2. Which of the following interventions took place, if any:

induction    pain medication    epidural    forceps    vacuum extraction    pitocin

c-section    episiotomy    other

3. How long was the labour(hours)? \_\_\_\_\_

4. Infant weight \_\_\_\_\_ Length \_\_\_\_\_ Head circumference: \_\_\_\_\_ Normal Apgar Score? YES NO

The mother's emotional state at the time of birth? \_\_\_\_\_

Please comment on the overall birth experience \_\_\_\_\_



# CORE HEALTH

NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

**4. Age at developmental milestones**

Roll Over \_\_\_\_\_ Sit Up \_\_\_\_\_ Crawl \_\_\_\_\_  
Walk \_\_\_\_\_ Talk \_\_\_\_\_ Teeth \_\_\_\_\_

**5. Sleeping patterns and amount** \_\_\_\_\_  
\_\_\_\_\_

**6. Presence of nightmares, terrors, sleepwalking or bedwetting** \_\_\_\_\_  
\_\_\_\_\_

**7. How would you describe your child's temperament and personality?** \_\_\_\_\_  
\_\_\_\_\_

**8. Age at which bladder control attained?** \_\_\_\_\_

**FAMILY HISTORY**

Please indicate the presence of any conditions such as allergies, asthma, birth defects, juvenile arthritis, diabetes, kidney diseases, heart conditions or any other important conditions present in the child's family.

<u>Family Member</u>	<u>Age</u>	<u>General health, any illnesses or diseases</u>
Mother	_____	_____
Father	_____	_____
Siblings	_____	_____
Maternal Grandmother	_____	_____
Maternal Grandfather	_____	_____
Paternal Grandmother	_____	_____
Paternal Grandfather	_____	_____

I don't know the family medical history [ ]

# CORE HEALTH

NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

### DENTAL ALMALGAMS

How many mercury fillings does he/she have?		How many gold fillings/caps?	
How many mercury fillings have you replaced?		Any other metal in his/her mouth?	

### ENVIRONMENT

1. Is your child in:        school            daycare            homecare            other
2. Child's favourite activities: \_\_\_\_\_
3. Exercise habits and frequency: \_\_\_\_\_
4. Television habits and frequency: \_\_\_\_\_
5. How often does your child read(not for school), or how often does someone read to your child?  
 Daily             Several times a week             Weekly             Less than weekly
6. Does anyone in the child's home smoke?        YES            NO
7. List any pets: \_\_\_\_\_
8. Any toxins or chemicals that the child may be exposed to: \_\_\_\_\_
9. How would you describe the emotional climate of the child's home? \_\_\_\_\_  
\_\_\_\_\_

Are there any other important areas that you feel should be mentioned, that we missed(please describe)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CORE HEALTH

## NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

### DECLARATION AND CONSENT TO TREAT

Name of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

This is to acknowledge that I have been informed and I understand that:

OHIP does not cover Naturopathic services; therefore fees for Naturopathic services and all supplements are the responsibility of the patient, payable in full, at the time of the appointment.

We are required by our licensing board to perform a basic physical examination on each new client. This will be adhered to, unless this office accepts the examination of the referring practitioner who sends a full report and that report has a specific request(i.e.: if your dentist refers you for testing of dental materials, then a written request from the dentist must be forwarded)

With the number of clients we thoroughly interview, assess and treat, timing is crucial. For the convenience of our clients, and for the orderly and efficient operation of our clinic, we endeavor to keep scheduled appointments on time; however, complications and emergencies do arise and in these circumstances, we appreciate your patience and understanding.

1. I have read all the foregoing information and that I understand that the ultimate responsibility for my health is my own.
2. I will be seeing a Naturopathic Doctor not a Medical Doctor
3. The Naturopathic Doctor(s) at the Wellness Clinic work within the Naturopathic scope of practice.
4. Any treatment or advice given to me as a patient of the Naturopathic Wellness Clinic is not mutually exclusive from any treatment or advice that I may receive now, or in the future, from another licensed health care provider.
5. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider.
6. No employee, agent, or anyone else under the Naturopathic Wellness Clinic's direction or control is suggesting or recommending to me to refrain from seeking or following the advice of another health care provider.
7. The treatment and therapies rendered or recommended by the Naturopathic Wellness Clinic may be different than those usually offered by a medical doctor or other licensed health care provider.
8. I agree to abide by the financial policies as outlined and I accept full responsibility for any fees incurred during care and treatment. I agree to fully discharge this responsibility at the time of the visit unless prior arrangements have been made.
9. I understand that my appointment time is reserved for me and the clinic requires a minimum of 24 hours notice for cancellation or change (72 hours for new patients and special appointments), otherwise I will be billed for the full fee for missed appointments.

I declare that I have received a full and complete explanation of the treatment of services that I may receive at the Naturopathic Wellness Clinic and hereby authorize consent to treatment.

\_\_\_\_\_  
Signature



# CORE HEALTH

## NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

### For Collection, use and disclosure of personal Information

Privacy of your personal information is an important part of our Clinic, while providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We will try to be as open and transparent as possible about the way we handle your personal information.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information you that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what our Clinic is doing to ensure that:

- 1) only necessary information is collected about you.
- 2) we only share your information with your consent.
- 3) Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols.
- 4) our privacy protocols comply with privacy legislation and standards of our regulatory body, the Board of Directors of Drugless Therapy- Naturopathy.

### How Our Clinic Collects, Uses and Discloses Patients' Personal Information

Our Clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our Clinic is using and disclosing your information. This Clinic will collect, use and disclose information about you for the following purposes:

- 1) to assess your health concerns
- 2) to provide health care
- 3) to advise you of treatment options
- 4) to establish & maintain contact with you
- 5) to send you newsletters & other information mailings
- 6) to remind you of upcoming appointments
- 7) to communicate with other treating healthcare providers
- 8) to complete claims for insurance purposes
- 9) to comply with legal & regulatory requirements of our regulatory body, the board of Directors of Drugless Therapy- Naturopathy acting under the authority of the *Drugless Practitioners Act*.
- 10) to invoice for goods and services
- 11) to process credit card payments
- 12) to collect unpaid accounts
- 13) to comply with the law
- 14) to assist this Clinic to comply with all regulatory requirements
- 15) to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information as outlined above.

### Patient Consent

I have reviewed the above information that explains how your Clinic will use my personal information, and the steps your Clinic is taking to protect my information.

I agree that Core Health Naturopathic Wellness Center can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the Clinic's private policies.

( Patient's Name)

\_\_\_\_\_  
( Signature of Parent or Guardian)

\_\_\_\_\_  
( Print Name of Parent or Guardian Signing form)

\_\_\_\_\_  
( Date)

\_\_\_\_\_  
( Signature of Witness)

# CORE HEALTH

## NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

### PRIVACY POLICY

We at Core Health Naturopathic Wellness Center are committed to collecting, using and disclosing personal information in a responsible manner, and only to the extent that it is necessary for the services we provide. We will be open with our handling of your information, as you will see from this Privacy Policy. Please note that in this document, patient and client are considered to be interchangeable terms.

#### What is personal information?

Personal information refers to any information that can identify an individual. Personal information that we collect **may** include:

- \* Name, address, telephone number, fax number, email address, date of birth, social insurance number, occupation, name of employer, place of employment, insurance company, insurance coverage.
- \* education, gender, sexual orientation, ethnicity, health history, health records, family history, hours of work, income.
- \* activities or views. e.g.: religion, politics, opinions, community involvement.

Information related to a person's business is not protected by privacy legislation.

#### Collecting Personal Information:

*Primary Purposes:* For our clients, the primary purpose for collecting personal information is to help us assess what your health concerns are, to advise you of your options, to provide the health care you desire and to establish and maintain contact with you.

*Related Purposes:* For our clients, related purposes for collecting personal information include: invoicing and statements, accounting and tax records, follow up services, quality control, and communication with other health care providers, insurance claims, education (e.g. newsletters/ articles, seminar announcements), marketing and compliance with regulation by a licensing/regulatory body. You can choose not to be a part of some of these related purposes; for example, declining seminar announcements or newsletters. Please be aware that it may not be possible to decline some of the related purposes, such as information required by a regulatory body.

*For members of the general public (non-clients)* Our primary purpose for collecting personal information is to allow the practitioners or staff to follow up on inquiries, ensure your request was properly handled (quality control) and provide information updates if you have expressed interest in receiving such notices.

*For contract staff,* our primary purpose for collecting personal information includes: communications, client communication, accounting and tax records, quality control and education.

#### Protecting Personal Information:

We understand the importance of protecting personal information. For that reason, we have taken steps to safeguard your personal information from unauthorized access, disclosure, use or tampering. Safeguards are in place to protect your personal information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification. Your personal information is protected, whether it is recorded on paper or electronically. Practitioners and staff are trained to collect, use and disclose personal information only as necessary to fulfill their duties and in accordance with our Privacy Policy.

#### Retention and Destruction of Personal Information:

We are required by the Board of Directors of Drugless Therapy- Naturopathy to retain client files(containing personal information) for a minimum of 7 years. Care is exercised in the destruction of personal information to prevent unauthorized access to the information even during disposal and destruction.

# CORE HEALTH

## NATUROPATHIC WELLNESS CENTER

Dr. Brandy Strelec, B.Sc.(Hons),N.D.  
Board Certified Naturopathic Doctor

### Accuracy of Personal Information:

This clinic endeavors to ensure that your personal information is as accurate, complete, and as up to date as necessary for the purposes that it is to be used.

Information shall be sufficiently accurate, complete and up to date to minimize the possibility that inappropriate information is used to make a decision about you as our patient. With only a few exceptions, you have the right to see what personal information we hold about you.

If you believe there is a mistake in the information, you have the right to ask for it to be corrected. This applies to factual information and not to any professional opinions we may have formed.

### Consent:

This clinic will seek informed consent for the collection, use and/or disclosure of personal information, except where it might be inappropriate to obtain your consent, and subject to some exceptions set out in law.

Consent is required for the collection of personal information and subsequent use or disclosure of that information. In order for the principles of consent to be satisfied, our clinic has undertaken reasonable efforts to ensure that you are advised of the purposes for which information is being used, and that you understand those purposes. Once consent is obtained, we do not need to seek your consent again, unless the use, purpose or disclosure changes.

Consent for the collection, use and disclosure of personal information may be given in a number of ways, such as:

- \* signed medical history form
- \* signed introductory questionnaire
- \* taken verbally over the telephone and then charted
- \* email
- \* written correspondence

You may withdraw consent upon reasonable notice.

### Do You Have a Concern?

Our Information Officer is Dr Brandy Strelec, BSc, ND, who can be reached at 705-789-8998 or via email at [info@corehealthmuskoka.com](mailto:info@corehealthmuskoka.com) to address any questions or concerns you may have.

If you wish to make a formal complaint about our privacy practices, you may make it in writing to our Information Officer. She will acknowledge receipt of your complaint, ensure that it is investigated promptly, and that you are provided with a formal decision and reasons, in writing.

For more general inquiries, the Information and Privacy Commissioner of Canada oversees the administration of the privacy legislation in the private sector. The Commissioner also acts as a kind of ombudsman for privacy disputes. The Information and Privacy Commissioner can be reached at:

112 Kent Street  
Ottawa, Ontario

K1A 1H3

Telephone toll free- 1-800-282-1376

Fax- 613-947-6850: TTY: 613-992-9190

Website: [www.privcom.gc.ca](http://www.privcom.gc.ca)

Thank you for your interest in our Privacy Policy. If you have a concern about the professionalism or competence of our services, or the mental or physical capacity of any of our professional staff, we would ask you to discuss those concerns with us. However, if we cannot satisfy your concerns, you are entitled to file a complaint with any of the regulatory boards of the individual practitioner(s).

For example, if you have a complaint concerning one of our naturopathic doctors, you can contact the Board of Directors of Drugless Therapy- Naturopathy, call 416-866-8383 or at [www.BoardofNaturopathicMedicine.on.ca](http://www.BoardofNaturopathicMedicine.on.ca).