

The Macdonald Centre for Natural Medicine Ltd.

448-10th Street
Courtenay, BC

Dr. Deidre Macdonald
Naturopathic physician

Phone 250-897-0235
Fax 250-897-1797

Dear New Patient,

Congratulations for putting your health first and deciding to investigate Naturopathic Medicine. I am confident that you will greatly expand your knowledge of your health care options and I look forward to sharing that experience with you.

Together we will endeavor to achieve your health goals. In order to understand you as a whole, I need to gather a significant amount of information. One the most efficient and therefore cost-effective tools I have is this comprehensive set of in-take forms. Please do your best to be thorough in filling them out, but if you don't understand or don't feel comfortable with a question, leave it out and proceed from there.

Please drop off your completed forms to my office prior to your visit. I will then have an opportunity to assess the information and make good use of your time during your scheduled appointment. Alternatively, you may fax your package to 897-1797.

My office is located at 448-10th Street in Courtenay in a house/office. If you turn at the Dairy Queen on Cliffe Ave., that will put you on 10th Street and we are 1.5 blocks up on the left between England and Fitzgerald Ave.

If the clinic is not open when you wish to drop off your forms, please seal the envelope, put your name on it, and place it in the **mail slot** of the front door. I am the only person who reviews these forms and your confidentiality will be strictly maintained. I sincerely thank you for sharing this important information with me and look forward to our first visit!

Love and blessings,

Dr. Deidre Macdonald
Naturopathic physician

(P.S. Out of consideration for my patients with allergies and chemical sensitivities, I request that you refrain from wearing perfume or cologne on the days you will be visiting our office. Thank you.)

Check us out at www.getwellhere.com

c:/mkt/newptlet

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The Philosophy of Naturopathic Medicine

THE HEALING POWER OF NATURE

The healing process is ordered and intelligent. The body has the inherent ability – the vitality – not only to heal itself and restore health, but also to ward off disease. Illness is not caused simply by an invasion of external agents or germs, but is a manifestation of the organism’s attempt to defend and heal itself. The physician’s role is to identify and remove agents blocking the healing process, bolster the patient’s healing capacity, and support the creation of a healthy internal and external environment.

TREAT THE WHOLE PERSON

Health and disease result from a complex interaction of physical, mental, emotional, genetic, spiritual, environmental, social, and other factors. The harmonious function of all aspects of the individual is essential to health. Within the body, the different systems are intimately connected, dynamically balanced. “Dis-ease” or imbalance in one part directly affects – may cause disease in – other parts of that whole. There is never a single cause for disease. All of the “pieces” must be integrated in order to create a whole picture of an individual and his/her illness. Therapy can then be directed at underlying as well as immediate causative factors, thus treating the whole person.

FIRST DO NO HARM

Respecting the inherent ability of the organism to heal itself, the physician must be ever-mindful of the consequences or side effects of treatment. The more gentle and non-invasive the therapy, the less disruptive it will be to the patient’s integral whole. Whenever possible, suppression of symptoms is avoided as suppression may interfere with the healing process.

IDENTIFY AND TREAT THE CAUSE

Illness does not occur without cause, and symptoms (nausea, rash, headache) are not the cause of illness. Symptoms are signals that the body is out of balance and are an expression of the body’s attempt to heal itself. Causes originate on many levels, but are often found in the patient’s lifestyle, diet, habits, or emotional state. When only the symptoms are treated, the underlying causes remain and the patient may develop a more serious, chronic condition.

PREVENTION IS THE BEST CURE

Health is a reflection of how we choose to live. Physicians help patients recognize their choices and how those choices affect their health. The physician assesses risk factors and hereditary susceptibility to disease and makes appropriate intervention to prevent illness.

DOCTOR AS TEACHER

The original meaning of the word “doctor” was “teacher”. A physician is a facilitator for a patient’s healing process. One of a physician’s principle responsibilities is to educate the patient and encourage self-responsibility for health. A cooperative doctor-patient relationship has inherent therapeutic value.

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PEDIATRIC/ADOLESCENT/HISTORY FORM

Are you on the Premium Assistance program with MSP? Yes ___ No ___ **If Yes, CareCard #:** _____
 PATIENT'S FULL NAME _____ AGE ___ SEX ___ Weight _____
 BIRTHDATE month/day/yr ___/___/___ Do you have extended health coverage? Yes ___ No ___

PARENTS' NAMES _____
 ADDRESS _____
 CITY _____
 POSTAL CODE _____
 HOME PHONE _____ PARENT'S WORK PHONE _____ (Mother, Father, Other)
 Cell phone _____ E-MAIL _____
 Have you attended a seminar of Dr. Macdonald's? Yes ___ No ___

FAMILY PHYSICIAN _____
 SPECIALIST _____
 CHIROPRACTOR _____
 OTHER _____

HOW DID YOU HEAR ABOUT DR. MACDONALD? _____

PRESENT HEALTH PROBLEMS: PLEASE LIST MOST IMPORTANT HEALTH CONCERNS/PROBLEMS

MEDICATIONS:

	Now	Past	Frequency
ASPIRIN	___	___	___
TYLENOL	___	___	___
ANTIBIOTICS	___	___	___
DECONGESTANTS	___	___	___
OTHER MEDS.	___	___	___

(Name of meds: _____)

SUPPLEMENTS:

	Now	Past	Frequency
VITAMINS	___	___	___
MINERALS	___	___	___
FLUORIDE	___	___	___
HERBS	___	___	___

ALLERGIES: (medications, pollens, animals, food) _____

CHILDHOOD ILLNESSES:

___ CHICKEN POX	___ SCARLET FEVER	___ MONONUCLEOSIS
___ MEASLES	___ RHEUMATIC FEVER	___ EAR INFECTIONS
___ MUMPS	___ STREP THROAT	___ TONSILLITIS
___ RUBELLA	___ PNEUMONIA	___ OTHER _____

IMMUNIZATIONS:

___ DPT (Diphtheria, Pertussis, Tetanus)
___ MMR (Measles, Mumps, Rubella)
___ POLIO
___ HAEMOPHILUS INFLUENZA type B
___ HEP-B (Hepatitis B)
___ any adverse reactions _____

PATIENT'S MEDICAL HISTORY:

	Now	Past	Never		Now	Past	Never	
ACNE	___	___	___	EPILEPSY/SEIZURES	___	___	___	SURGERIES (Year/ Type):
ALLERGIES	___	___	___	FATIGUE	___	___	___	
ANEMIA	___	___	___	FREQUENT INFECTION	___	___	___	HOSPITALIZATIONS: (Year & Reason)
ASTHMA	___	___	___	HEADACHES	___	___	___	
BED WETTING	___	___	___	HEART MURMUR	___	___	___	INJURIES/ACCIDENTS: (Year & Cause)
BIRTH DEFECTS	___	___	___	HIGH FEVER	___	___	___	
COLIC	___	___	___	HYPERACTIVITY	___	___	___	OTHER CONDITIONS:
CONSTIPATION	___	___	___	INSOMNIA	___	___	___	
COUGH/WHEEZE	___	___	___	JAUNDICE	___	___	___	
CRADLE CAP	___	___	___	LEARNING DISORDER	___	___	___	
DEPRESSION	___	___	___	MOODINESS	___	___	___	
DIARRHEA	___	___	___	STUFFY NOSE	___	___	___	
DIZZY SPELLS	___	___	___	THRUSH	___	___	___	
EARACHES	___	___	___	VOMITING SPELLS	___	___	___	
ECZEMA	___	___	___	OTHER _____	___	___	___	

WHAT IS YOUR INFANT'S/CHILD'S/ADOLESCENT'S DISPOSITION?

FAMILY HISTORY: INCLUDE BLOOD RELATIVES ONLY

FATHER (age)* _____ MOTHER (age)* _____ BROTHERS (ages)* _____ SISTERS (ages)* _____

*If deceased, Please list age at death and circle.

IDENTIFY ALL FAMILY MEMBERS WHO HAVE EVER HAD ANY OF THE FOLLOWING: (INDICATE FAMILY MEMBER BY: F for FATHER, M for MOTHER, B1, B2, S1, etc.)

____ ALCOHOLISM ____ BLEEDING DISORDER ____ HEART DISEASE ____ OBESITY
____ ALLERGIES ____ CANCER of _____ ____ HEARING LOSS ____ STOMACH ULCERS
____ ANEMIA ____ COLITIS ____ HIGH BLOOD PRESSURE ____ STROKE
____ ARTHRITIS ____ DIABETES ____ HYPOGLYCEMIA ____ THYROID DISORDER
____ ASTHMA ____ ECZEMA
____ KIDNEY DISEASE ____ TUBERCULOSIS
____ BIRTH DEFECTS ____ EPILEPSY ____ MENTAL ILLNESS ____ OTHER _____

DOES PATIENT HAVE ANY OF THE ABOVE? _____

IF YES, WHICH ONES

PRENATAL/BIRTH/FEEDING HISTORY:

1. MOTHER'S HEALTH DURING THE PREGNANCY WITH THIS PATIENT

AGE _____ TRAUMA/INJURY _____ ALCOHOL CONSUMPTION _____ OTHER _____
BLEEDING _____ STRESS (Scale 1-10) _____ DRUGS _____ TOXEMIA _____
NAUSEA _____ HIGH BLOOD PRESSURE _____ SMOKING _____ ILLNESS _____ X-RAYS _____
MEDICATIONS: _____

2. TERM: _____ PREMATURE _____ FULL BIRTH WEIGHT _____

3. WAS THE PREGNANCY EASY? _____ DIFFICULT? _____

4. WAS THE BIRTH STRAIGHT FORWARD? _____ DIFFICULT? _____ C-SECTION? _____

5. FEEDING OF INFANT

BREAST FED _____ HOW LONG? _____ COW'S MILK? _____ WHEN STARTED? _____
FORMULA FED _____ HOW LONG? _____ TYPE OF FORMULA _____
AGE SOLID FOODS BEGUN _____ WHAT FOODS? _____
ANY FOOD ALLERGIES OR INTOLERANCES? _____ TO WHAT FOODS? _____

6. SAMPLE DAILY DIET (Choose a typical day and include food and liquids)

SOCIAL HISTORY:

1. PARENTS: MARRIED _____ SEPARATED _____ DIVORCED _____
MOTHER'S OCCUPATION _____ FULL TIME _____ PART TIME
FATHER'S OCCUPATION _____ FULL TIME _____ PART TIME
2. OTHER GUARDIAN: _____ RELATIONSHIP _____
3. OTHERS RESIDING IN HOME _____ RELATIONSHIP _____
4. DAYCARE/PRESCHOOL/SCHOOL: HOW MANY HOURS EACH DAY? _____ # DAYS OF THE WEEK? _____
5. INTERACTION WITH RELATIVES: WHO? _____ HOW OFTEN? _____

DO YOU HAVE ANY OTHER HEALTH CONCERNS YOU WOULD LIKE TO DISCUSS? PLEASE EXPLAIN.

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Fees and Payments

The following information will explain the fees at our office:

ALL FEES ARE DUE AT THE TIME THE SERVICE IS RENDERED.

First Visit (45 min): \$125.00

Follow up Visits (1/2 hr): \$63.00

Follow up Visits (1 hr): \$110.00

CANCELLATION NOTICE: Please allow 2 days notice to inform our office of appointment cancellations. Appointments cancelled under 48 hrs or missed will be charged \$25.00 for each visit or testing appointment.

EXTENDED MEDICAL BENEFITS:

Extended Health Plans often cover some or all of the fees for Naturopathic *visits*. Contact your extended health carrier to determine how much is covered per visit and per year. **We recommend inquiring about all the “fine print” regarding reimbursement.** Patients are responsible for submitting their receipts to their companies for reimbursement.

If supplements have a DIN number (Drug Identification Number), write the number on the receipt and sometimes the extended health insurer will reimburse for those products.

PREMIUM ASSISTANCE:

MSP will reimburse \$23.00 for patients that qualify for Premium Assistance to a maximum of 10 combined specialist (naturopathy, chiropractor, physiotherapy, etc.) appointments. Additional fees for supplements are the responsibility of the patient.

- MSP refers to MEDICAL SERVICES PLAN, this is your BC health care.
- MSP Premium Assistance = subsidy for the BC health care plan for low income.
- Dr. Macdonald's office will submit a form to MSP on your behalf. *Please advise the receptionist if you qualify for 'Premium Assistance' at each visit*
- MSP will mail reimbursements directly to you the patient in 6-8 weeks.

This office accepts Cash, Cheques, Interac, Visa & Mastercard.

I have read the above and fully understand the contents.

Signed _____ Date _____