



KEYSTONE HEALTH

5 - 34 Harvard Rd Guelph, Ontario N1G 4V8 226-326-3232 mykeystonehealth.ca

CONSENT FORM | NATUROPATHY

Kaitlyn Richardson, ND

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Naturopathic Medicine uses several modalities to assist the body's own ability to heal and to improve quality of life via natural and non-invasive means.

In your first visit, a thorough case history will be conducted in order to come up with an individualized treatment plan.

Statement of Acknowledgment

As a patient of the clinic, I understand that the form of medical care I will receive is based on naturopathic principles and practices. I recognize that even the gentlest of therapies potentially have complications in certain physiological conditions, in very young children and/or those on multiple medications, hence the information provided is complete and inclusive of all health concerns. This includes pregnancy, all medications, over-the-counter drugs and supplements.

The slight risks of some Naturopathic treatments include (but are not limited to): aggravation of pre-existing symptoms, allergic reaction to supplements or herbs, pain, fainting, bruising or injury from acupuncture and muscle strains and sprains.

I confirm that I have the ability to accept or reject this care of my own free will and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating.

I accept full responsibility for the fees incurred during care and treatment.

Printed Name

Signature

Date

Witness

Schedule and Fees

Service	Fee
Initial assessment (75 minutes)	\$175
Follow-up (30 minutes)	\$85
Short follow-up (15 minutes)	\$50
Extended follow-up (45 minutes)	\$100
B12 injection	\$20

Keystone Health has a 24-hour cancellation policy. Those on our waiting list appreciate your consideration.

Direct Billing

Please complete this section if you wish your practitioner to pursue insurance direct billing on your behalf.

Patient Information

Insurance company

Birth order

Do you have an MD referral? Yes No

Plan Owner Information

Name (first, middle, last)

Date of birth (YYYY/MM/DD)

Policy #

Member ID #

Card #

I authorize Keystone Health to conduct direct billing on my behalf.

(Signature)

Please note you are responsible for payment in the event that direct billing is unavailable. Please inform us when booking that you are a direct billing client.



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Lifestyle Assessment

The following assessment is a tool used to provide insight into your personal health history. It is not designed to give a medical diagnosis – it is used to help identify strengths, risk factors and areas of interest concerning your health.

When filling out the information below, please use the past three months as your reference.

Date

Name

Address, city, province, postal code

Home phone #

Work #

Cell #

Email

Date of birth (YYYY/MM/DD)

Medical Doctor/Address

When was your last blood work done (approx.)?

Your Diet

Typical breakfast?

Typical lunch?

Typical dinner?

How much coffee and water to you drink daily?

Do you smoke? Yes No

If yes, how many cigarettes/day?

How many alcoholic drinks/week?

Do you use artificial sweeteners? Yes No

Exercise

Do you exercise? Yes No

If yes, how many times/week?

What type(s)?

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Family Medical History

Indicate if any of your immediate family members (parents, grandparents, siblings) have ever encountered the listed health concerns below.

Health Condition	Family Member(s)
Alcoholism	
Allergies	
Alzheimer's	
Arthritis	
Asthma	
Cancer	
Diabetes	
High blood pressure	
Infertility	
Mental illness	
Migraines	
Obesity	
Osteoporosis	
Stroke or heart attack	

Health History

List any injuries, major hospitalizations and/or illnesses you have had throughout your life.

Event	When	Treatment

What are your current health concerns (in order of importance)?

What is your goal for your treatment?

Medications and Supplements

List all prescription medications, supplements, over-the-counter medication and/or recreational drugs you currently use.

Medication/Supplement/Substance	Dosage/Amount	Reason for Taking	Duration of Use

Any known allergies or drug sensitivities?

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