

**Intake Form  
Children (0-15)**



Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Dr. Jones? \_\_\_\_\_

Describe your child's general state of health:    Excellent    Good    Fair    Poor

Please list your child's chief health concerns and goals for treatment:

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Family physician: \_\_\_\_\_ City: \_\_\_\_\_

Date of last visit to physician: \_\_\_\_\_

Other practitioners treating your child: \_\_\_\_\_

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List current medications (prescription and over the counter) and any natural health products:

Medication/Product	Why your child takes it	Dose	Taken since

List any drug allergies or adverse reactions: \_\_\_\_\_

Please circle the immunizations your child has received to date:

- |                              |                              |                        |
|------------------------------|------------------------------|------------------------|
| Haemophilus Influenza type B | Diphtheria/Pertussis/Tetanus | Measles/Mumps/Rubella  |
| Pneumococcal conjugate       | Meningococcal conjugate      | Rotavirus              |
| Polio                        | Flu shot                     | Chickenpox (Varicella) |
| Hepatitis B                  | Hepatitis A                  | HPV                    |

Did your child experience any adverse reactions?      YES      NO

Which of the following infectious diseases has your child experienced to date?

- |         |         |                        |               |               |
|---------|---------|------------------------|---------------|---------------|
| Measles | Mumps   | Chickenpox (Varicella) | Impetigo      | Strep throat  |
| Rubella | Roseola | Whooping cough         | Mononucleosis | Scarlet Fever |

How many times has your child been treated with antibiotics? \_\_\_\_\_

Please list any medical conditions, serious illnesses, injuries or hospitalizations with approximate dates:

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List any food/environmental allergies: \_\_\_\_\_

## Family History

Mother	
Father	
Grandparents	
Siblings	

## Prenatal Health

Describe health of both parents at conception:

Mother:      Excellent      Good      Fair      Poor

Father:      Excellent      Good      Fair      Poor

Mother's age when child was born: \_\_\_\_\_

List any health conditions, complications or traumas experienced by mother during pregnancy:

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Circle all that apply to your child:

Pregnancy length:    Full term/Premature/Late                      Location of birth:    Hospital/Home

Type of delivery:    Vaginal/C-section                      Length of labour: \_\_\_\_\_

Did your child experience any health problems shortly after birth? \_\_\_\_\_

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## Nutritional History

Was your child breast fed?      YES    NO    For how long? \_\_\_\_\_

If formula fed, what kind of formula? \_\_\_\_\_

When did your child begin solid foods? \_\_\_\_\_

List any reactions to foods introduced: \_\_\_\_\_

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Describe your child's typical diet:

Meal	Time of day	What and how much
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Dessert or night eating		

Favorite foods: \_\_\_\_\_

Dislikes: \_\_\_\_\_

### Childhood Development

At what age did your child first (1) Sit up \_\_\_\_\_ (2) Crawl \_\_\_\_\_ (3) Walk \_\_\_\_\_ (4) Talk \_\_\_\_\_

Have height and weight been normal for age?            YES            NO

### Lifestyle

How many hours of sleep does your child get each night? \_\_\_\_\_

Describe any sleep issues: \_\_\_\_\_

Describe any behavioural issues: \_\_\_\_\_

Any stress at home or recent traumas: \_\_\_\_\_

How many hours of TV/video games/computer/tablet use does your child get each day? \_\_\_\_\_

## **What To Expect:**

Naturopathic medicine is a distinct system of primary healthcare integrating standard medical diagnostics with complementary and alternative therapies. A naturopathic doctor (ND) considers how diet, lifestyle, the environment, personal relationships and mental/emotional factors influence your child's health and well-being.

During your child's initial consultation the ND will conduct a thorough assessment of their health concerns and answer your questions. Your ND will communicate her findings, suggest lab testing when relevant and recommend a course of treatment. She will explain the anticipated benefits, possible risks, side effects and associated costs of her recommended course of action.

Naturopathic therapies are generally safe and well tolerated. As with any medical intervention results are not guaranteed and there may be health risks associated with certain treatments including but not limited to aggravation of pre-existing symptoms and allergic reactions.

In order to ensure safety it's essential that you inform your ND of all health conditions and symptoms your child is experiencing as well as all prescription and over the counter drugs and natural products that they are taking. Please notify your ND if your child's condition or medication use changes during the course of therapy.

## **Privacy Policy:**

All personal and medical information is kept strictly confidential and will not be released to anyone without your written consent. You may request a copy of your child's records at any time for an administrative fee of \$0.25 per page.

## **Booking Policies:**

1) I operate on a fee for service basis and receive no compensation if you don't show up for scheduled appointments. Same day cancellations, last minute requests to reschedule and no shows add up to a substantial amount of lost income each year. Please provide me with at least 24 hours notice if you need to cancel or reschedule. If you cancel or ask to reschedule with less than 24 hours notice you will be billed for the full cost of the missed visit.

2) Any discussion about your child's treatment must take place during a scheduled visit or by consultation over the phone. Please reserve emailing me for scheduling purposes only. If a new concern arises please schedule an appointment or phone consultation.

3) Please allow up to 60 minutes for your child's initial consultation.

4) Follow up visits vary in length depending on the time needed to address your questions and your child's health concerns. To ensure the best possible care, children with complex and/or multiple health concerns are asked to schedule longer visits. Should your child's visit require less time than what was scheduled the fee will be adjusted to reflect the actual visit length.

5) Child Fee Schedule:

Initial visit	60 min	\$125
Children's follow-up visits vary in length depending on individual needs:		
	60 min	\$105
	45 min	\$90
	30 min	\$65
	15 min	\$48
Phone call/email with parents discussing child's care	15 min	\$25

6) Naturopathic medicine is not covered by OHIP. Payment is due in full at the conclusion of each visit and official receipts are provided. The clinic accepts payment by Debit, Visa and MasterCard.

**Acknowledgement of Informed Consent:**

By signing below I acknowledge that I have read and understand what to expect including the important policies and fees outlined above. I provide informed consent for my child to receive naturopathic care, including assessment, treatment and follow up with Dr. Aranka Jones ND. I understand that I will have the opportunity to discuss the anticipated benefits and associated risks of the recommended assessment and treatment. I understand that I may withdraw my consent at any time.

Patient name (printed): \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_