

MISSION NATUROPATHIC CLINIC
202 – 2900 PANDOSY ST., KELOWNA, BC V1Y 1V9 (250) 862-8791

Welcome to the office of Mission Naturopathic Clinic! We are honoured that you have chosen us in your search for optimal health. Please fill out and sign the attached forms to the best of your ability, and bring them to the initial appointment. It will aid in your assessment of your present health, and facilitate in your process of healing.

If you wish to cancel or reschedule you appointment; please do so **48 hours** or more before your appointment. We do reserve the right to **charge full cost** of the visit for missed appointments, or if insufficient time is given for cancellations. We will confirm your appointment 2 days prior to your visit by phone or leave a voice mail when necessary. If you are undergoing any treatments, please do not come on an empty stomach, as this may raise some of the risks associated with therapies. If you have any questions, please call our office at (250) 862-8791 or speak to the reception staff. We look forward to growing with you!

Note: many of our patient are sensitive to environmental substances; therefore, we ask that all patients refrain from wearing scented hairsprays, colognes, perfumes aftershaves, etc., on the day of your appointment.

Payment Requirements: Appointments must be paid for at the time of service. We accept VISA, MC, Debit, and cash.

Records: We keep a record of your health care services. We will not disclose your records to others unless you direct us to do so, or unless the law authorizes us to. You can obtain copies of the files for a small fee upon signing an authorization form. Please allow up to 10 working days to process the request.

Insurance: Mission Naturopathic Clinic does not directly bill insurance companies. You may submit your paid invoice to your insurance company for reimbursement. We are also not a Government Funded healthcare provider, and no reimbursement will by honoured by this organization.

I understand that I will have asked a Dr. Berg, Dr. Chambers, and/or Dr. Wolter of Mission Naturopathic Clinic for help and that she will help to the best of her ability.

I have read and understand the above statements.

Print Name

Signature (signed by guardian if under-age)

Date

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PEDIATRIC INTAKE FORM

Patient Info:

First Name: _____ Last Name: _____

Age: _____

Personal Health Care Number: _____

Sex: M or F

Address: _____

Phone: (____) _____

DOB: (____ / ____ / ____)

Referral: _____

Guardian(s): _____

Person who is filling out this form: _____

Relation: _____

Contacts Name: _____

Phone: (____) _____

Relation: _____

Other health care practitioners

Name: _____ Name: _____

Phone: _____ Phone: _____

Child's Health Concerns in order of importance:

1. _____

2. _____

3. _____

4. _____

5. _____

Present Medical Information:

Height: _____ Weight: _____

Past Medical History

Conception:

Mother health: Poor Fair Good Excellent

Father health: Poor Fair Good Excellent

Number of Previous Pregnancies: _____ Number of miscarriages: _____

Abortions: _____

Any medical interventions (medication, artificial insemination, etc.) _____

Pregnancy

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Pregnancy length: _____ Weight gain: _____

Mother's age: _____

Illness or infections during: _____ medication associated: _____

Toxic exposures: _____ Travel: _____

Stress: _____ Work: _____ when stopped: _____

Diet: Poor Fair Good Excellent Cravings: _____

Conditions associated: gestational diabetes bleeding High blood pressure Nausea

Thyroid problems Vomiting Physical/emotional trauma

Other: _____

Pre-natal care by: _____ Supplementation: _____

Medications (Rx and OTC): _____

Labour

Labour length: _____ Complications: _____

Birth: Vaginal C-section Induced Forceps Anesthesia used

Medications administered: _____

Infancy

Birth weight: _____ height: _____ length: _____ head circumference: _____

APGAR score: _____

Natal disease: _____ Hospitalization associated: _____

Breast fed: Y or N how long? _____ Problems associated: _____

Formula: Y or N how long? _____ Any reactions: _____

Any adverse reactions with food introduction: _____

Milestones (ages)

Sitting up: _____ Crawling: _____

Talking: _____ Walking: _____

Teething: _____ Sentences: _____