Offices of:
Dr. Yasmin Snippe ND
Dr. Ashley Nelson ND

Apple A Day Natural Health Clinic
205 Bayfield St., Suite 100
Barrie, ON L4M 3B4
705-735-2280

Consent to Naturopathic Treatment

Please fill out this form before your first Naturopathic Appointment.

Name _____ Age _____

DOB (dd/mm/yy): _____/_____/_____Occupation:_____

Phone: _____Can we leave a message? _____

Email Address: _____

Mailing Address: _____Apt/Suite: _____

City: _____ Postal Code: _____

How did you hear about us? _____

Emergency Contact: _____Phone: _____

Family Doctor: _____ Phone:_____

Informed Consent

Confidentiality

- All information provided is strictly confidential and will be kept secure. Apple a Day will NOT disclose any health information to a third party without prior consent, unless mandated by law. No medical information can be provided over the phone or email.

Cancellation Policy

- All cancellations must be requested during clinic hours and with 24hrs advance notice. A late cancellation/no show fee will be charged without 24hrs notice.

Naturopathic Services

- Naturopathic Doctors (NDs) are NOT Medical Doctors (MDs). NDs provide comprehensive complementary medical care. Treatments may include: Clinical nutrition, acupuncture, traditional Chinese medicine, homeopathy, botanical medicine, physical medicine, lifestyle counselling and hydrotherapy.

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- Your ND is not available 24hrs and should you require immediate attention, please contact your MD, 911, or have someone escort you to the emergency room.
- As with all medical treatments, there is a possibility of risks and side effects when using naturopathic services. Each procedure and treatment has its own possible side effects, please do not hesitate to ask questions. These risks include but are not limited to:
  - Aggravation of pre-existing symptoms
  - Allergic reactions (please advise ND of any known allergies)
  - Pain, bruising, injury from manual therapy or acupuncture
  - Fainting during treatment

Fee schedule

- Naturopathic services are NOT covered by OHIP and require payment at the time of service, regardless of insurance coverage.
- Our Naturopathic doctors do bill for time, should your appointment run overtime, your ND will give you the option of continuing the service at extra cost, or to reschedule for another day.
- Cost of supplements is not included in service fees.

Service Fees

- $150 - Initial Assessment (90mins)
- $115 - Follow up and accountability appointments (45-60min)
- $85 - Short assessment or accountability appointments (30mins)
- $115 - Pap Smear (45mins)
- $85 - Acupuncture Appointment (45mins)
- $115 - Acupuncture + meditation (60mins)

Consent

- I consent to receiving communication via email. Initial_____
- I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent and discontinue treatment at any time.
- I acknowledge I have read and understood the above information and I hereby consent to treatment by: (please check beside the doctor's name you intend to work with)

Dr. Yasmin Snippe ND_____ Dr. Ashley Nelson ND _____

Print name _____

Signature _____ Date _____
(Parental Guardian if patient is under age 18)

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Adult Health History

What brings you in today? (list health concerns in order of importance)

1)_____

2)_____

3)_____

What are your **goals** in seeking naturopathic medicine?

1)_____

2)_____

3)_____

Please list any **current or past health** problems: (include surgeries or hospitalizations)

1)_____

2)_____

3)_____

Please list any **allergies and the reaction** you get:

_____

Please list any **medications and/or supplements** you are currently taking:

_____

_____

Females: Are you currently pregnant? (circle) Yes / No Date of Last Pap?_____

Date of **last antibiotic** use _____ Date of **last physical exam** _____

Do you use any of the following? (circle)

Cigarettes Alcohol Recreational drugs Tylenol Advil Antacids Laxatives Diet pills

Family History - Please circle if a close relative has had any of the following:

Asthma Arthritis Heart disease Stroke Diabetes Cancer Mental illness Alcoholism

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Height ____ ft _____ inches **Weight** _____ lbs Max weight?_____ when?_____

Please list an **average day diet**:

Breakfast _____
Lunch _____
Dinner _____
Snacks _____

Water _____ glasses per day
Alcohol _____ drinks per week
Sleep _____ hrs per day
Coffee _____ cups per day

Please check (✓) if any of the following apply to you:

- ❑ Acne
- ❑ Anemia
- ❑ Anxiety/ Depression
- ❑ Arthritis
- ❑ Asthma
- ❑ Bladder problems
- ❑ Bloating/gas
- ❑ Breast lumps
- ❑ Brittle nails
- ❑ Chest pain
- ❑ Chronic cough
- ❑ Chronic Fatigue
- ❑ Cold hands/feet
- ❑ Constipation
- ❑ Diarrhea
- ❑ Dizziness/vertigo
- ❑ Dry skin
- ❑ Ear infections
- ❑ Ear ringing
- ❑ Easy bruising
- ❑ Eczema
- ❑ Eye problems
- ❑ Fainting/ lightheaded
- ❑ Fibrocystic breasts
- ❑ Frequent colds
- ❑ Headaches
- ❑ Heartburn
- ❑ Heart problems
- ❑ Heavy periods
- ❑ Hemorrhoids
- ❑ High blood pressure
- ❑ Infectious disease
- ❑ Insomnia
- ❑ Irregular periods
- ❑ Joint/muscle pain
- ❑ Kidney problems
- ❑ Loss of taste
- ❑ Low back pain
- ❑ Memory loss
- ❑ Migraines
- ❑ Car Accident
- ❑ Nail fungus
- ❑ Nausea/vomiting
- ❑ Numbness/ tingling
- ❑ Osteoporosis
- ❑ Pacemaker
- ❑ Pain on urination
- ❑ Pain on intercourse
- ❑ Painful menses
- ❑ Palpitations
- ❑ PMS
- ❑ Prostate Problems
- ❑ Psoriasis
- ❑ Seizures
- ❑ Shingles
- ❑ Shortness of breath
- ❑ Sinus problems
- ❑ Skin problems
- ❑ Stomach pain
- ❑ Stroke
- ❑ Swollen glands
- ❑ Testicular problems
- ❑ Thyroid problems
- ❑ TMJ
- ❑ Urination at night
- ❑ Vaginal discharge
- ❑ Venereal disease
- ❑ Weak nails

Welcome to Apple A Day! *You've just made a proactive choice for your healthcare needs.*

What you need to know before you come to the clinic:

Please refrain from wearing perfumes or colognes as many of our patients have chronic allergies that can be triggered by strong scents.

Please ensure ALL current medications are listed above.