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

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

Consent to Naturopathic Treatment

Please fill out this form before your child's first Naturopathic Appointment.

Child's Name _____DOB (dd/mm/yy): _____/_____/_____

Parent's Name(s):_____

Phone: _____Can we leave a message? _____

Parent's Email Address: _____

Mailing Address: _____Apt/Suite: _____

City: _____ Postal Code: _____

How did you hear about us? _____

Emergency Contact: _____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, Bowen Therapy 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.
- Your Naturopathic Doctor does 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.

Fees

- Initial Visit (90min) - $150
- General Follow-up Visit (45-60min) - $115
- Quick Follow-up Visit (30min) - $85

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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Children's Health History

Child's Name:_____ Age: _____

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

1)_____

2)_____

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

1)_____

2)_____

3)_____

Please list any of your child's **current or past health** problems: (include surgeries or hospitalizations)

1)_____

2)_____

3)_____

Please list any **allergies and the reaction** your child gets:

_____

Please list any **medications and/or supplements** your child is currently taking:

_____

_____

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

Height _____ **Weight** _____ Do you **vaccinate** your child? Y/N

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

Asthma Arthritis Heart disease Stroke Diabetes Cancer Mental illness Alcoholism

Please list your child's **average day diet**:

Breakfast _____ Water _____ glasses per day
Lunch _____ Juice _____ cups per day
Dinner _____ Pop _____ per day
Snacks _____ Sleep _____ hrs per day

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Was your child breast fed? Y/N How long?_____

Was your child formula fed? Y/N How long? _____ Which formula?_____

What age did your child start eating food? _____

Which foods were introduced first? _____

Any concerns with your child's diet or eating habits?_____

How many colds or flus does your child get per year? _____

Please check (✓) if your child has had any of the following:

- ❑ Chicken pox
- ❑ Measles
- ❑ Fifth Disease
- ❑ Croup
- ❑ Whooping Cough
- ❑ Ear Infections
- ❑ Tubes in ears
- ❑ Cavities
- ❑ Dental problems
- ❑ Learning disabilities
- ❑ Chronic Tobacco exposure
- ❑ Heavy metal exposure
- ❑ Mold exposure
- ❑ Chemical exposure
- ❑ Pet exposure
- ❑ Problems sleeping
- ❑ Digestive upset

Prenatal History

Age of mother/father at onset of pregnancy? Mom _____ Dad_____

Please check (✓) if any of the following occurred *during pregnancy* with this child:

- ❑ Fertility interventions
- ❑ Excessive weight gain
- ❑ Nausea/Vomiting
- ❑ Food Cravings
- ❑ Infections
- ❑ Bladder problems
- ❑ Digestive problems
- ❑ Blood Sugar Problems
- ❑ Heart complications
- ❑ Travelling
- ❑ Exposure to alcohol
- ❑ Exposure to recreational drugs
- ❑ Exposure to smoking
- ❑ Severe Stress/Trauma of mother

Please check (✓) if any of the following occurred *during Labor and Delivery* with this child:

- ❑ Home Birth
- ❑ Early Delivery
- ❑ Late Delivery
- ❑ Vaginal Birth
- ❑ Planned C-Section
- ❑ Emergency C-Section
- ❑ Suction
- ❑ Forceps
- ❑ Induction
- ❑ Pitocyin (Pit Drip)
- ❑ Epidural
- ❑ Pain medications
- ❑ Unplanned Antibiotic use
- ❑ Other medications
- ❑ Low Birth Weight
- ❑ High Birth Weight
- ❑ Blood sugar complications