

# New Patient Intake Form

Dr. Sarah Vosburgh, B.Sc., ND - Naturopathic Doctor

Name (last, first)	Email		
Address	Home phone **put a star next to best number for confirmation call**		
City	Work phone	Cell phone	
Occupation and Employer		Referred by	
Emergency contact (name & phone)	Married	Date of birth	

Have you ever seen an Naturopathic doctor before? YES NO Dr's Name \_\_\_\_\_

Are you currently under the care of a physician? If so, who, and for what condition(s)?

---

---

Surgical History (what and when)

---

---

---

Imaging: MRI / Xrays / Ultrasound (what part of body and when)

---

---

If you are experiencing pain, describe quality of pain(sharp, stabbing, aching...)Rate pain on scale #1-10

---

---

How long have you been experiencing your pain or condition?

---

---

Do you have limited range of motion?

---

---

Your condition is improved by...

Your condition is aggravated by...

---

---

# Metabolic Assessment Form

## PART I

Please list the 5 major health concerns in your order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**PART II** Please circle the appropriate number “0 - 3” on all questions below.  
0 as the least/never to 3 as the most/always.

### Category I (Colon)

- Feeling that bowels do not empty completely **0 1 2 3**
- Lower abdominal pain relief by passing stool or gas **0 1 2 3**
- Alternating constipation and diarrhea **0 1 2 3**
- Diarrhea **0 1 2 3**
- Constipation **0 1 2 3**
- Hard dry or small stool **0 1 2 3**
- Coated tongue of “fuzzy” debris on tongue **0 1 2 3**
- Pass large amount of foul smelling gas **0 1 2 3**
- More than 3 bowel movements daily **0 1 2 3**
- Use laxatives frequently **0 1 2 3**
- Less than 1 bowel movement daily **0 1 2 3**

### Category II (Gastric Enzymes)

- Excessive belching, burping, or bloating **0 1 2 3**
- Gas immediately following a meal **0 1 2 3**
- Offensive breath **0 1 2 3**
- Difficult bowel movements **0 1 2 3**
- Sense of fullness during and after meals **0 1 2 3**
- Difficulty digesting fruits and vegetables;  
undigested foods found in stools **0 1 2 3**

### Category III (Gastric Irritation)

- Stomach pain, burning or aching 1- 4 hours after eating **0 1 2 3**
- Do you frequently use antacids **0 1 2 3**
- Feeling hungry an hour or two after eating **0 1 2 3**
- Heartburn when lying down or bending forward **0 1 2 3**
- Temporary relief from antacids, food,  
milk, carbonated beverages **0 1 2 3**
- Digestive problems subside with rest and relaxation **0 1 2 3**
- Heartburn due to spicy foods, chocolate, citrus,  
peppers, alcohol, and caffeine **0 1 2 3**

### Category IV (Pancreatic Enzymes)

- Roughage and fiber cause constipation **0 1 2 3**
- Indigestion and fullness lasts 2-4  
hours after eating **0 1 2 3**
- Pain, tenderness, soreness on left side  
under rib cage **0 1 2 3**
- Excessive passage of gas **0 1 2 3**
- Nausea and/or vomiting **0 1 2 3**
- Stool undigested, foul smelling,  
mucous-like, greasy, or poorly formed **0 1 2 3**
- Frequent urination **0 1 2 3**
- Increased thirst and appetite **0 1 2 3**
- Difficulty losing weight **0 1 2 3**

### Category V (Bile Enzymes)

- Greasy or high fat foods cause distress **0 1 2 3**
- Lower bowel gas and or bloating  
several hours after eating **0 1 2 3**
- Bitter metallic taste in mouth,  
especially in the morning **0 1 2 3**
- Unexplained itchy skin **0 1 2 3**
- Yellowish cast to eyes **0 1 2 3**
- Stool color alternates from clay colored  
to normal brown **0 1 2 3**
- Reddened skin, especially palms **0 1 2 3**
- Dry or flaky skin and/or hair **0 1 2 3**
- History of gallbladder attacks or stones **0 1 2 3**
- Have you had your gallbladder removed **Yes No**

### Category VI (Blood Glucose Fluctuation)

- Crave sweets during the day **0 1 2 3**
- Irritable if meals are missed **0 1 2 3**
- Depend on coffee to keep yourself going or started **0 1 2 3**
- Get lightheaded if meals are missed **0 1 2 3**
- Eating relieves fatigue **0 1 2 3**
- Feel shaky, jittery, tremors **0 1 2 3**
- Agitated, easily upset, nervous **0 1 2 3**
- Poor memory, forgetful **0 1 2 3**
- Blurred vision **0 1 2 3**

### Category VII (Insulin Resistance)

- Fatigue after meals **0 1 2 3**
- Crave sweets during the day **0 1 2 3**
- Eating sweets does not relieve cravings for sugar **0 1 2 3**
- Must have sweets after meals **0 1 2 3**
- Waist girth is equal or larger than hip girth **0 1 2 3**
- Frequent urination **0 1 2 3**
- Increased thirst & appetite **0 1 2 3**
- Difficulty losing weight **0 1 2 3**

### Category VIII (Adrenal Fatigue)

- Cannot stay asleep **0 1 2 3**
- Crave salt **0 1 2 3**
- Slow starter in the morning **0 1 2 3**
- Afternoon fatigue **0 1 2 3**
- Dizziness when standing up quickly **0 1 2 3**
- Afternoon headaches **0 1 2 3**
- Headaches with exertion or stress **0 1 2 3**
- Weak nails **0 1 2 3**

**Category IX (Cortisol Elevation)**

Cannot fall asleep	0 1 2 3
Perspire easily	0 1 2 3
Under high amounts of stress	0 1 2 3
Weight gain when under stress	0 1 2 3
Wake up tired even after 6 or more hours of sleep	0 1 2 3
Excessive perspiration or perspiration with little or no activity	0 1 2 3

**Category X (Thyroid – Decreased Metabolic Activity)**

Tired, sluggish	0 1 2 3
Feel cold – hands, feet, all over	0 1 2 3
Require excessive amounts of sleep to function properly	0 1 2 3
Increase in weight gain even with low-calorie diet	0 1 2 3
Gain weight easily	0 1 2 3
Difficult, infrequent bowel movements	0 1 2 3
Depression, lack of motivation	0 1 2 3
Morning headaches that wear off as the day progresses	0 1 2 3
Outer third of eyebrow thins	0 1 2 3
Thinning of hair on scalp, face or genitals or excessive falling hair	0 1 2 3
Dryness of skin and/or scalp	0 1 2 3
Mental sluggishness	0 1 2 3

**Category XI (Thyroid – Increased Metabolic Activity)**

Heart palpitations	0 1 2 3
Inward trembling	0 1 2 3
Increased pulse even at rest	0 1 2 3
Nervous and emotional	0 1 2 3
Insomnia	0 1 2 3
Night sweats	0 1 2 3
Difficulty gaining weight	0 1 2 3

**Category XII (Pituitary - Decreased Metabolic Activity)**

Diminished sex drive	0 1 2 3
Menstrual disorders or lack of menstruation	0 1 2 3
Increased ability to eat sugars without symptoms	0 1 2 3

**Category XIII (Pituitary - Increased Metabolic Activity)**

Increased sex drive	0 1 2 3
Tolerance to sugars reduced	0 1 2 3
“Splitting” type headaches	0 1 2 3

**Category XIV (Males Only) -Prostate**

Urination difficulty or dribbling	0 1 2 3
Urination frequent	0 1 2 3
Pain inside of legs or heels	0 1 2 3
Feeling of incomplete bowel evacuation	0 1 2 3
Leg nervousness at night	0 1 2 3

**Category XV (Males Only) - Male Hormones**

Decrease in libido	0 1 2 3
Decrease in spontaneous morning erections	0 1 2 3
Decrease in fullness of erections	0 1 2 3
Difficulty in maintain morning erections	0 1 2 3
Spells of mental fatigue	0 1 2 3
Inability to concentrate	0 1 2 3
Episodes of depression	0 1 2 3
Muscle soreness	0 1 2 3
Decrease in physical stamina	0 1 2 3
Unexplained weight gain	0 1 2 3
Increase in fat distribution around chest and hips	0 1 2 3
Sweating attacks	0 1 2 3
More emotional then in the past	0 1 2 3

**Category XVI (Menstruating Females Only) - Female Hormones**

Are you perimenopausal	Yes	No
Alternating menstrual cycle lengths	Yes	No
Extended menstrual cycle, greater than 32 days	Yes	No
Shortened menses, less than every 24 days	Yes	No
Pain and cramping during periods	0 1 2 3	
Scanty blood flow	0 1 2 3	
Heavy blood flow	0 1 2 3	
Breast pain and swelling during menses	0 1 2 3	
Pelvic pain during menses	0 1 2 3	
Irritable and depressed during menses	0 1 2 3	
Acne break outs	0 1 2 3	
Facial hair growth	0 1 2 3	
Hair loss/thinning	0 1 2 3	

**Category XVII (Menopausal Hormones)**

How many years have you been menopausal?	_____
Do you ever have uterine bleeding since menopause?	Yes No
Hot flashes	0 1 2 3
Mental fogginess	0 1 2 3
Disinterest in sex	0 1 2 3
Mood swings	0 1 2 3
Depression	0 1 2 3
Painful intercourse	0 1 2 3
Shrinking breasts	0 1 2 3
Facial hair growth	0 1 2 3
Acne	0 1 2 3
Increased vaginal pain, dryness or itching	0 1 2 3

**PART III**

How many alcohol beverages do you consume per week? \_\_\_\_\_ How many caffeinated beverages do you consume per day? \_\_\_\_\_

How many times do you eat out per week? \_\_\_\_\_ How many times a week do you eat raw nuts or seeds? \_\_\_\_\_

How many times a week do you eat fish? \_\_\_\_\_ How many times a week do you workout? \_\_\_\_\_

List the three worst foods you eat during the average week? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

List the three healthiest foods you eat during the average week? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If yes, how many times a day \_\_\_\_\_, a week \_\_\_\_\_.

Rate your stress levels on a scale of 1-10 during the average week. \_\_\_\_\_

**Please list any medications you currently take and for what conditions:**

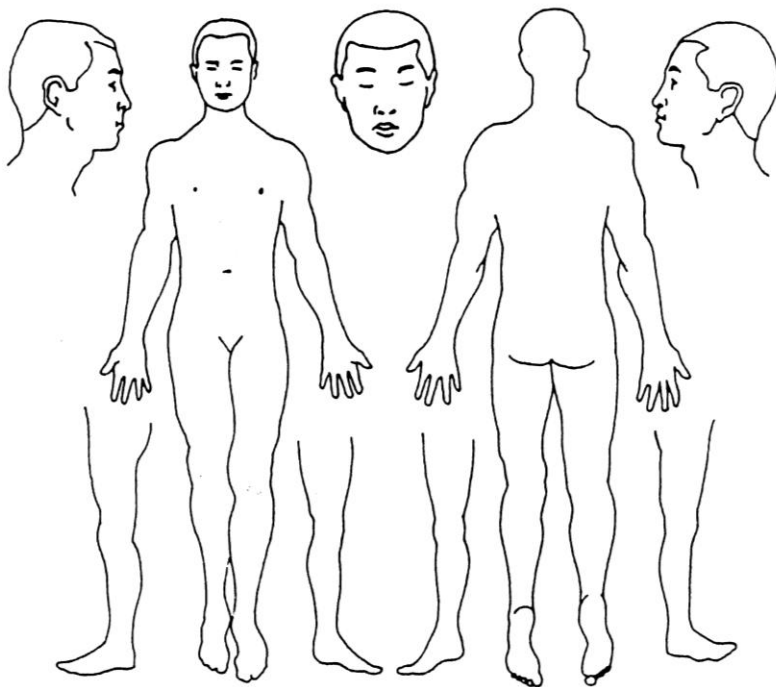
**Please list any natural supplements you currently take and for what conditions:**

**AREAS OF PAIN**

Are you experiencing pain/discomfort in any area of your body? Y N

If yes, using the models to the right, please indicate the location of the discomfort by using the symbol that best describes the feeling:

+++	Sharp/stabbing
ooo	Pins & needles
vvv	Dull/aching
///	Numbness



**Thank - you (please read and complete the informed consent next)**

## **Communication Policy**

### **INFORMED CONSENT FOR NATUROPATHIC DOCTOR SERVICES**

#### ***What is Naturopathic Medicine?***

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Please fill out the following forms completely in order for Dr. Vosburgh, N.D. to fully understand the nature of your visit.

#### ***What to expect at your first visit?***

Your naturopathic doctor will take a thorough case history, perform a physical examination and may take blood and urine samples.

It is very important that you inform your naturopathic doctor immediately of any medical conditions that you may be suffering from and any medications/over the counter drugs that you are currently taking. Please advise your naturopathic doctor immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

#### ***Disclosure and Consent***

As with many medical treatments, there may be some risks associated with naturopathic treatments, including but not limited to:

- Allergic reactions to certain supplements and herbs. If you have a known allergy, please advise your doctor immediately
- Pain, bruising or injury from venipuncture, acupuncture or parental therapy.
- Fainting or puncturing of an organ with acupuncture needles, accidental burning of the skin from the use of heat.
- Naturopathic medicine may occasionally result in the aggravation of pre-existing symptoms. When this occurs the duration is usually short.

#### ***Dispensary & Naturopathic Medicines:***

Dr. Vosburgh, N.D. may recommend that you take certain products as part of your treatment plan. Please note that you are free to choose where you purchase the recommended products.

You will be made aware of all associated costs upon recommendation of specific health products. OHIP does not cover the cost of natural therapies recommended by Naturopathic Doctors.

#### ***Booking Appointments:***

Please plan to arrive for appointments on time. Visits that begin late due to a patient's late arrival will be charged the full visit fee.

**Payment for Services:**

Payment for services is due at the end of each visit and a receipt will be given when payment is received. Please retain this receipt for your insurance or income tax claims, if applicable. Fees may be paid by cash, direct debit, Visa, or MasterCard. Please note that refunds are not available for medical services rendered, including lab tests performed. Extended health benefit plans often offer coverage for naturopathic medicine. Plans and policies differ, so please check with your provider regarding your coverage and claim procedures.

**Cancelled and Missed Appointments**

**Please ensure to give at least 24 hrs cancellation notice.** This will allow for consideration of other patients who would also like to schedule an appointment. For appointments cancelled on the same day or missed appointments will require a payment of 50% of the missed appointment rate. Consideration will be given to unforeseeable circumstances, at the discretion of the office manager.

**Confidentiality**

Everything that you communicate, directly or indirectly, to Dr.Vosburgh, ND is confidential, unless you give written permission to disclose information to a third party. Confidentiality is respected at all times.

It is important to note that there are exceptions to confidentiality that include the legal and/or ethical obligations to:

- 1. report incidents of child abuse (physical, sexual or emotional) and/or neglect
- 2. comply with a court ordered subpoena
- 3. prevent harm to yourself or another person should such plans be disclosed
- 4. report a health professional who has sexually abused a patient

**In Case of Emergency**

Emergency medical services are not offered by Dr.Vosburgh, ND. In case of an emergency, patients should dial 911, or proceed to the Emergency Department of the nearest hospital.

**I understand:**

- ✓ I agree that by signing this form I consent to release my medical information to my Naturopathic Doctor and understand all of the information in the document.
- ✓ I agree that by signing this form I consent to receive Naturopathic treatments.
- ✓ I understand that clinic cannot guarantee treatment results.

Patient Name: (Please print name): _____	
Signature of Patient or Guardian: _____	Date: _____
Signature of Patient or Guardian: _____	
Naturopathic Doctor: _____	

**Communication Policy**

I understand that the office will not disclose or discuss test results over the phone or email. I understand that this office will not provide treatment options or change the treatment protocol over email or over the phone without an appointment. We may contact you over email to change or modify an appointment.

I agree to the communication policy. **Signature of Patient or Guardian:** \_\_\_\_\_

**Additional Support Email Communication**

We periodically send out support, check-ins, and additional helpful material to patients who are interested. These emails are designed to keep you on track and motivated to continue pursuing your health goals while following your treatment plan. You can opt-out at any time.

Yes, I'd love to receive free ongoing support via email to help me achieve my health goals!

I am not interested in ongoing support via email to help me achieve my health goals.

**Signature of Patient or Guardian:** \_\_\_\_\_