










# Better Health Clinic

## Your First Appointment

Congratulations on booking your first appointment!

Here are a few reminders to get you prepared for your visit.

-  Please fill out your intake forms before arriving to the clinic
-  If you are taking any medications or supplements, please bring them to the clinic with you for your appointment
-  Plan on being at the office for approximately 1 hour
-  Parking for the clinic is located at the side of the building. You may enter off of Broadway or from the back lane.
-  If you need to cancel or reschedule your appointment, please do so at least 24 hours in advance. Each patient is allocated 1 hour of time in the schedule; last minute cancellations or missed appointments will be invoiced. **Get Connected!**
-  Check out our website at [betterhealthclinic.ca](http://betterhealthclinic.ca) where you can learn more about our services and sign up to receive our monthly newsletter
-  Follow us on Facebook or on Twitter I look forward to working together on your health goals!

Yours in health,

Doctor Jayne Marquis ND

# Information Collection & Fee

## Information Collection Policy

Privacy protocols at Better Health Clinic comply with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the standards of the Board of Directors Drugless Therapy – Naturopathy (BDDT-N), our regulatory body.

Your information may be accessed by regulatory authorities under the terms of the Drugless Practitioners Act, for the purpose of fulfilling our regulatory body’s mandate or by law. Our office will not disclose your personal confidential information to insurance companies or to third-party companies. For all other types of disclosure, we require a signed consent form by the patient.

Our clinic recognizes the sensitive nature of the information that you have disclosed and all associates of the clinic have been trained in the appropriate use and protection of your information. Proper adherence of our Information Collection Policy ensures:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention and destruction of your personal information complies with the BDDT-N regulations
- Our ability to remind you of upcoming appointments and maintain ongoing contact with you
- Advisement of proper treatment options
- Delivery of newsletters and other informational mailings where appropriate

## Naturopathic Fee Policy

- Fees are due at time of service
- Phone consultations are available only after the initial consultation has been completed
- Supplements recommended to patients as part of therapeutic protocols may be purchased at this clinic when available but patients are not required to purchase supplements from this clinic
- Patients may ask to view their records from Windwood Clinic; if copies are required, they can be provided for a nominal fee
- 24-hour cancellation or change of appointment time is required to avoid being charged in full for the missed appointment
- All fees do not include any applicable taxes and are subject to change at any time

Service	Fee	
Initial adult appointment	\$150	J0 minutes
If lengthened to include homeopathic intake if needed	\$210	F00 minutes
Initial pediatric appointment (children under 12)	\$125	60 minutes
60 minute follow-up (extended)	\$150	60 minutes
30 minute follow-up (regular)	\$75	30 minutes
30 minute pediatric follow-up	\$60	30 minutes
15 minute follow-up	\$35	15 minutes
Phone consultation	\$30 per 15 minutes	Minimum 15 minute charge applies
Homeopathic Intake 2 hours	\$270	Initial appointment required or during
Consult for horses/animals	\$70	
Supplements	Priced accordingly	

Initial

**Better Health Clinic**  
 229 Broadway, Orangeville  
 Ontario L9W 1K4  
 Jayne Marquis ND 1743



# Better Health Clinic

Dear New Patient,

I look forward to meeting you on our first appointment. Please complete the intake forms enclosed in this package prior to our first visit together. It is important that you fill out the forms completely and accurately so that our first meeting can be as productive as possible. All answers are strictly confidential.

Your first visit will be spent going over your health concerns and a relevant physical exam will be included on first or second visit. During this initial consultation, I will collect the information required to make an assessment of your situation. In most cases, some form of initial treatment will be implemented at this time. This may include any combination of homeopathy, dietary recommendations, herbs, Chinese medicine, or supplements. Your complete treatment protocol will be established at your first follow-up visit as this allows me time to make sure your protocol includes an individually chosen homeopathic as well as including the most current research standards for supplements etc. Subsequent visits will be booked as to review your progress and make appropriate changes to your program.

Payment for appointments is required at the end of each visit. While OHIP does not cover Naturopathic services, many private insurance policies offer partial or complete coverage. Official receipts will be issued at the end of each visit so that you may be reimbursed directly by your insurance company.

Some supplements that are prescribed can be purchased from the Better Health dispensary. Every effort has been made to ensure that all products are of the highest quality and reasonable cost. However, you are welcome to purchase your supplements elsewhere.

I am looking forward to meeting you and moving forward together in your health.

Doctor Jayne Marquis N.D.

# Adult Intake Form

Please have this form completed for your initial visit.  
Indicate N/A for items that you feel are non-applicable.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: MM/DD/YYYY Sex: M / F

Address/Postal Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Fax \_\_\_\_\_

May I leave you messages in regards to your appointments? Y / N

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Work \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_ Relation \_\_\_\_\_

Marital Status/Living Arrangement \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Other Health Care Practitioners \_\_\_\_\_ Phone \_\_\_\_\_

Have you seen a Naturopathic Doctor before? Y / N

How did you hear about this clinic? \_\_\_\_\_

### Health Concerns (Please list in order of importance)

1.	3.	5.
2.	4.	6.

### Medical History

Date of last physical exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current medications + dosages (including over-the-counter): \_\_\_\_\_

Past medications: \_\_\_\_\_

How many times have you been treated with antibiotics? \_\_\_\_\_

Current supplements or herbal products + dosages: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

From what you recall, please circle the childhood infections that you have experienced: Measles / German Measles  
Chicken Pox / Mumps / Whooping Cough / Rheumatic Fever / Diphtheria / Scarlet Fever / Polio

Other: \_\_\_\_\_

Please list any major lab testing or medical procedures performed in the last 3 years? \_\_\_\_\_

### Traumas/Surgeries/Accidents/Diseases:

Please list all major accidents, hospitalizations, surgeries, diseases and traumatic events, and your age at the time:  
Please continue on the back of this page if you require additional space.

1. _____	Age: _____
2. _____	Age: _____
3. _____	Age: _____
4. _____	Age: _____
5. _____	Age: _____

Family Medical History: Please check the appropriate box if you or a family member have had any of the following conditions:

	You	Mother	Father	Sister/Brother	Grandparents
Alcoholism					
Anemia					
Arthritis (Osteo or Rheumatoid)					
Asthma/Allergies					
Autoimmune Disease (Lupus, etc)					
Cancer (Give type)					
Chronic Fatigue/Fibromyalgia					
Depression/Mood swings					
Diabetes					
Eczema/Psoriasis					
Heart disease/Angina/ High blood pressure					
Kidney Disease					
Osteoporosis					
Schizophrenia/Delusions/Alzheimer's					
Thyroid abnormalities					
Tuberculosis/Lung Disease					
Other:					

**Lifestyle**

Do you smoke cigarettes? Y / N If yes, how many cigarettes per day? \_\_\_\_\_

Do you use recreational drugs? Y / N If yes, please specify: \_\_\_\_\_

Do you drink alcohol? Y / N If yes, how much alcohol per week: \_\_\_\_\_

Have you ever been treated for an addiction to drugs, alcohol, or prescription medications? Y / N

How many times do you exercise per week? \_\_\_\_\_ What form of exercise? \_\_\_\_\_

How many hours do you sleep per night? \_\_\_\_\_ Do you have difficulty falling asleep? Y / N

How often do you wake through the night? \_\_\_\_\_ Do you awake in the morning feeling rested? Y / N

On a scale of 1-10 (10 is highest) rate your energy levels in the morning \_\_\_\_\_ afternoon \_\_\_\_\_ evening \_\_\_\_\_

Please list the top three sources of stress in your life: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Do you experience depression? Y / N Do you experience mood swings? Y / N

Have you experienced mental, emotional, or sexual abuse? Y / N

Have you received psychiatric/psychological counseling? Y / N

What do you do in your leisure time? \_\_\_\_\_

What do you do to relax? \_\_\_\_\_

**Environment**

List any household pets: \_\_\_\_\_

Seasonal allergies? Y / N If yes, please specify: \_\_\_\_\_

Are you affected by scented products/perfumes? Y / N

Please circle all that apply to your living environment: apartment / basement / house / near/on a farm / near a golf course

Approximately what year was your home or dwelling built? \_\_\_\_\_ How is it heated? \_\_\_\_\_

Are chemicals used on your lawn/garden? Y / N What is your source of drinking water? \_\_\_\_\_

Are you exposed to any chemicals/hazardous materials on a regular basis? \_\_\_\_\_

How would you describe the emotional climate in your home? \_\_\_\_\_

\_\_\_\_\_

List factors in your home/work environment that might adversely affect your health/well-being?

\_\_\_\_\_

\_\_\_\_\_

Nutritional Habits

Briefly describe a typical day's diet:

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_  
Dinner: \_\_\_\_\_ Snacks: \_\_\_\_\_  
Beverages: \_\_\_\_\_ How much water do you drink each day? \_\_\_\_\_  
Please list your favorite foods: \_\_\_\_\_  
Do you have food cravings? Y / N If so, list foods: \_\_\_\_\_  
Do you drink coffee? Y / N If so, how many cups per day? \_\_\_\_\_  
List any known food allergies or intolerances: \_\_\_\_\_  
List dietary restrictions (religious/vegetarian/vegan, etc.)? \_\_\_\_\_  
How many bowel movements do you have a day? \_\_\_\_\_ Do you experience diarrhea / constipation? (circle)

Please use the space below to indicate any additional information:

[Empty box for additional information]

Thank you for taking the time to complete this intake form.

# Informed Consent

Naturopathic medicine is a system of healthcare that takes a natural approach to assessment, diagnosis and treatment with a focus on prevention, restoration and health maintenance. Naturopathic doctors (ND) assess the whole person, taking into consideration the physical, mental, emotional, and spiritual aspects of the individual. Gentle and non-invasive therapies and treatment approaches are used to stimulate the body's inherent healing capacity.

Your naturopathic doctor will take a thorough medical and health history and answer any questions that may arise throughout the treatment process. A physical exam, specific blood and/or urinary laboratory reports may be used as part of the treatment work-up. Your ND will exercise judgment during the course of your treatment that is in your best interest, based on the facts that are known.

A number of different approaches may be used throughout the treatment process. Naturopathic modalities include:

- diet & lifestyle counselling
- clinical nutrition
- botanical medicine
- traditional Chinese medicine & acupuncture
- homeopathy
- hydrotherapy
- physical medicine

It is very important that you inform your ND immediately of any disease process from which you are suffering and any medications/over-the-counter drugs or supplements 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. Caution must be taken in some physiological conditions such as pregnancy and lactation, very young children, people with diabetes, heart, liver or kidney impairment and/or with people taking multiple medications.

Health risks associated with naturopathic medicine include, but are not limited to:

- aggravation of pre-existing symptoms during the healing process
- allergic reactions to supplements or herbs
- pain, bruising or injury from venipuncture, acupuncture, manual therapy, or cupping
- fainting or puncturing of an organ with acupuncture needles
- muscle strains and sprains or disc injuries from spinal manipulation

I understand:

\_\_\_\_\_ A record will be kept of the health services provided to me and that it will be kept confidential and will not be released to others without my consent or unless required by law. I may look at my medical record at any time and request a copy by paying the appropriate fee.

\_\_\_\_\_ Information from my medical record may be analyzed for internal clinical purposes and that my identity will be protected and kept confidential, unless consent has been provided.

\_\_\_\_\_ Treatment results are not guaranteed.

\_\_\_\_\_ My naturopathic doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have to the best of his or her ability.

\_\_\_\_\_ I am free to withdraw my consent and discontinue treatment at any time.

\_\_\_\_\_ Fees and supplements are to be paid for at the time of the appointment.

\_\_\_\_\_ A fee will be charged for missed appointments or cancellations with less than 24 hours notice.

I understand, as a patient, I am responsible for the total charges incurred with each visit. Payment can be made in cash, cheque, debit, VISA and Mastercard. If I have coverage for naturopathic medicine, I am responsible for billing my own insurance company – Better Health Clinic will provide me with the receipt necessary to send my claim for reimbursement.

My naturopathic doctor may prescribe supplements that can be purchased from the clinic dispensary; however, I am under no obligation to purchase them on-site. Most insurance companies do not cover the cost of supplements prescribed and dispensed by naturopathic doctors.

I have read and understand the policies and information stated above. I intend this consent form to cover the entire course of treatment for my present condition.

Patient Name (please print): \_\_\_\_\_

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

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