

Aylmer Ostéo ND Intake Form

GENERAL INFORMATION

Today's date _____

Name _____ Email _____

Date of birth _____ Gender _____ Type of work _____

Address with postal code _____

Phone (home) _____ Cell _____

Emergency contact name _____ Their phone / cell _____

How did you hear about D. Korah? _____

Optimal health is only possible when the practitioner has a complete understanding of the person. Your thoughtfulness and honesty in completing this confidential form will greatly assist my understanding of your healthcare needs.

HEALTH INFORMATION

What is your main concern?

If applicable, what is the diagnosis from your MD? _____

Please list any other concerns in order of importance:

If you are female, are you currently pregnant? Yes No

How do you rate your overall health? Poor 1 2 3 4 5 Excellent

How do you rate your overall energy? Poor 1 2 3 4 5 Excellent

Rate your stress level: Low 1 2 3 4 5 Unbearable

MEDICATIONS / SUPPLEMENTS

Please list all current **medications** (prescription and over-the-counter) and **nutritional supplements**:

Medication	Dose/day	How long?	Supplement	Dose/day	How long?
1.			1.		
2.			2.		
3.			3.		

MEDICAL HISTORY

• Please list (with approximate dates) any medical conditions (high blood pressure, diabetes, cancer etc.), serious injuries, and any hospitalizations:

• Please list any health conditions in your family history: _____

• What are your therapy goals and expectations? _____

Informed Consent for Therapy

• I understand that a record will be kept of the sessions; techniques/suggestions are based on osteopathic or naturopathic principles and results are not guaranteed. D. Korah is not a medical doctor and cannot offer a medical diagnosis or treatment and I should continue to follow up with my MD as usual. The slight risks include but are not limited to: muscle strains; disc injuries; allergic reactions; pain; bruising; and aggravation of pre-existing symptoms.

• I accept full responsibility for any applicable fees. Payment is due at the end of each visit.

• I am not an agent of any agency attempting to gather information without so stating and I voluntarily consent to therapy and understand that I can change my consent at any time.

A fee of \$50 will be charged for missed appointments or appointments cancelled with less than 24 hours notice.

Fees (incl. applicable taxes) Naturopathy: \$125 initial (45 min); follow up visits: \$125 (45 min) or \$80 (20 min).

Osteopathy: **Adults all appts \$125** (45 min); Children (0-12 yrs) initial \$125 (45 min), child follow ups \$80 (20 min).

Signature

Date

Dileep Korah
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