



CONFIDENTIAL PATIENT HEALTH RECORD

A. Personal History

Name: _____

Date: _____

Address: _____

Birthdate: yyyy _____ mm _____ dd _____

City: _____

Height: _____ Weight: _____

Province: _____ Postal Code: _____

Occupation: _____

Home Phone Number: _____

Single: _____ Married: _____ Common-law: _____

Cell Phone Number: _____

of Children: _____ Ages: _____

Email: _____

Referred to this office by: _____

*If you prefer appt reminders by text instead of email,
please let us know your cell phone provider: _____

Personal Health Number (PHN): _____

Please notify me of SCIMEDICA patient education, seminars, events and health programs

B. Current Health Condition

Purpose of this appointment: _____

Major Complaint: _____

Other doctor's seen for this condition: _____

When did this condition begin? _____

Are there others in your family with this same condition? _____

If disabled from work please give dates: _____

Date of Accident/injury: _____ Job related Auto related

Medication you now take: Nerve Pills Pain killers/Muscle relaxants Blood Pressure Insulin Aspirin/Similar
 Other _____

Vitamins / Supplements: _____

Do you suffer from any conditions other than that for which you are now consulting us? _____

C. Past Health History

Major surgery operations: Appendix Tonsils Gall Bladder Back Hernia Heart Neck Leg

Other _____

Major accidents or falls: _____

Hospitalization (other than above): _____

Previous care: Doctor's name and approx. date of last visit: _____

Have you been treated for any health condition in the last year? Yes No

If yes, please explain: _____

Do others in your family have the same or similar condition? _____

Below is a list of diseases which may seem unrelated to the purpose of your appointment, however, these questions must be answered carefully as these problems can affect your overall course.

Check any of the following diseases you have had:

- | | | | |
|--|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Mumps | <input type="checkbox"/> Influenza | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Lumbago |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Mental Disorder | <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> HIV/Aids |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy |

Check any of the following you have had in the past 6 months:

MUSCULO-SKELETAL CODE

- Low back pain
- Pain between shoulders
- Neck pain
- Arm Pain
- Joint pain/stiffness
- Walking problems
- Difficult chewing/
clicking jaw
- General Stiffness

NERVOUS SYSTEM CODE

- Nervousness
- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confused/Depression
- Fainting
- Convulsions
- Cold/tingling extremities
- Stress

GENERAL CODE

- Fatigue
- Allergies
- Loss of sleep
- Fever
- Headaches

HABITS:

	HEAVY	MODERATE	LIGHT	NONE
Alcohol	_____	_____	_____	_____
Coffee	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____
Drugs	_____	_____	_____	_____
Exercise	_____	_____	_____	_____
Sleep	_____	_____	_____	_____
Appetite	_____	_____	_____	_____
White Sugar	_____	_____	_____	_____

GASTRO-INTESTINAL CODE

- Poor/excessive appetite
- Excessive thirst
- Frequent nausea
- Vomiting
- Diarrhea
- Constipation
- Hemorrhoids
- Liver problems
- Gall bladder problems
- Weight problems
- Abdominal cramps
- Gas/bloating after meals
- Heartburn
- Black/bloody stool
- Colitis

GENITO-URINARY CODE

- Bladder trouble
- Painful/excessive urination
- Discolored urine

EENT CODE

- Vision problems
- Dental problems
- Sore throat
- Earaches
- Hearing difficulty
- Stuffed nose

C-V-R CODE

- Chest Pain
- Short breath
- Blood pressure problems
- Irregular heartbeat
- Heart problems
- Lung problems/congestion
- Varicose veins
- Ankle swelling
- Stroke

MALE/FEMALE CODE

- Menstrual irregularity
- Menstrual cramping
- Vaginal pain/infections
- Breast pain/lumps
- Prostate/sexual dysfunction
- Genital Herpes

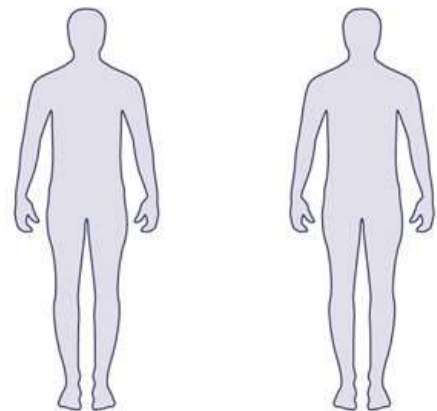
Females only:

When was your last period?

Are you pregnant?

- Yes No Unsure

Please mark on the diagram the area of your discomfort:



FRONT

BACK



POLICIES AND INFORMED CONSENT

Clinic Policies

Patient Confidentiality

The practitioners at Scimedica Health Group clinic are required to maintain patient confidentiality as per the bylaws of the College of Naturopathic Physicians of BC (CNPBC). Your personal information is collected for the purpose of providing health care and for administrative purposes. It will not be disclosed for other purposes without your consent other than for reasons stated in the bylaws of the CNPBC. A copy of these bylaws may be found at the CNPBC website (www.cnpbc.bc.ca) or we will print a copy of the relevant section for you at your request.

Payment and Cancellation Policy

Scimedica Health Group does not collect payment from Insurance Providers. You are responsible for full payment for any fees incurred during your visit to Scimedica Health at the end of the visit. Scimedica Health clinic requires at least **48** hour notice if you wish to cancel or re-schedule an appointment or you will be charged **\$45** for a 30 minute appointment, or **\$80** for a 60 minute appointment, and, in the case of a scheduled treatment, the cost of non-reusable products prepared for that treatment. Notice of cancellation or re-scheduling must be given during regular clinic hours or prior to regular clinic hours covering this 24 hour period.

I, _____, have read, understand, and agree to the above clinic policies of Scimedica Health Group.

Signature: _____

Informed Consent

As a diagnosis is made and treatment options are presented, the practitioners at Scimedica Health clinic will either have you sign a consent form or verbally agree to the proposed treatment options. Scheduling an appointment for a specific treatment will be considered consent to that treatment. Before consent is obtained, the practitioner will ensure you are informed of the risks, benefits, costs, and adverse effects of the proposed treatment. If there are any relevant alternative treatments for your diagnosed condition the practitioner will also inform you of the possible risks, benefits and adverse effects of those treatments, along with the risks of not treating the diagnosed condition. You have the right to refuse or withdraw consent to any treatment at any time.

Scimedica Health Group practitioners and staff thank you for taking the time to read and fill out this form and we welcome you to our clinic.