



Dr. Chris Ford and Dr. Darcie Pawlick – Naturopathic Physicians

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of birth \_\_\_\_\_ (M/D/Y) Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Alternate \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_

Phone number \_\_\_\_\_ Relation \_\_\_\_\_

How did you hear about our Clinic? Please check one of the following:

Media \_\_\_ (Newspaper, magazine) Website \_\_\_ Health/Wellness Event \_\_\_ Other \_\_\_

Clinic patient \_\_\_ Referred by \_\_\_\_\_

Please list your health concerns, in order of importance to you:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Current Medications (prescription, over-the-counter, etc.) and Supplements (Vitamins, minerals, herbs, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_



All fees for services and supplements are the responsibility of the patient, payable in full at the end of the appointment. Payment can be made in the form of cash, personal cheque, Interac or credit card. Please note that MSP *does not cover Naturopathic services (except those on Premium Assistance at a rate of \$23 per visit)*. Many extended health care plans cover Naturopathic medical services; please check the specifics of your plan. You will be supplied with the necessary receipts to submit to your insurance company.

**Important – Cancellation Policy**

**If you need to cancel or reschedule your appointment, 24 HOURS NOTICE by phone is required or there will be a cancellation fee incurred.** This fee is equivalent to the cost of the appointment missed. This helps cover clinic operation costs and avoids the need to increase consultation fees.

**Read and understood by:**

**Signature:** \_\_\_\_\_

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