ESSENCE
WELLNESS CLINIC

PRENATAL INTAKE

Patient Information:

Name: _____ Date:_____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____(c) _____(h)

Date of Birth: _____(YYYY/MM/DD) Age:____ Sex: M / F / □ _____

Occupation: _____ Email: _____

By providing my email I agree to receiving clinic email reminders, health updates, promotions, etc.

In case of emergency, who should we contact?: _____

How did you find out about our services? _____

Prenatal Information:

Gestational Weeks: _____ Due Date: _____

This is my _____ (1st, 2nd, etc.) pregnancy This will be my _____ (1st, 2nd, etc.) birth

I am: □**low risk pregnancy** □**high-risk pregnancy**, according to my health care provider

My prenatal care provider is:_____ Ph: _____

May we contact your care provider? □ Yes □ No

Please **check** current health concerns/problems, **star** any that you have had in the past:

□ abdominal cramping
□ anemia
□ bladder infection
□ blood clot/phlebitis
□ breech presentation
□ carpal tunnel syndrome
□ chronic hypertension
□ leaking amniotic fluid
□ leg cramps
□ low blood pressure
□ miscarriage, how many? _____
□ muscle sprain/strain
□ nausea/vomiting
□ pre-eclampsia

□ constipation
□ diabetes (gestational or mellitus)
□ dizziness/light-headedness
□ edema/swelling
□ fatigue
□ headaches
□ high blood pressure
□ heart burn/acid reflux
□ hypo or hyperglycaemia
□ insomnia
□ placenta previa (other abnormalities)
□ pre-term labour
□ previous caesarean section
□ sciatica
□ separation of abdominal muscles
□ separation of pubic symphysis
□ twins plus
□ uterine bleeding
□ varicose veins
□ visual disturbances

Please list any other conditions/concerns in this pregnancy or past pregnancies:

_____

_____

Any other relevant information:

_____

_____

Consent for Treatment with Essence Wellness Clinic

I am hereby requesting □ **Acupuncture** □ **Massage** □ **Naturopathic** treatments from Essence Wellness Clinic. I have discussed any complications and concerns with my practitioner/therapist. New complications and concerns, if they do arise, will be discussed with my practitioner/therapist, and appropriate action will be taken. I understand that although these are natural and alternative treatments I am seeking, there may be risks of bruising, pain in treated area, and worsening of symptoms during the healing process. I hereby release Essence Wellness and all practitioners/therapists treating me from all liabilities.

I am also aware of the clinic's late cancellation policy of a charge of **50% of the visit cost** if I fail to give **less than 24 hours notice for cancellations**. I understand that my extend health insurance will not be paying for such a charge and that **I will be responsible to pay that charge before I can re-book.**

Signature _____ Date_____