



Suite 305, 3425 – 22nd ST SW, Calgary, AB – T2T 6S8
Phone: (403) 383-3228 | Email: info@essencewellness.ca

NATUROPATHIC ADULT INTAKE FORM

Patient Information:

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (Cell) _____

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? _____

Patient Health History:

Please list your **health concerns** (from major to minor):

1. _____
2. _____
3. _____
4. _____
5. _____

Please list all **accidents, surgeries or hospitalizations** and the **year** they occurred:

_____	_____
_____	_____
_____	_____

Please list any **medications** and **supplements** you are currently taking and **dosage**:

Are you currently seeing any other **alternative health care** professionals? (Chiro, Massage, etc)

Please list all **allergies/sensitivities**:

When was your **last physical exam**? _____

When was your **last blood test**? _____ (please turn over)

Female patients: When was your last **breast exam/PAP smear**? _____

Family Doctor's name: _____

Clinic Name/Area: _____ Phone Number: _____

Please list all immediate **family members** who have any major health conditions:

Please list all conditions for which you have been treated in the past **10 years**:

Please list **all other conditions** that you currently have but are not the primary concern:

Consent for Treatment with Essence Wellness Clinic

I am hereby requesting Naturopathic treatments from Essence Wellness Clinic. 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 also understand that there are no guarantees for cure for any of my ailments or improvements of my symptoms. 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 will be responsible to pay that charge before I can re-book.**

Signature _____ Date _____

