Dr Emma Stokes

LONGEVITY NATUROPATHIC MEDICINE

ADULT INTAKE

Please fill out this form and email to me at: emmastokes.nd@gmail.com at least 48 hours before your initial appointment is scheduled. Thank You!

Welcome

I want you to enjoy and benefit from your visits with me.

Your first visit will consist of a consultation, detailed history, and a discussion about any functional medicine lab tests that would give us more insight into your health concerns. Labs that may be required cover the three main body systems that go out of balance, and include: Hormone testing, Digestive health testing, Advanced metabolic panel

Based on this information, initial recommendations for your treatment protocol will be made.

On your second visit, a detailed report of findings, review of any labs, and an in-depth treatment plan will be explained to you. Programs often include diet and lifestyle modifications, botanical/herbal medicine, and nutritional supplementation. These are usually an out of pocket expense unless you have a health spending account. This return visit is also a good time to ask any questions that you may have had after your initial visit. If you need immediate clarification on remedies, dietary recommendations or have a concern over any unfamiliar symptoms that may arise, please contact me immediately; sometimes it is a quick email response, other times it required us to set up a 15 or 30 minute follow up appointment.

As you start to experience a new level of wellness, a follow up appointment every two to three months for general disease prevention and health maintenance, and to review your supplement protocols is encouraged.

Payment coverage for Naturopathic visits is available through many extended healthcare plans; please inquire with your insurance provider as I am unable to make inquiries for you. For payment, a paypal invoice will be emailed to you following your telemedicine appointment, and receipts will be provided so you can submit to your extended insurance for re-imbursement.

If you are unable to keep a scheduled appointment, please give 48 hours notice so that I am able to provide that appointment time to someone else. A missed appointment charge of 50% of the visit cost will apply for short notice cancellations, or missed appointments.

All payments for visits are due at the time of your appointment.

Initial Naturopathic visit 1 hour / $200

Naturopathic Report visit 45 min / $150

Naturopathic follow up visit 30 min / $ 100

Naturopathic follow up visit 15 mins / $50

Dr. Stokes maintains a dispensary of professional strength, pure, high quality supplements for the convenience of her patients. All prescription recommendations are emailed following your appointment.

The following methods of payment are accepted:

Visa, Mastercard, Debit Card, or etransfer

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ADULT INTAKE

Patient First name: _____ Last name:_____
Address:_____
City: _____ Province:_____ Postal Code:_____
Telephone (home): _____ (cell):_____
Email address: _____ Occupation: _____
Sex: M ___ F____ Age:_____ Date of Birth:_____

Emergency contact: _____ Phone:_____

How did you hear about Dr. Stokes:_____

What health concerns/ goals are you seeking Naturopathic care for?

Health Concern	When did it start?
1.	
2.	
3.	
4.	
5.	
6.	

List any health conditions you have been diagnosed with in the past:
_____

Please list all CURRENT prescribed medications:

Drug name:	Dosage:	Length taken:

List all CURRENT vitamins, minerals, herbs, that you take more than occassionally:_____

List any allergies: _____

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ADULT INTAKE

Why did you choose to come to see me as a Naturopathic Doctor?

_____

What expectations do you have from this visit today?

_____

What behaviors or lifestyles habits do you currently engage in regularly that you believe support your health? (eg. exercise, good diet, positive thinking, good expectation management, etc.)

_____

What behaviors or lifestyles habits do you currently engage in regularly that you believe are destructive lifestyle habits? (eg. workaholic, smoking, excessive alcohol consumption, high sugar diet, chemical or toxin exposure, excessive caffeine, etc):

_____

CHRONOLOGICAL HEALTH HISTORY

This sort of health history helps to establish trends in a person's health that may be relevant to present conditions. Indicate below any physical traumas such as accidents, broken bones, falls, illnesses, hospitalization, surgeries, and any emotional traumas such as deaths, loss of jobs, divorces, etc. and what year they happened:

_____

_____

_____

SYMPTOMS/ MEDICAL CHECK

Please check all symptoms or if you have any of the following:

NEUROENDOCRINE

- ☐ Anxiety
- ☐ Depression
- ☐ Afternoon exhaustion
- ☐ Sleep problems
- ☐ Difficulty waking in the morning
- ☐ Blood sugar imbalance
- ☐ Diabetes
- ☐ Body aches and pains
- ☐ Dry skin
- ☐ General fatigue
- ☐ Acne
- ☐ Headaches
- ☐ Hot flashes
- ☐ Heart palpitations
- ☐ Heavy menses
- ☐ Fibrocystic breasts
- ☐ Uterine fibroids
- ☐ Endometriosis
- ☐ Ovarian cysts
- ☐ Vaginal pain/dryness
- ☐ Painful periods
- ☐ Infertility
- ☐ Mood swings (PMS)
- ☐ Foggy thinking
- ☐ Weight gain
- ☐ Increased body/ facial hair
- ☐ Urinary tract infections
- ☐ Low sex drive
- ☐ Poor memory/forgetful

DIGESTIVE

- ☐ Frequent Acid reflux/ heartburn
- ☐ Hiatal hernia
- ☐ Stomach/duodenal ulcers
- ☐ Migraine headaches
- ☐ Gall bladder removed
- ☐ Liver disease
- ☐ Fatty liver
- ☐ Bloating, excessive gas
- ☐ Colitis
- ☐ Irritable bowel syndrome
- ☐ Crohn's disease
- ☐ Diverticulitis
- ☐ Hemorrhoids
- ☐ Appendicitis
- ☐ Diarrhea
- ☐ Constipation
- ☐ Abdominal pain
- ☐ Dry skin/hair
- ☐ Elevated cholesterol
- ☐ Water retention
- ☐ Dark circles under eyes
- ☐ Eczema

ADULT INTAKE

CARDIOVASCULAR

- ☐ Heart problems
- ☐ Palpitations
- ☐ Circulatory problems
- ☐ Hypertension
- ☐ Low blood pressure
- ☐ Swelling in hands or feet
- ☐ Muscle cramps
- ☐ Ringing in ears
- ☐ Dizziness
- ☐ Numbness
- ☐ Fainting
- ☐ Anemia
- ☐ Varicose vein
- ☐ Stroke
- ☐ Platelet disorders
- ☐ Sickle cell
- ☐ Kidney Disease

FAMILY MEDICAL HISTORY

Please check all of the following **conditions** that are applicable to **you & your family** and note who next to the condition.

Alcoholism		Heart Murmurs		Diabetes	
Allergies		High Blood Pressure		Eczema	
Arthritis		Hypo/Hyper thyroid		Gallbladder	
Asthma		Irritable Bowel		Gerd/hiatal hernia	
Autoimmune diseases		Kidney disease		Glaucoma/ Cataracts	
Cancer		Liver disease			
Crohn's or Colitis		Mental illness		Irritable Bowel	
Depression		Gout		Kidney disease	
Mental illness		Heart Disease		Liver disease	
Osteoperosis		Heart Murmurs		Ulcers	
Stroke or Aneurysm				Other (please list)	

Thank you for your cooperation, patience, and thoroughness!

THIS IS A CONFIDENTIAL RECORD OF YOUR MEDICAL HISTORY AND WILL BE KEPT IN CONFIDENCE BY EMMA STOKES, ND. INFORMATION CONTAINED HERE WILL NOT BE RELEASED TO ANY PERSON EXCEPT WHEN YOU HAVE AUTHOURIZED US IN WRITING TO DO SO.

ADULT INTAKE

Informed Consent for Naturopathic Services via Telemedicine

Naturopathic doctors assess the whole person, taking into consideration the physical, mental, emotional and energetic aspects of an individual. Dr. Emma Stokes will conduct a thorough case history, and may request specific laboratory tests and reports, as well as physical exam finding related to your health concerns to be used as part of the treatment work-up. It is very important that you inform your naturopathic doctor immediately of all disease process that you may be experiencing, and of any medication, over-the-counter drugs or supplements you are taking. If you are pregnant, suspect you are pregnant or are breast-feeding, please advise your naturopathic doctor. I understand that there are diagnostic and treatment limitation when receiving naturopathic medical advice via telemedicine such as – not being able to do an in-person physical examination, and not being able to receive in person therapies, etc.

I understand that a record will be kept of the health services provided to me via telemedicine and that it will be kept confidential and will not be released to anyone other than Dr. Stokes unless so directed by myself or law requires it.

I also understand that all reasonable efforts will be made by Dr. Emma Stokes to avoid any potential privacy, confidentiality and information security risks associated with telemedicine.
I recognize that even the gentlest therapies can have complications in certain physiological conditions. The slight health risks of some naturopathic treatments include, but are not limited to: aggravation of pre-existing symptoms, and allergic / sensitivity reaction to supplements or herbs.

With this information, I acknowledge that I have provided Dr. Emma Stokes, ND complete and inclusive information with regards to all health concerns including possibility of pregnancy, and all medications including prescription drugs, over-the-counter drugs and supplements/remedies. I understand that results are not guaranteed. I do not expect the naturopathic doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to have a naturopathic workup and treatment option via telemedicine as mentioned above. I accept full responsibility for any fees incurred during care and treatment and acknowledge that payment is required on the day of service.

Statement of Acknowledgement

I, (print name) _____ have read and understood the above information and consent to receive Naturopathic treatment via telemedicine. I am aware that I am free to withdraw my consent and to discontinue treatment at any time.

Signature_____ Date_____