

## Patient Intake Form for Laboratory Testing

### Personal Information

Name _____		Date _____	
Date of birth _____	Age _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address _____		City _____	
Province _____		Postal Code _____	
Phone: Home _____		Work _____ Other _____	
Email _____		May we leave messages relating to your visits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like to receive our newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law			
Sexual Orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Other			
Number of Children: _____			
Occupation: _____		Employer: _____	
Emergency contact:			
Name _____		Relation _____ Phone _____	
How did you hear about our clinic? _____			
Other health care providers (family physician, specialists, complementary and alternative therapy):			
1. _____	2. _____	3. _____	
Ph: _____	Ph: _____	Ph: _____	
What are your main health concerns that you would like addressed:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
If you are female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Consent to Lab Testing**

I \_\_\_\_\_ (patient name) consent to the laboratory testing requested below and understand that the results of the tests will be provided to me without a full initial naturopathic visit.

I also understand that the results that are provided to me will be disclosed with a short follow-up visit (\$75), cost not included in the price of the lab test itself, to ensure that I have a basic understanding of the results, but that a treatment plan cannot be recommended without an initial consult.

I release Makoto Trotter N.D., from any and all liability or health decisions that relate to my own personal discretion of how I want to use or interpret the received laboratory results, because a full health history has not been undertaken.

Laboratory Testing Requested:

\_\_\_\_\_  
\_\_\_\_\_

Patient Name: (Please Print) \_\_\_\_\_

Signature of Patient (or Guardian): \_\_\_\_\_

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

Naturopath: Makoto Trotter, N.D. License #1305 \_\_\_\_\_