

## Pediatric and Teenager Patient Intake Form for Lab Testing

### Personal Information

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

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_ May we leave messages relating to your visits?  Yes  No

Who is filling out this form (name and relation)? \_\_\_\_\_

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 the main health concerns that you would like addressed:

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

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

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

4. \_\_\_\_\_

5. \_\_\_\_\_

**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 in a 30 minute follow-up (\$75), 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 the consulting naturopathic doctor, 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: \_\_\_\_\_

Naturopathic Doctor : \_\_\_\_\_  
 Makoto Trotter, N.D. License #1305  
 Aileen Lim-Trotter, N.D. License #1542