Lisa Murray-Doran
Naturopathic Doctor

WELCOME

Thank you for choosing our team at Sages-Femmes Rouge Valley Naturopathic and Midwifery Center for your Health Care needs. By choosing our clinic, we assure you that you are choosing the highest quality of health care. This letter will confirm that you have an appointment with Dr. Lisa Doran, Naturopathic Doctor on: _____ at _____.

In order to best help you, we will need to know about your medical history. Please take a few moments to read this welcome package and fill in the questionnaires and the enclosed diet diary. Bring your completed questionnaires and diet diary to your first appointment. These forms will be reviewed with you at your initial consultation, your concerns will be discussed, a physical examination will be performed if indicated and a treatment protocol is usually begun, depending on the complexity of your concerns and your history. Initial Naturopathic consultations are 1 hour in length. Second visits are usually 45 minutes and Subsequent visits are 30 minutes in length.

Laboratory testing, as indicated, is a normal part of our initial consultation. Most often the tests that are requested are an indican test to test for bowel toxicity, the koesenberg test to test adrenals and a urine dipstick to check for overall health. Sometimes you will be requested to get blood tests taken outside of the clinic, for these tests we can give you a requisition or you can request one from your family physician. You do not need to fast or prepare for the testing done at the office in any way.

Because my practice involves attending labours and births as a Naturopathic Doctor and a Doula and because I am often on-call for birthing families there are the occasional clinic dates that will be affected by my commitments to the birthing family. If your appointment will be affected I will have my office manager Mellissa call you by 9am of the appointment date to reschedule. If *you don't hear from us then our appointment will be as scheduled*. I appreciate your understanding of this unique service I offer in the community and I ask that if your address or daytime phone number changes before your initial appointment please notify us of the change so we have up to date information. If you have any questions please do not hesitate to call our office at 416-901-0656 or Mellisa's direct line at 416-286-2228.

Please allow 24 hours if it becomes necessary for you to cancel your appointment as we often have waiting lists for clinic days and would like to fill your spot if we can. Missed appointments without sufficient cancellation notice will be billed to your file – the fee is $25.00

As a courtesy to our patients with allergies/sensitivities and to new moms with sensitive noses we ask that you do not wear perfume of any kind in the clinic.

Directions: We are located at 6758 Kingston Road, Unit 6, Toronto – which is at the 401 and Port Union Road. We are on the North side of Kingston Road (hwy 2) in a plaza with an Esso, Rogers Video and Pet Value. Greenwood Nursery is across the Street on the south side of Kingston Rd. Our clinic has a private parking lot with ample parking and a private entrance in behind the Pet Value. Our clinic is very family/child friendly, please feel comfortable bringing your children. We encourage you to bring nursing infants/children as we feel attachment parenting is very important. If you get lost or have any last minute questions you can reach Mellissa, my office manager, for help at 905-409-6447 or at 416-286-2228.

Naturopathic Care Fee Schedule

Dr. Lisa Doran B.Sc., N.D., Doula

Naturopathic Consultation Fee Schedule

Initial Consultation *(60-90 minutes)*:	$ 150
Initial Consultation children*, students**, seniors	$130
Second Consultation *(45 minutes)*:	$ 75
Second Consultation children, students, seniors	$ 55
Subsequent Consultations *(30 – 45 minutes)*:	$ 55
Subsequent Consultations children, students, seniors	$ 45
Homeopathic Remedy Re-evaluation *(45 minutes):*	$ 75
Naturopathic Hydrotherapy (*60 minutes*)	$ 65
Acupuncture *(Single treatment)*:	$ 45

Home visit: $75/per each 30 mins
Telephone consultations $45/ per each 30 minutes
Email consutations: $ 25/ 15 mins to research/reply

Other Services Provided

Auricular (Ear) Candeling (*30 minutes*):	$ 25
Auricular (Ear) Lavage (20-30 minutes):	$ 25
24 hr Page service (per page)	$25

24 hr On-Call emergency Subscription service $125/ year

Attendance at Birth by a Naturopathic Doctor/Doula: $800 - this fee may be covered by extended health care insurance

Pregnancy, Birth and Postpartum

Referral for acupuncture/moxa, initial:	$ 75
Subsequent:	$45
On Call Services of an N.D. for birth:	$ 80
Home visits for labour assessment/prescription:	$ 60
On Call Services for 2 weeks post-partum	$ 40

Diagostic Testing Fee Schedule

Hair Mineral Analysis Testing:		$ 85
Adrenal Function Test (Koesenberg)		$ 15
Salivary Female Hormone Profile	$310	
Candida Bowel Culture	$130	
Comprehensive Digestive Stool Analysis:		$ 265
Eliza/Rast Food Sensitivity Testing		$ 315
Urine Dipstick		$ 7
Bowel Toxicity testing (Indican test)		$ 10
Blood typing		$ 7

* Also available: conventional Blood testing, PAP tests, Thyroid Panel, DHEA, Steriod panel, Stool Analysis, pH Testing. Ask reception for pricing

- children are those individuals less than 16 years of age
- Student refers to those individuals in full time post secondary education with a valid photo card

* Fees are payable by a personal cheque, or cash at the end of each visit. We do not accept VISA
* All Fees are subject to GST
* Any Prescribed supplements/botanicals/homeopathics and /or appliances are not included in the above fees
* Please note that these fees are not covered by OHIP. However, they may be covered by your extended health care plan.

I have read, fully understand and agree to honour the fee schedule listed above:

Date: _____ Client's signature: _____

Effective March 1, 2006

Lisa Murray-Doran
Naturopathic Doctor

INTRODUCTION TO NATUROPATHIC MEDICINE

Naturopathic Medicine is an exciting way of looking at health and wellness that takes its roots in many ancient healing traditions. One of the main principles of Naturopathic philosophy is treating the whole person; mind, body and spirit. In this way, we see health as the normal state in the body which is easily influenced by our environment, our every day experiences and our emotions. The Naturopathic practitioner seeks to discover the underlying causes of illness, and rather than merely suppressing the symptoms of the disease we support the body and promote healing with various remedies and lifestyle changes. Our fundamental philosophy is trusting that within each person, when obstacles are removed, there is an innate ability to heal ourselves.

It follows then that there is much emphasis on self responsibility for health, prevention and patient education. Naturopathic Doctors do their very best to listen carefully to what their patient has to say about their bodies and their state of mind and then, as treatment continues, help the patient to understand how and why certain diseases may have manifested within their bodies and how changing lifestyle, diet and using various remedies will help them to make positive changes with their health. Naturopathic health care is for those who want to take control of their lives and their health. It is for those who want to understand which actions and attitudes contribute to better health.

A Naturopathic Doctor Will Use Many Healing Modalities

Your Naturopath can draw from a wide range of therapies, and will develop a program specially designed for you. The most common modalities, which may be used individually or in combination, are described below:

Botanical Medicine

Medicines derived from plants and other natural sources have been used for centuries in the treatment and prevention of disease and for maintaining a state of well being and are the subject of a growing number of clinical research studies. While the active ingredients of some plant medicines are extremely powerful, they are safe and highly effective when administered by a trained Naturopathic Doctor. Your naturopath may use more than one at a time, since in many cases the healing effects of these remedies in combination are greater than the sum of their individual actions.

Homeopathic Medicine

Originally developed during the 18th century by the physician Hahnemann, this unique form of medicine is used widely by medical and other practitioners in Europe but is just beginning to take hold in North America.

Homeopathic medicine uses very diluted botanical, mineral or other substances to treat specific ailments. If a homepathic remedy is indicated, your Naturopathic Doctor will select the appropriate formulation from the thousands of homeopathic remedies available, based on your total symptom picture.

Clinical Nutrition

There is an intrinsic relationship between nutrition and wellness. Naturopathic practitioners deal with a wide range of problems relating to nutrition, including factors that interfere with the body's absorption and utilization of nutrients and the diagnosis and treatment of numerous conditions that result from inadequate or defective nutrition. Your Naturopathic Doctor will evaluate your individual nutritional status and develop a nutritional program designed specifically for you, in relation to the reason for your visit and the diagnosis of your condition.

Traditional Chinese Medicine and Acupuncture

Chinese pulse and tongue diagnosis, Acupuncture and the use of Eastern botanical medicines comprise oriental Medicine, a system of health care that has been used effectively for thousands of years in Asia, but which has only been introduced to North America in the 20th century. Since its introduction Naturopathic practitioners have used needle acupuncture and Eastern botanicals as a traditional part of Naturopathic practice. Acupuncture has been tested clinically in the treatment of chronic pain and in the weaning from addictive substances such as nicotine, caffeine and many drugs.

Naturopathic Bodywork and Physical Medicine

Many Naturopaths use various forms of bodywork varying from soft tissue manipulation to cranial sacral therapy to the Bowen technique in order to promote health and relaxation in their patients. Hydrotherapy, or stimulation of the blood vessels or lymph vessels with hot and cold water, is also used extensively.

Lifestyle Counselling

The roots of Naturopathy lie in the Natural Hygeine movement which was popular in North America in the 1800's. The corner stones of preventive health care are clean air, clean water, exercise, healthy foods and freedom from excess stress. Naturopathic Practitioners are committed to the education and guidance of their patients in making positive changes to various parts of their current lifestyle that may be inhibiting total health and wellness. Whatever your diagnosis, you can expect to receive some lifestyle counselling every time you visit a Naturopathic Doctor, since prevention is a great part of Naturopathic philosophy and fundamental to the maintenance of good health!

Who Can Be Helped With Naturopathic Medicine?

A Naturopathic doctor is a primary care physician and patients at every age and every stage of life have been helped with Naturopathic care. Many of our patients come to us with long standing, chronic conditions such as skin diseases, respiratory diseases, female disorders or gastrointestinal diseases and find much relief with the treatment plans we are able to offer them. Many of our patients present with distressing acute illnesses affecting children or adults which can be quickly improved to help avoid pain, loss of sleep, loss of work, and anxiety. We also work in conjunction with midwives and obstetritions to ensure a healthy pregnancy and an informed and empowered labour and birth experience. Many patients come to us for education and prevention; you don't have to be sick to feel better. A Naturopathic program is looking toward the future. You can begin to feel better now and you can reduce the likelihood of suffering and illness later in life.

How are Naturopathic Doctors Trained?

Naturopathic Doctors must study at least 7 years to become eligible to practice in Ontario, and follow the same University pre-medical education as is received by all doctors. The Naturopathic portion of the program comprises 4 years (over 4,500 hours) of dedicated training leading to a Doctorate of Naturopathic Medicine from an approved institution, with over 1,200 hours of supervised clinical experience at the colleges out patient clinic. There are five institutions in the United States and one in Canada that offer approved naturopathic education.

Graduates of the comprehensive 4-year training at the Canadian College of Naturopathic Medicine practise throughout Canada and the world.

What Can I Expect During A Visit to a Naturopathic Doctor?

On the first visit at the clinic the Naturopathic doctor will take an in-depth history, do a physical examination and use information from laboratory tests to make an assessment and diagnosis. First visits usually last approximately 1 hour. Together with your input we then formulate a treatment plan. It is very important that goals are set together so that the patient is comfortable with the Naturopathic Doctors recommendations. Subsequent or follow up visits will follow the treatment plan and address new concerns that arise in the patient's life. Your first follow up visit with Dr. Doran will last 45 minutes. After that follow up visits usually last 20-30 minutes. If a course of acupuncture is recommended, a series of six appointments over 3 weeks will be scheduled. These visits usually last for approximately 20-30 minutes.

Pediatric Patient Information Form

Dr. Lisa Doran B.Sc., N.D., Doula
WELCOME TO SAGES-FEMMES ROUGE VALLEY NATUROPATHIC AND MIDWIFERY CENTRE
6758 Kingston Road, Unit 6 Toronto, ON M1B 1G8 416-901-0656

Your co-operation in completing this questionnaire is essential to providing you with the highest standard of naturopathic care. All information is strictly confidential and will remain within this office. If you have any questions regarding this form please contact our office and we will be more than happy to assist you.

REGISTRATION INFORMATION

Patient's name: _____ Today's Date:_____
(first) (middle) (last) dd / mm / yy
Date of Birth:_____ Age_____ Gender:_____ Grade at School: ____ Health Card # _____
dd / mm / yy
Parent's/Guardian's Names: _____
Home Address: _____ City: _____
Postal Code: _____ Telephone Home ( )_____ Work: ( )__ _____
e-mail Address: _____
Emergency Contact: _____ Phone number: _____
Are other family members patients at our clinic? Yes ❑ Names: _____
Whom may we thank for your referral to this clinic ? _____

MEDICAL PRIORITY

Has this child previously attended a Naturopathic Doctor? Yes ❑ No ❑
If yes, what was the doctors name? _____ Phone : _____
If yes, may we have permission to request that your records be transferred to this office? Yes ❑ No ❑
Family Physician: _____ Phone: ( ) _____
Pediatrician: _____ Phone: ( ) _____
Other Medical Specialist: _____ Phone: ( ) _____
Chiropractic Doctor: _____ Phone: ( ) _____
Other Health Care Providers: _____ Phone: ( ) _____

FINANCIAL INFORMATION

Person responsible for account: Mother ❑ Father ❑ Either Parent ❑ Guardian❑
Please complete all information below if different than above:
Name: _____ Phone: ( ) _____
(first) (middle) (last)
Address: _____ City: _____ Postal Code: _____

HEALTH INSURANCE

Subscribers name:	D.O.B.
Employer/ Policy Holder:	Insurance year end:
Insurance Co.	Telephone
Group/Ind Policy #:	Cert No.
ID/ SIN	Max Coverage:

❖ Please note that Naturopathic Care is not covered by OHIP , but may be covered by your extended health insurance

REASON FOR REFERRAL OR PRESENTING CONCERN

Please fill out the following chart regarding your health concerns which have brought you to our clinic today.

Chief Concern	How long has it been going on?	What makes it feel better?	What makes it feel worse?	How has it been treated so far?
1.				
2.				
3.				

Concern 1.
Has the patient seen a medical doctor about this condition? Yes ❑ No ❑ If YES, when? _____
If No, why not? _____
Have you been given a medical diagnosis? Yes ❑ No ❑ If yes, what was the diagnosis? _____
Who made the diagnosis? _____Was a treatment plan recommended? Yes ❑ No ❑
If Yes, did you follow the plan? Yes ❑ No ❑ If yes, was the treatment successful? Yes ❑ No ❑

Concern 2.
Has the patient seen a medical doctor about this condition? Yes ❑ No ❑ If YES, when? _____
If No, why not? _____
Have you been given a medical diagnosis? Yes ❑ No ❑ If yes, what was the diagnosis? _____
Who made the diagnosis? _____Was a treatment plan recommended? Yes ❑ No ❑
If Yes, did you follow the plan? Yes ❑ No ❑ If yes, was the treatment successful? Yes ❑ No ❑

Concern 3.
Has the patient seen a medical doctor about this condition? Yes ❑ No ❑ If YES, when? _____
If No, why not? _____
Have you been given a medical diagnosis? Yes ❑ No ❑ If yes, what was the diagnosis? _____
Who made the diagnosis? _____Was a treatment plan recommended? Yes ❑ No ❑
If Yes, did you follow the plan? Yes ❑ No ❑ If yes, was the treatment successful? Yes ❑ No ❑

Please list any other concerns you would like to discuss with the doctor: _____
_____
_____

CURRENT HEALTH STATUS

How would you rate your child's health? Excellent ❒ Good ❒ Fair ❒ Poor ❒

Sleep Patterns

Where does this child sleep? Own room ❒ Parents Room ❒ Other ❒ _____
Child's sleep patterns (first year) _____
Current sleep patterns? _____
Does your child nap during the day? If yes, when is the nap taken and for how long? _____
Is there any history of bedwetting? Yes ❒ No ❒ If so, what was your response? _____
What position does your child sleep in? (eg. On back, right side) _____
As an infant what position did your child sleep in? _____
Bed time and waking time of the child currently:_____
Does your child sweat a lot in bed? Yes ❒ No ❒ What parts of the body?_____
Odour? Yes ❒ No ❒ _____

General Behaviour and Emotional Status of Child

Briefly describe your child's behaviours and/or emotional status in the following situations:

At home: _____
_____
At school (e.g. anxiety, separation anxiety, disruptive): _____
_____
Current marital status of parents: _____ Current stability of the home: _____
_____
Please list the people who share their home with this child (ie grandparents, aunt, etc) _____
_____
Relationships with friends, family: _____
_____
What are the ages of the child's siblings? _____
Child's placement in the family? (ie 2nd child) _____
Relationship with siblings:
_____
_____
Mother's working hours: _____ Father's working hours: _____
Do you use a nanny or a babysiter? Yes ❑ No ❑ How often? _____
Who is with your child during the day? _____
How often have you moved since your child was born? _____

Have you noticed any particular time of the day when your child's behaviour is, in general:
Worse? _____ Better? _____
List any of your child's fears or worries: _____
_____
List interests and/or activities your child currently partakes in (e.g. sports, dance lessons) _____
_____
List your child's sensitivities (e.g. hot, cold, bright lights, wool, emotionally): _____
_____
Has your child had any traumatic experiences (e.g. divorce, car accidents)? _____
_____

How does your child respond to discipline? _____

What type of discipline is used in your home? _____
Was your child a quiet or fussy infant? _____
Are there any pets in the household? _____
Hare there any smokers in the household? Yes ❑ No ❑

How many hours a day does this child get out of doors to play? Summer _____ Winter_____
How many hours, on average, does your child watch television? Per weekday: _____
On Weekends: _____
Does your child use a home computer? Yes ❑ No ❑ How often?_____
Does your child use video games (nintendo, etc) Yes ❑ No ❑ How often? _____

Please describe your child's personality: _____
_____
_____
_____

PRENATAL HISTORY

Mother's health at conception: Excellent ❒ Good ❒ Fair ❒ Poor ❒
Age at conception_____ Blood group_____ Rh factor_____
How many pregnancies before this child?_____ How many live births?_____
Was this pregnanacy planned? Yes ❒ No ❒ Desired ? Yes ❒ No ❒ Was this child adopted? Yes ❒ No ❒
Did you take prenatal vitamins ? (what kind) _____
How would you classify your diet during the pregnancy ? ❒ Fresh and whole foods ❒ fast foods
❒ Many cravings ❒ frequent use of coffee ❒ I was happy with my diet
❒ room for improvement

Were there any of the following complications during pregnancy? ❒ Nausea and vomiting ❒ Bleeding
❒Gestational diabetes ❒Toxemia ❒High blood Pressure ❒Excessive weight gain ❒ Medication
❒Alcohol use ❒Recreational drug use ❒ Previous infertility ❒ Swelling
❒ Premature labour ❒Excessive mental/ emotional stress ❒ Smoking/second hand smoke exposure
❒ Chemical exposure ❒Accidents/injuries ❒ Herpes outbreak ❒ Thyroid
❒ Infections (ie yeast) ❒ Exposure to a disease (ie toxoplasmosis)

Did you work during your pregnancy? Yes ❒ No ❒ and if yes, until when? _____
What was your occupation at the time of pregnancy? _____

Did you travel during your pregnancy? Yes ❒ No ❒ and if yes, where? _____
Please list any non perscription or perscription medications you took while you were pregnant: _____
_____
_____
What was your overall impression of your pregnancy? _____
_____
_____

BIRTH HISTORY

Pregnancy length (weeks):_____Labour length_____ Second (pushing) stage length_____
Home birth ❒ Hospital birth ❒ which? _____ Midwife ❒ G.P. ❒ O.B. ❒
Vaginal birth ❒ C-Section ❒ Pain Meds? ❒ Which? _____

Who was present for the delivery? _____

Any complications with the labour or birth? _____

❒ premature	❒ forceps	❒ vacuum extraction	❒ breech
❒ epidural	❒ blue baby	❒ mecconium	❒ suction required
❒ premature ruputure of membranes		❒ prolapsed cord	❒ placenta previa
❒ artificial rupture of membranes		❒ abrupto placenta	❒ gel induction
❒ cephalopelvic disproportion (head too big)		❒ hemorrhage	❒ episiotomy
❒ failure to progress/stalled labour		❒ oxygen required	
❒ pitocin drip induction	❒ jaundice	❒ post partum depression	❒ birth defects
❒ incubator	❒ multiple birth	❒ undecended testes	❒ fetal distress

Height at birth:_____ Weight at birth:_____ APGAR Scores:_____
Was Vitamin K administered ? ❒No ❒Yes How? ❒ by mouth ❒ by injection
Was erythromysin administered in the eyes ? ❒ Yes ❒No Was silver nitrate administered in the eyes? ❒Yes ❒
Any adverse reactions:_____
Mother's emotional state at the time of birth? _____
_____
Mother's emotional state post-partum? _____
_____

DEVELOPMENTAL HISTORY

At what age were the following milestones reached ?

Smiled_____	Grasped an object_____	Recognized a face_____
Rolled over_____	Sat on own_____	First tooth_____
Crawling _____	Walks on own_____	First word_____
First sentence_____	Scribbling_____	Play Patty Cake_____
Dress themselves_____	Toiled Trained_____	Sleeps in own room_____

Did your child stand up: ❒ on own ❒ with help?
How was a walker, playpen or jolly jumper used? _____
_____
When did your child first use "I" when referring to him/herself? _____

Physical Growth

Please list the child's height and weight at each of the following ages:

8 weeks_____	_____	6 months_____	_____
1 year_____	_____	2 years _____	_____
3 years_____	_____	4 years _____	_____

SENSORIMOTOR HISTORY

VISUAL:
Does Your Child:

	Definitely	Sometimes	Not at all
Tend to reverse or turn around:			
(i) letters			
(ii) numbers			
(iii) words			
Have difficulty discriminating:			
(i) shapes			
(ii) colours			
(iii) letters			
(iv) numbers			
Become excited when there is a variety of visual objects?			
Have trouble with puzzles			

OLFACTORY
Does Your Child:

	Definitely	Sometimes	Not at all
Explore the environment through smell?			
Overreact to smells?			

TACTILE
Does Your Child:

	Definitely	Sometimes	Not at all
Avoid playing in messy things, e.g., finger paint, paste, mud, sand etc			
Appear to be irritated by cloth of certain textures			
Appear to pull or tug at clothes more than others			
Object to being touched or cuddled			
Demonstrate excessive need to touch and feel things			
Dislike having his/her			
(i) face rubbed or wiped			
(ii) hair cut			
(iii) going to the dentist			

Have an unusual dislike for baths?			
Become irritated when someone is close to him/her.			
Dislike crowds			
Dislike food of certain textures			
Tend to hit, bite, pinch or otherwise take physically aggressive action			
Dislike going barefoot			
Bangs his/her head on purpose			

AUDITORY
Does Your Child:

	Definitely	Sometimes	Not at all
Respond negatively to loud or unexpected noise?			
Become distracted and have trouble functioning if there is a lot of noise around?			
Have trouble following directions?			

VESTIBULAR
Does Your Child:

	Definitely	Sometimes	Not at all
Like playground rides			
Spin, whirl or rock more than most children			
Have trouble or hesitate climbing or descending stairs or hills			
Tire easily			
Have poor posture			
Often falls resulting in bumped forehead and chin			
Seem accident prone with frequent scrapes and bruises			
Walk on toes (i) now			
(ii) when younger			

Did your child enjoy being			
(i) rocked as an infant			
(ii) being tipped upside down			

PROPRIOCEPTIVE
Does Your Child:

	Definitely	Sometimes	Not at all
Appear clumsy			
Exhibit sloppy eating			
Exhibit poor pencil skills			
Have difficulty with (i) putting on clothes			
(ii) doing up fastenings			
(iii) tying shoe laces			
Drop things easily			

SOCIAL
Does Your Child:

	Definitely	Sometimes	Not at all
Have a strong desire for sameness and routine?			
Have temper tantrums			
Prefer to Play alone?			
Perform better on 1:1 basis than in a group?			
Have trouble getting along with other children?			
Tend to do things quickly and be impulsive?			
Lack self confidence?			
Frequently Crave Attention?			
Make friends easily?			
Become withdrawn and hard to reach at times?			
Is your child affectionate?			
Is your child often anxious?			

DIET

Was this child breastfeed? ❒ Yes ❒ No For how long?_____❒ on demand ❒ on a preset schedule
If not breastfeed,
why?_____
If not breastfeed, what was first food?_____Was formula used? ❒ Yes ❒No What
type?_____
At what age was formula introduced?_____ At what age were solid foods introduced?_____
What were the first three solid foods introduced?_____
Any food restrictions/allergies?_____
If breast fed, at what age was the child weaned? _____
What is the child's appetite like now?_____
Please describe your child's typical daily diet?_____
_____
How much fluids does the child drink per day?_____ What is the preferred fluid?_____

PAST HEALTH HISTORY

Please check any of the following that the child has experienced:

❒ measles	❒ mumps	❒ rubella	❒ chickenpox	❒ diptheria	❒ tetanus
❒ hepatitis	❒ meningitis	❒ polio	❒ tonsilitis	❒ ear infections	❒ whopping cough
❒ colds/flus	❒ fevers	❒ hives	❒ excema	❒ chronic rashes	❒ diaper rash
❒ sore throats	❒ chanker sores	❒ headaches	❒ night sweats	❒ easy bruising	❒ anemia
❒ coughing	❒ wheezing	❒ sleep apnea	❒ making strange	❒frequent urination	
❒ heart murmurs	❒ sleep problems	❒ depression	❒ food aversions	❒ physical/sexual abuse	
❒ cries easily	❒ thrush	❒ motion sickness		❒ odours	❒ diarrhea
❒ constipation	❒ stomach ache	❒ cradle cap	❒ food allergies	❒ colic	❒ surgery
❒ hospitalization	❒ irritability	❒ fears	❒ broken bones	❒ hyperactivity	
❒ hearing loss	❒ emotional trauma		❒ circumcision	❒ environmental allergies	
❒ asthma	❒ bleeding gums	❒ nose bleeds		❒ acne	❒ burning of urine
❒ worms	❒ vomiting spells	❒ gas	❒ joint pains	❒ dizzy spells	❒ bloody urine
❒ night mares	❒ excessive fatigue		❒ no appetite	❒ hair loss	❒ cerebral palsy
❒ pink eye	❒ sinusitis	❒ mononucleosis			

other:_____
Has the child ever had any diagnostic tests? (e.g. EEG, EKG, blood, X-Ray, hearing, speech/language):
_____
_____

IMMUNIZATIONS: Please Check the immunizations your child has had:

❒ measles	❒ mumps	❒ rubella	❒ meningitis	❒ diptheria	❒pertusis
❒ polio	❒ tetanus	❒ hepatitis	❒ chickenpox	❒ flu shot	❒ allergy desensitization

other:_____ _____
Any variations from the recommended scheduled ❒ Yes ❒ No If Yes, why_____
Any adverse reactions to any vaccination?_____
Has your child travelled outside of Canada? (If "Yes" answer where and
when):_____
_____

Medications

	Now	Past		Now	Past
Aspirin	❒	❒	Antibiotics	❒	❒
Tylenol	❒	❒	Anti-histamine	❒	❒
Decongestant	❒	❒	Ibuprofin	❒	❒
Ventolin	❒	❒	Corticosteroids	❒	❒

Other:_____

Supplements

Please list any supplements that your child takes daily

Supplement	Taking	Results

FAMILY HISTORY

Do any of the child's family members(mother, father, siblings, grandparents) have any of the following conditions?

❒ heart disease	❒ diabetes	❒birth defects	❒ hypertension
❒ arthritis	❒ tuberculosis	❒ cancer	❒ allergies
❒ mental illness	❒ asthma	❒ excema	❒ alcoholism
❒ hypoglycemia	❒ leukemia	❒ drug abuse	❒ migraines
❒ SIDS	❒digestive problems	❒ stroke	❒ bleeding disorder
❒ kidney disease	❒ arthritis	❒ anemia	❒ epilepsy

❒ other significant ilness:_____

_____

DECLARATION AND CONSENT TO TREATMENT

Date: _____ Name of Patient: _____

First Middle Last

1. This is to acknowledge that I have been informed and I understand that :
   i. Any treatment or advice provided to me as a patient of Dr. Lisa Doran N.D is not mutually exclusive from any treatment or advice that I may now be receiving or may in future receive from another health care provider
   ii. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario
   iii. No employee, agent, or anyone else under the direction of Dr. Lisa Doran N.D. is suggesting or recommending me to refrain from seeking or following the advice of another health care practitioner.
   iv. The treatment and therapies rendered or recommended by Lisa Murray-Doran N. D may be different than those usually offered by a medical doctor or other health care practitioner.

2. I agree to pay my full account at the time of each visit or treatment, including fees for services, cost of supplements and remedies, costs of laboratory tests, and other fees.

3. I have read and understood the PRIVACY STATEMENT for Dr. Lisa Doran N.D.

4. I understand that at times there may be a student naturopathic doctor or midwife observing my appointment in order to fulfill their preceptorship and observation requirements. I understand that I have the right to refuse the presence of a student during my appointments.

5. I understand that Dr. Lisa Doran N.D. is involved in research and data collection and I give permission for my filed to be reviewed by Dr. Lisa Doran N.D. or an appointee of her for the purpose of research and data collection and that the data obtained from my file may be used to study various treatments and modalities used in Naturopathic Medicine. The data will be used in such a way that the patients identity will remain confidential and your name will never be associated with the data. This data or research may be published in peer reviewed journals. I understand that I can withdraw this permission at any time.

6. I declare I have received a full and complete explanation of the treatment or services I may receive from Dr. Lisa Doran N.D. and hereby do authorize and consent to treatment.

_____ _____

Signature of Parent or Guardian printed name

** Thank you very much for your time and patience in completing this form. I know that it is very detailed and time consuming; however, these details are very important in getting to know "the whole person" and in finding the root cause of illness. I look forward to working with you in your Naturopathic care.

Dr. Lisa Doran B.Sc., N.D, Doula Naturopathic Doctor

Lisa Murray-Doran
Naturopathic Doctor

Food Diary

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Comments
Other comments:							

*Please use this form to document a full seven days meals. Be as accurate as possible. Record all food, drink, and supplements taken during these seven days.