



Dr. Kent Bailey
Naturopathic Physician

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HEALTH SERVICES
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Dear Madam/Sir,

Please find enclosed the intake form for you to fill out for your Initial Appointment. Below are a few requests that will help everything move smoothly.

1. Please fill out the enclosed "Intake Form" and "Informed Consent" ahead of time.
2. Please bring in any supplements and pharmaceuticals that you are taking (if any)
3. Please bring in a copy of any lab/imaging/other test results that you have in your possession that pertain to why you are coming in (tests that your family doctor or specialist(s) have done). Alternatively, You can ask your family doctor's office to fax a copy of the results directly to my office. The fax number is (888) 297-3142
4. I have a home based office. There is street parking right in front of the house. There is a sign on the front door to direct you where to go. Please walk in.
5. Initial Appointments take about 1 hour. The cost of the appointment is \$200 and payment is by cash or cheque.
6. Cancellation Policy: No Shows, as well as Cancellations received less than 24 hours prior to appointment time are subject to a fee equal to the charge of the missed/cancelled service.

I look forward to meeting you.

Sincerely,

Kent Bailey, ND

Please list your major health concerns in order of importance

Complaint	Since	Possible Cause(s)

What medications/supplements are you currently taking (prescription/over-the-counter/supplements/vitamins/mineral etc)?

Medication/Supplement	Since	Adverse Effects

Informed Consent

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include diet and nutritional supplements, botanical medicine, homeopathy, Asian medicine and acupuncture, hydrotherapy, physical medicine, and lifestyle counselling.

Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, increased gastrointestinal function, improved immunity, and general well-being.

Botanical medicine is a plant based medicine that involves the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist in recovery from injury and disease.

Homeopathy is a form of medicine that uses minute doses of plant, animal, or mineral substances to stimulate the body's ability to heal itself.

Asian medicine includes the use of acupuncture, Eastern herbs and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin into underlying tissues at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or decoctions (strong teas) to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

Dry needling or Gokavi Transverse Technique (GTT) refers to the use of a combined technique of using micro-current administered to muscles via acupuncture needles, as well as the manual stimulation of trigger points to release tight muscles, scar tissue, and/or adhesions.

Injection Therapies include the administration of vitamins, minerals, amino acids, other natural substances, or emergency medications via subcutaneous, intramuscular, intravenous, or other injection methods.

Physical medicine refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems.

Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

Lifestyle counselling involves identifying risk factors and making recommendations to help optimize one's physical, mental, and emotional environment.

Hypnotherapy – Hypnosis has been defined as "...a special psychological state with certain physiological attributes, resembling sleep only superficially and marked by a functioning of the individual at a level of awareness other than the ordinary conscious state." (Encyclopedia Britannica 2004).

Persons under hypnosis are said to have heightened focus and concentration with the ability to concentrate intensely on a specific thought or memory, while blocking out sources of distraction. Hypnosis is usually induced by a procedure known as a hypnotic induction involving a series of preliminary instructions and suggestions. The hypnotic suggestions are delivered by a hypnotherapist in the presence of the subject. The use of hypnotism for therapeutic purposes is referred to as "hypnotherapy".

Even the gentlest therapies may cause complications in certain physiological conditions (e.g., pregnancy, lactation, very young children, or those taking multiple medications). Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important, therefore, that you inform your naturopathic doctor immediately of any disease process that you are suffering from as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you are pregnant, or you are breast-feeding, advise your naturopathic doctor immediately.

There are some slight health risks associated with Naturopathic Medicine. These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from acupuncture
- Fainting or puncturing of an organ with acupuncture needles

During your initial visits, your Naturopathic Doctor will take a thorough case history, do a physical examination, and when indicated, take blood and urine samples.

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- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from venipuncture, acupuncture, or dry-needling
- Fainting or puncturing of an organ with acupuncture needles

_____ I understand that a record will be kept of the health services provided to me.
Initials This record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medial record at any time and can request a copy of it by paying the appropriate fee.

_____ I understand that the Naturopathic Doctor will answer any questions that I have
Initials to the best of her ability. I understand that the results are not guaranteed. I do not expect the doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for (please list any exceptions):

_____ I understand that charges are to be paid at the time of the visit unless specific
Initials arrangements have been made **prior** to my scheduled appointment. Payment
for all dispensary items is due at the time of the visit.

_____ I understand that a fee will be charged (Missed Appointment Fee) for any
Initials missed appointments or late cancellations (less than 24 hours).

As the patient, you are responsible for the total charges incurred for each visit. We accept cash, chequet, or email money transfer (reception@axiomhealth.ca). If you have coverage for Naturopathic Medicine, you are responsible for billing your own insurance company – we will provide you with all of the information necessary to send your claim for reimbursement.

Your Naturopathic Doctor may prescribe supplements that can be purchased at Axiom Health Services or elsewhere. Most insurance companies do not cover the supplements that we prescribe and dispense.

I have read and understand the above-stated policies and information. I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Name (please print): _____

Signature of Patient or Guardian: _____

Date: _____