

Dr. Kahlen Pihowich ND

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NATUROPATHIC ADULT PATIENT INTAKE FORM

PERSONAL CONTACT INFORMATION

Our professional association requires us to maintain contact information for our patient records. No information will be provided to any other individual or group without your express permission. E-mail will only be used by our office to inform you of office events and will not be distributed for any other use.

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ (cell): _____ (work): _____

Email address: _____ (fax): _____

Age: _____ Date of Birth: _____ Gender: _____ Education: _____

Occupation: _____ Employer: _____ Hours per week: _____

Marital Status: _____ Number of Children and their ages: _____

PHN: _____

Has any other family member already been a patient at this clinic? _____

Who can we thank for referring you? _____

Emergency contact: _____ Relationship: _____

Phone: _____ Address: _____

PHYSICIAN INFORMATION

Do you see a medical doctor? Y / N

Doctor's Name: _____ Telephone: _____ Fax: _____

Have you previously been treated by a naturopathic doctor? Yes _____ No _____

Name _____ When? _____

Other health care practitioners you are seeing (including conventional and complementary practitioners):

1. _____

2. _____

3. _____

Intravenous Consent Authorization

PLEASE NOTE THAT THIS FORM MUST BE SIGNED PRIOR TO YOUR FIRST INTRAVENOUS THERAPY TREATMENT

Name of Patient: _____

1. You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies (for example, shock), procedures are not performed until you have an opportunity to receive such information and to give your informed consent.
 - a. The procedure involves inserting a needle into your vein or muscle and injecting the formula.
 - b. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.
 - c. Risks of intravenous therapy include:
 - Discomfort, bruising and pain at the sight of the injection.
Inflammation of the vein used for injection.
 - Severe allergic reaction, anaphylaxis, cardiac arrest and death.
 - d. Benefits of intravenous therapy include:
 - Injectable nutrients/substances are unaffected by digestion or intestinal disease.
Total amount of infusion is available to the tissues.
 - Nutrients are forced into the cells by means of a high concentration gradient.
High doses of nutrients can be administered without intestinal irritation.
2. You have the right to consent to or refuse proposed treatment at any time prior to its performance. Your signature on this form affirms that you have given your consent to the procedure(s) described above. Any different or further procedures, which may be indicated will require your further consent.
3. The procedure will be performed by Dr. Jacqui Fleury or Dr. Kahlen Pihowich.

Your signature below means that:

- You understand the information provided on this form and agree to the foregoing.
- The proposed intravenous procedure(s) have been adequately explained to you.
- You have received all the information and explanation you require concerning this procedure.
- You authorize and consent to the performance of the procedure.

DATE: _____

TIME: _____

SIGNATURE: _____

Patient/representative

If signed by a representative, indicate relationship: _____

SIGNATURE: _____

Witness