

Patient name _____

CHIEF HEALTH CONCERN

Cancer diagnosis _____

Primary occurrence Y / N Recurrence Y / N Metastatic Y / N

Lymph node involvement Y / N

Chemotherapy Past Y / N Currently undergoing Y / N Awaiting Y / N

Type/s of Chemotherapy _____

Radiation Past Y / N Currently undergoing Y / N Awaiting Y / N

Number of treatments _____

Hormone therapy Past Y / N Currently undergoing Y / N Awaiting Y / N

Please list _____

Diagnostic Imaging CT scan Y / N PET scan Y / N MRI Y / N

Ultrasound Y / N Mammogram Y / N Colonoscopy Y / N

Bone scan Y / N Mugga scan Y / N X-ray Y / N

Hospitalizations & surgeries _____

Other prescribed medications _____

Over the counter medications and supplements _____

Patient name _____

PERSONAL HEALTH HISTORY

Side effects of conventional care:

Nausea Y / N Vomiting Y / N Diarrhea Y / N Constipation Y / N
Neuropathy Y / N Brain fog Y / N Chronic fatigue Y / N Mouth sores Y / N

Please rate the following where 1 = very poor and 10 = your ideal state:

Appetite ____ / 10 Strength ____ / 10 Pain ____ / 10
Overall health ____ / 10 Energy ____ / 10 Sleep ____ / 10 Stress tolerance ____ / 10

Please list your exposure to the following:

Cigarette smoke Past Y / N Current Y / N
Other potentially harmful chemicals Past Y / N Current Y / N

FAMILY HEALTH HISTORY

Father's Family

Mother's Family

Patient name _____

REVIEW OF SYSTEMS

Please state any health issues in the following categories that are not already mentioned above, including any significant past issues as well, indicated by a (P) after the condition:

SKIN, HAIR, NAILS _____

DIGESTIVE _____

DIETARY RESTRICTIONS _____

RESPIRATORY _____

EYES, EARS, NOSE, THROAT _____

IMMUNE SYSTEM _____

CARDIOVASCULAR _____

NERVOUS SYSTEM _____

HORMONES _____

WEIGHT _____

URINARY _____

MUSCULOSKELETAL _____

MENTAL EMOTIONAL _____

ADDICTION _____

OTHER _____



PYATT HEALTH CENTRE
NATUROPATHIC FAMILY MEDICINE & ONCOLOGY CARE

CONSENT TO TREAT & PATIENT RESPONSIBILITY

The Undersigned patient and/or responsible relative or person hereby consents to the following:

I authorize Pyatt Health Centre naturopathic doctors and medical personnel to administer and perform medical examinations, investigations, and medical treatments during the course of my care that are deemed advisable or necessary.

I consent to Pyatt Health Centre contacting me by telephone if needed regarding appointments and follow-up needs.

I am responsible for making my own appointments and notifying Pyatt Health Centre with sufficient notice (one business day prior to my appointment) should I be unable to attend a scheduled appointment. Appointments missed or rescheduled without sufficient notice may carry a financial penalty.

I understand that should I be later than half the length of my appointment I will likely need to reschedule. Though every attempt will be made to accommodate late clients, Pyatt Health Centre is unable to make guarantees in this regard.

I realize that I am responsible for all costs associated with my care at Pyatt Health Centre. This includes, but is not limited to, consultations, treatments, evaluations & labs, supplementation, professional letters/ correspondences and courier & shipping costs. I also know that I will be duly informed by a member of Pyatt Health Centre of any cost prior to my incurring them.

I understand that it is my responsibility to follow-up with my care provider at Pyatt Health Centre via a phone or clinic consult, should phone messages or email not be answered in a timely fashion. Inquiries regarding changes or continuation of my treatment plan will require a follow-up appointment. Email may be used to clarify existing treatment plans and general questions or or notify practitioners of adverse reactions.

I will familiarize myself with all instructions or guidance for testing or visits provided by Pyatt Health Centre prior to the scheduled appointment.

Out of respect for the healing environment at Pyatt Health Centre I will refrain from wearing any toiletries and cosmetics that are heavily scented.

Patient Signature

Date