GreenApple HEALTH CARE Ltd.

Patient Information

First Name: ______________________

Last Name: ______________________

Middle Initial:_____ Birth Date: (m)____(d)______(y)________

Age:__________ Gender: ❑ male ❑ female

If patient under 18: Name of legal custodian, parent or guardian:

____

Home Address: ______________________

Apt. ________________City:________________

Province:________________Postal Code: ____________

Phone: (home) ______________________

(work)______________________

(cell)______________________

Email:______________________

Would you like to receive our newsletter? ❑ Yes ❑ No

How did you hear of us? ______________________

Doctor Choice

Please indicate which doctor you would like an appointment with (refer to our website to learn more about our doctors).

❑ Dr. Michael Nowazek, BSc, ND

❑ Dr. Briana Botsford, BSc, BPHE, ND

❑ Dr. Briana Lutz, BSc, ND

❑ Assign me a doctor

Patient Health Information

Chief concern(s) in order of importance:

1 ______________________

2. ______________________

3. ______________________

4. ______________________

5. ______________________

6. ______________________

List all vitamins, minerals, herbs and/or medications that you are currently taking. Also indicate the dose and time you take them:

1. ______________________

2. ______________________

3. ______________________

4. ______________________

5. ______________________

6. ______________________

7. ______________________

8. ______________________

9. ______________________

10 ______________________

Allergies (food, drug, other):

1 ______________________

2. ______________________

3. ______________________

4. ______________________

Informed Consent

This clinic utilizes the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's ability to heal and to improve a patient's quality of life and health through natural means.

Your practitioner will conduct a thorough case history. A physical exam, as well as blood and/or other laboratory testing may be performed as part of the diagnosis, and assessment of your condition. All of your personal and medical information will be kept strictly confidential

Statement of Acknowledgment

I have read and agree to the clinic policies. I understand that the medical care I will receive is based on Naturopathic and other supportive principles and practices.

I recognize that all the practitioners working with me will have access to my file, as Green Apple Health Care is an integrated health clinic.

I recognize that even the gentlest therapies can have complications in certain physiological conditions and therefore the information I provided is complete and identifies all health concerns including risk of pregnancy; and all medications, including over the counter drugs and supplements.

I understand that I have the ability to accept or reject this care of my own free will and choice and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating.

Signature:______________________________Date:______________

(Parent or Legal Guardian must sign for patients under 18)

Suite 221, 9148 - 23 Ave, Edmonton, AB T6N 1H9 Phone: 780.485.9468 Fax: 780.485.3587 Web: greenapplehealthcare.ca

Green Apple HEALTH CARE Ltd.

0	Never or almost never have the symptom
1	Occasionally have it, effect is not severe
2	Occasionally have it, effect is severe
3	Frequently have it, effect is not severe
4	Frequently have it, effect is severe

EXAMPLE

3	Headaches
0	Faintness
1	Dizziness
4	Insomnia
8	Total

Health Questionnaire

Please *rate* the following symptoms you may have according to the *Point Scale*

HEAD

- [ ] Headaches
- [ ] Faintness
- [ ] Dizziness
- [ ] Insomnia
- Total

EYES

- [ ] Watery or itchy eyes
- [ ] Swollen, reddened or sticky eyelids
- [ ] Bags or dark circles under eyes
- [ ] Blurred or tunnel vision (does not include near-or far-sightedness)
- Total

EARS

- [ ] Itchy ears
- [ ] Earaches, ear infections
- [ ] Drainage from ear
- [ ] Ringing in ears, hearing loss
- Total

NOSE

- [ ] Stuffy nose
- [ ] Sinus problems
- [ ] Hay fever
- [ ] Sneezing attacks
- [ ] Excessive mucus formation
- Total

MOUTH/THROAT

- [ ] Chronic coughing
- [ ] Gagging, frequent need to clear throat
- [ ] Sore throat, hoarseness, loss of voice
- [ ] Swollen or discolored tongue, gums or lips
- [ ] Canker sores
- Total

SKIN

- [ ] Acne
- [ ] Hives, rashes, dry skin
- [ ] Hair loss
- [ ] Flushing, hot flashes
- [ ] Excessive sweating
- Total

HEART

- [ ] Irregular or skipped heartbeat
- [ ] Rapid or pounding heartbeat
- [ ] Chest pain
- Total

LUNGS

- [ ] Chest congestion
- [ ] Asthma, bronchitis
- [ ] Shortness of breath
- [ ] Difficulty breathing
- Total

DIGESTIVE TRACT

- [ ] Nausea, vomiting
- [ ] Diarrhea
- [ ] Constipation
- [ ] Bloated feeling
- [ ] Belching, passing gas
- [ ] Heartburn
- [ ] Intestinal/stomach pain
- Total

JOINTS/MUSCLES

- [ ] Pain or aches in joints
- [ ] Arthritis
- [ ] Stiffness or limitation of movement
- [ ] Pain or aches in muscles
- [ ] Feeling of weakness or tiredness
- Total

WEIGHT

- [ ] Binge eating/drinking
- [ ] Craving certain foods
- [ ] Excessive weight
- [ ] Compulsive eating
- [ ] Water retention
- [ ] Underweight
- Total

MENSTRUATION

- [ ] Irregular cycle
- [ ] Menstrual cramps
- [ ] Contraception Y/N
- Total

ENERGY/ACTIVITY

- [ ] Fatigue, sluggishness
- [ ] Apathy, lethargy
- [ ] Hyperactivity
- [ ] Restlessness
- Total

MIND

- [ ] Poor memory
- [ ] Confusion, poor comprehension
- [ ] Poor concentration
- [ ] Poor physical coordination
- [ ] Difficulty in making decisions
- [ ] Stuttering or stammering
- [ ] Slurred speech
- [ ] Learning disabilities
- Total

EMOTIONS

- [ ] Mood swings
- [ ] Anxiety, fear, nervousness
- [ ] Anger, irritability, aggressiveness
- [ ] Depression
- Total

OTHER

- [ ] Frequent illness
- [ ] Frequent or urgent urination
- [ ] Genital itch or discharge
- Total

GRAND TOTAL

At Green Apple Health Care Ltd., our Naturopathic Doctors are highly educated health care professionals. Each of our doctors has a full university degree followed by a 4 year naturopathic medical degree at an accredited school of naturopathic medicine. Some of our doctors also have advanced training in specialty treatments like intravenous vitamins or natural joint regeneration.

The doctors at Green Apple Health Care do more than just use natural therapies instead of drugs. We look for the core cause of a health problem rather than symptom chasing with a natural alternative to a drug.

You should expect personalized, one-on-one care. Our doctors take the time to listen to you and thoroughly understand your health concerns and your needs. We don't chase symptoms or tell you how to "manage" them. We identify the specific cause of your health problem and address that with the proper natural therapies for you.

We work with you to find the most appropriate treatment for you, a plan that focuses on the core cause of your health problem. Your customized treatment plan will be designed to dovetail with your circumstances and lifestyle. Your plan will be designed to address your health issues in stages to keep the healing process continuously moving forward and make it easy for you to do.

Our team of experienced health care professionals is ready to help you and your family to achieve lifelong wellbeing.

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