LARISSA POPOV, H.B.Sc., N.D.
DOCTOR OF NATUROPATHIC MEDICINE

HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

Dear Parent or Guardian,

Investing in your child's health will benefit them now and for a lifetime!

We practice naturopathic medicine and complimentary therapies and we endeavor to help your child achieve health in the most caring and gentle way as well as enable them to develop healthy habits for life.

The Principles of Naturopathic Medicine:
First, do no harm.
Cooperate with the healing power of nature.
Address the fundamental cause of disease.
Heal the whole person through individualized treatment.
Teach the principles of healthy living and prevention.

This package consists of 2 parts:

- Informed Consent Form (pages 2-3)
- Paediatric Intake Form (pages 4-8)

Please read all of the information provided, complete the **Intake Form** and **Informed Consent Form**, and **bring them with you on your first visit.** The information you provide will play an important role in developing your child's individualized health care plan. Please note: the information provided on these forms and in our interactions are strictly confidential.

Your child's first visit is 1-11/2 hours long and will include:

- A thorough health history including review of your intake form
- Review of your current supplements and medications (please bring them with you)
- Review of any laboratory reports, blood tests, etc. (please bring copies of any lab reports conducted in the last 6 months)
- Physical examination, time permitting
- Initial assessment
- Some initial treatment recommendations, if applicable

The second visit typically consists of a physical examination and subsequent treatment recommendations. The frequency and duration of subsequent visits required to monitor your child's progress and to provide treatments will be determined based on the nature of the condition and the type of treatment plan.

We look forward to meeting you!

Sincerely,

Larissa Popov, N.D.

LARISSA POPOV, H.B.Sc., N.D.
DOCTOR OF NATUROPATHIC MEDICINE
HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

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 treatment approaches may be used alone or simultaneously throughout the course of treatment.

Nutrition: Dietary modifications and/or supplementation are given in order to address deficiencies, treat disease processes, and to support proper functioning of the body.

Herbal medicine: Is a plant-based medicine that involves the use of herbs in the form of teas, tinctures, capsules, tablets, flower essences and topical preparations. Herbs can be used to assist in the recovery from illness or injury and support proper functioning of the body.

Homeopathy is a form of medicine based on the *Law of Similars*, or "like cures like. The *Law of Similars* states that a substance that can create symptoms in healthy people, at very minute doses, can be used to treat these same symptoms. These minute doses of plant, animal or mineral origin are powerful medicines that stimulate the body's natural ability to heal itself on the physical, mental, emotional and spiritual level.

Traditional Chinese Medicine is a system based on the Taoist philosophy of the balance between *Yin* and *Yang*, opposite poles in nature. Treatment strategies include the use of herbs, acupuncture and dietary modifications to bring the body back into balance. Herbs may be given in the form of tablets, tinctures, and decoctions (strong teas) to be taken internally or used externally. Acupressure or acupuncture may be made administered depending on the comfort level of the child.

Hydrotherapy is the therapeutic use of water. Hot and cold applications may be used to promote circulation, reduce inflammation and strengthen the immune system.

Physical Medicine includes basic soft-tissue work, orthopedic testing and assessments.

Lifestyle counselling involves identifying risk factors and making recommendations that will promote physical, mental, emotional and spiritual well-being.

Bodywork:
Craniosacral Technique is a type of gentle bodywork based on osteopathic techniques that involves the subtle release of tissues and joints from restriction while working within the body's natural limitations.
Bowen Technique is a type of gentle bodywork which uses soft plucking motions at points along the muscles and tendons which release structures from their "holding patterns" and allow them to relax and rebalance with the rest of the body.

Both techniques ellicit a deep relaxation response in the recipient and can be very beneficial for a variety of conditions.

Laboratory testing: Your naturopathic doctor may collect urine, hair or other samples for in-office laboratory tests or refer you externally for lab testing as required.

Health risks associated with treatment by naturopathic medicine in children include but are not limited to:

- aggravation of pre-existing symptoms during the healing process
- allergic reactions to supplements or herbs
- pain, bruising or injury from acupuncture
- fainting or puncturing of an organ with acupuncture needles

LARISSA POPOV, H.B.Sc., N.D.
DOCTOR OF NATUROPATHIC MEDICINE

HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

STATEMENT OF ACKNOWLEDGEMENT

I, (print name of parent or guardian) _____, acknowledge that as the parent or guardian of

(name of child) _____, I have read the information included herein regarding naturopathic care for my child, and I understand that the services provided are based on naturopathic medicine and other complimentary therapies. I also recognize that even the gentlest therapies may cause complications in certain physiological conditions which depends greatly on the individual and the extent of illness. Some therapies must be used with caution with conditions such as diabetes, heart, liver or kidney disease, or those on multiple medications. I therefore confirm that I have informed and will continue to inform the practitioner fully of my child's medical history, family history, medications and/or supplements currently taken (prescription or over-the-counter), or was previously taking. If my child is female, I have advised the practitioner if my child is pregnant or breast-feeding or that there is a possibility that she is pregnant, and I will continue to do so.

_____ Initials — I understand that a record will be kept of the health services provided to my child. 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 child's medical record at any time and I can request a copy of it by paying the appropriate fee.

_____ Initials — I understand that the naturopathic doctor will answer any questions I have to the best of her ability. I understand that I will be informed of the diagnostic and therapeutic procedures and treatment plan for my child before undergoing treatment and I will discuss any requests for related information with the naturopathic doctor. I acknowledge and confirm that I will become informed of the diagnostic and therapeutic procedures and plans with respect to financial costs, expected benefits, potential risks and side effects, the likely consequence of not having or following the treatment plan, and any alternative course(s) of action available to my child. 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 the recommended diagnostic and therapeutic procedures outlined above for my child, except for (please list any exceptions):_____

_____ Initials — I understand that fees and dispensary purchases are not covered by OHIP and are to be paid in full at the end of the appointment.

_____ Initials — I understand that a fee may be charged for any missed appointments or cancellations with less than 24 hours notice.

_____ Initials — I understand that any treatment or recommendation provided for my child by the naturopathic doctor is *not* mutually exclusive from any other treatment or recommendation that he or she is now receiving or may in the future receive from another licensed health care provider. I am at liberty to seek or continue medical care for my child from a medical doctor or other health care provider licensed to practice in Ontario.

_____ Initials — As part of my agreement to treatment with the naturopathic doctor, my child will maintain annual physical exams with the family doctor as well as continue to receive medical treatment and supervision with a conventional medical doctor.

_____ Initials — I have read and understood the above stated policies and information. I intend this consent form to cover the entire course of treatment my child receives with the naturopathic doctor. I understand that I am free to withdraw my consent and discontinue my child's treatment at any time.

Name of Parent or Guardian (please print):_____ Date: _____

Signature of Parent or Guardian:_____

LARISSA POPOV, H.B.Sc., N.D.
DOCTOR OF NATUROPATHIC MEDICINE
HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

PAEDIATRIC INTAKE FORM

Name of child: _____ Date: _____

SEX: M F AGE: _____ DOB (year/month/day):_____

Name of Parent/Guardian(s): _____

Home phone#:_____ cell#:_____

Address: _____Parent's email:_____

Parent's address if different from above:_____

Family arrangement: married common-law separated divorced

How did you hear about the clinic? (advertisement, friend ,family) _____

EMERGENCY CONTACT:

Name: _____phone#:_____work#:_____

Primary care physician name & contact information:_____

ALLERGIES (environmental, drugs, food, chemicals):_____

CHIEF CONCERNS in order of importance: _____

_____

Please list any treatments currently or previously used for this condition and their results:

_____

_____

PAST MEDICAL HISTORY: For the following, please include date of onset and any complications/adverse effects.

Major health concerns:_____

_____

Major injuries:

_____

Medications currently taken: _____

Continued from page 1,

HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

VACCINATIONS: Has your child received regular vaccinations according to standard Pediatric schedule? Y N

If no, please explain,

_____

Please indicate which vaccinations your child has had:

DPT (diphtheria, pertussis, tetanus) ____ Chicken pox _____ Tetanus booster _____

MMR (measles, mumps, rubella) _____ Flu shot _____ Hib (Haemophilus influenza B) _____

Polio ___ Hepatitis B ___ Hepatitis A ____ Meningitis ____

Other: _____

Any adverse reactions? Yes/No Please explain: _____

Supplements (vitamins/minerals/herbs, include how often taken and effects): _____

_____

FAMILY MEDICAL HISTORY:

Please state any of the following if they apply: allergies, arthritis, asthma, eating disorder, epilepsy, heart disease, high blood pressure, stroke, cancer, diabetes, depression, substance abuse, mental illness, bleeding problems, multiple sclerosis, obesity, kidney disease, tuberculosis, thyroid problems, other

MATERNAL	PATERNAL
Parents:	Parents:
Aunts/Uncles:	Aunts/Uncles:
Grandparents:	Grandparents:
Sibling 1:	Sibling 1:
Sibling 2:	Sibling 2:

HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

PRENATAL HISTORY

Health of parents at conception: Poor Good Excellent

Health of mother during pregnancy: _____

Mother's diet during pregnancy: _____

Mother's food cravings during the pregnancy: _____

Mother's age at time of child's birth? _____ Were there any fertility issues? Yes No

Please describe:_____

Did the mother receive prenatal medical care? Yes No

If yes, please describe: ie. Midwife, doula, obstetrician, GP _____

Did the mother experience any complications during her pregnancy? Yes No

If yes, please describe and include any that apply: e.g. gestational diabetes, high blood pressure, varicose veins, placenta previa, breech position..._____

Did the mother use any of the following during her pregnancy?

tobaccoalcohol recreational drugs Prescription medications: _____

Over the counter medications:_____

Supplements:_____Other: _____

BIRTH/POST NATAL HISTORY

Child's birth order (ie. Youngest , oldest) _____

Number of weeks of pregnancy at birth:_____ Length of labour:_____

Weight at birth:_____ Length at birth:_____

Vaginal or caesarean birth:_____ Please list any complications:_____

Interventions: e.g. forceps, vacuum extraction, external fetal monitor, epidural, pitocin, induction of labour, other

_____

DIET:

HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

Breastfeeding: Yes No Formula:_____ Freq. Amt:_____ Other foods: _____

Food introduction: Yes No First foods? _____

Any adverse reactions: _____

Time and place of meal consumption: _____

Habits, cravings and aversions:_____

Concerns:_____

ELIMINATION: Stool Frequency:_____ Appearance:_____ Urinary Frequency:_____

Toilet training: Yes No When? _____ Concerns:_____

SLEEP: Hrs/night: _____ Naps frequency:_____Location:_____

Habits:_____ Concerns:_____

BEHAVIOUR/PERSONALITY: Describe child: _____

Discipline: (reasons, methods) _____

Temper tantrums? Y es No Management:_____

Fears: _____

Stress level: Low Medium High Emotional climate in child's home:_____

Please describe child's interactions with:

Parent(s)/Guardians:_____

Other children: _____

DAY CARE Yes No Where: _____ Freq/Length: _____

Concerns:_____

GROWTH & DEVELOPMENT: Growth and development are age appropriate Yes No

MILESTONES**:** Please list age at which the following occurred: (specify if timing was unusual)

Sitting:_____ Crawling:_____

Rolling over:_____ Walking:_____

Talking:_____ Teeth eruption:_____

HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

ACTIVITIES/HOME ENVIRONMENT:

TV (hours/day) _____ Games/hobbies: _____

Family time (hrs):_____ Environmental exposures if known(water quality, pesticides, cleaning products, carpet, paint, etc).**_____**

Safe neighbourhood: Yes No

DENTAL CARE: Yes No Comments: _____

REVIEW OF SYSTEMS:

Please circle any that apply currently or in the past and make additions in the space provided if necessary:

General: Fever Illness Hospitalization Injury _____

Head: Swelling Rash Hair loss _____

Eyes: Red Inflammation Tears Lazy eye _____

Ears: Inflammation Discharge Acuity Infections _____

Nose: Infection Allergies Breathing Mucus Bleeding Picking _____

Mouth: Cavities Swelling gums Cold sores Rash _____

Skin: Rash Dryness Moles/birthmarks Scars _____

Neck/Throat: Lymph nodes Stiffness Sore throat Strep _____

Respiration: Cough Wheezing Asthma Recurrent infections _____

Cardiovascular: Paleness Heart murmur Shortness of breath Palpitations _____

Gastrointestinal: Stomach aches Diarrhea Constipation Vomiting _____

Genitourinary: Painful urination Inflammation Rash _____

Musculoskeletal: Muscle pain Stiffness Loss of strength Fractures _____

Neurological: Seizures Loss sensation Tremors Anxiety Fatigue

Coordination Problems _____

Any other concerns not already covered on this form: _____

HEALING HANDS Family Chiropractic & Massage Centre
923 Kingston Road, Toronto, ON
M4E 1S6, 416-699-6336

Thank you for taking the time to fill out the requested information. It will be very helpful in assessing your child's present health and in creating his/her personalized treatment plan.