INTAKE FORMS FOR_____ **DATE OF INITIAL CONSULTATION:** _____

Hello and a warm welcome to you. Please review this information and complete the forms in advance of our appointment together. I am looking forward to meeting with you.

Sincerely, Jacinta Willems ND

ABOUT OUR TREATMENT APPROACH

Jacinta's work is based on a profound respect for the workings of the Laws of Nature.

"The body has the ability heal. Nature guides this process of healing. We can tap into this potential for healing by using therapies that respect the Laws of Nature, strengthen the body and promote vitality."

Symptoms come about when the healing capacity of the body is overburdened, stuck, or out of balance. This may be aggravated by such factors as suppression of acute illnesses, the effects of stress, shock, trauma, toxicity, inefficient elimination, thoughts and emotions, inherited patterns, poor diet or nutritional deficiency. Symptoms guide us to understand the underlying imbalance of the body. The direction in which the symptoms evolve provide us with a means of evaluating the effectiveness of treatment.

We have a choice: we can suppress the symptoms or we can treat the cause. Suppressing the symptoms leads to reduced vitality and chronic health problems. Treating the cause leads to enhanced vitality and well-being.

The approach that Jacinta takes in her work is to identify and treat the underlying cause of disease using safe and natural therapies that boost vitality and work with the Healing Power of Nature to re-establish a state of health and well-being.

.

ABOUT JACINTA WILLEMS ND

Jacinta received her Bachelor of Science Degree from the University of Waterloo and her Degree of Doctor of Naturopathic Medicine from BASTYR UNIVERSITY, in Seattle Washington. She has been practicing in the Stratford area since 1995. In addition to her work as a Naturopathic Doctor, she is passionate about real food, sustainable food systems, and the care and restoration of the land upon which this food is grown. Health and vitality are dependent upon access to highest quality nutrient-dense foods. Nutrient dense food in turn, depends on the health of the soil and the use of sustainable farming practices. Together with her partner John Drummond of GREENBELT FARM, they raise highest quality grass fed beef. Throughout the pasture season, their beautiful herd of heritage Devon Cattle can be seen grazing the land at Devonside. The clinic is located at DEVONSIDE FARM, which has been in the care of Jacinta's family since 1976

INTAKE FORMS FOR_____ **DATE OF INITIAL CONSULTATION:** _____

OFFICE POLICIES AND PROCEDURES

MAKING AN APPOINTMENT

Office hours are by appointment only. Online booking is available 24 hours a day via our website www.thehealingpowerofnature.ca If you do not have access to the internet and need to book via telephone, please call 519 393-5590.

REMEDY REFILLS

Should you need a refill of a remedy, please email us or call the office. We do a drop off of remedy refills once a week to the Gentle Rain health food store in Stratford. Please see our website for more details. We can have them shipped out to you for a nominal shipping fee of $10.

FEE SCHEDULE	
TYPE OF VISIT	**COST**
Initial Appointment - 2 hours	$268
Regular Follow up Appointment - 1 hour	$135

INSURANCE COVERAGE

OHIP does not provide coverage of our services. Most extended health plans cover the services of Naturopathic Doctors. Contact your insurance provider for more information.

BILLING AND PAYMENT

Payment is due at the time of visit. Payment may be made with cash, cheque, debit, Visa or Mastercard. If you have insurance that will cover our services, payment is made at the time of the consultation and you can submit your receipt directly to your insurance company. We do not submit insurance claims from this office. There will be a $25.00 fee for NSF cheques.

MISSED APPOINTMENTS, RESCHEDULING AND CANCELLATION POLICY

We require a minimum of 48 hrs notice in order to reschedule the initial appointment. We require a minimum of 24 hrs notice to reschedule any other appointment. Please give the appropriate cancellation notice if you are unable to keep your appointment. Otherwise you will be charged for this time, as it has been reserved for you. The exception to this is in the case of poor weather. Any concern about driving conditions and we will gladly reschedule your appointment without charge. *Those who are unable to give the appropriate cancellation notice or who miss an appointment will be charged the fee for the service which was scheduled*

FINANCIAL POLICIES

I agree to pay my account in full at every visit and whenever remedies are purchased. I have read and understand the fee schedule that was given to me. The price of remedies is not included in the price of the visit. If I decide to purchase these remedies, I understand that their payment is due when I receive them. Prescribed remedies may be purchased from Jacinta Willems ND, or any other company of my choice.

Please sign here indicating you have read and agree to these office policies:

_____

SIGNATURE of PARENT OR GUARDIAN *DATE*

INTAKE FORMS FOR_____ DATE OF INITIAL CONSULTATION: _____

PRIVACY POLICY

Privacy of your personal information is an important part of our clinic. We are committed to collecting and using your personal information responsibly. We are aware of the sensitive nature of the information that you have disclosed to us and are trained in the appropriate use and protection of your information. We promise that only necessary information is collected about you and we will only share your information with others if we have your consent to do so. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. Exceptions to confidentiality are: danger to yourself; danger to another; or child abuse. The privileged nature of communication with Practitioner ceases under these circumstances. The storage, retention and destruction of your personal information complies with legislation according to the College of Naturopaths of Ontario and privacy protection protocol. This clinic will collect and use your information only for the following purposes:

- To assess your health concerns and provide health care
- To establish and maintain contact with you, or send newsletters
- To communicate with other health-care providers only with your consent
- To allow us to efficiently follow-up for treatment, care and billing
- To invoice for goods and services and to process credit card payments

*SIGNATURE*_____*DATE:*_____

CONTINUATION OF CARE WITH YOUR FAMILY DOCTOR OR NURSE PRACTITIONER

- Dr. Jacinta Willems ND is not a medical doctor and has not suggested to you to refrain from seeking or following conventional medical treatment. Dr. Jacinta Willems ND does not function as a primary care physician. She offers her services in addition to other services received. You should seek and continue conventional medical care from a conventional medical doctor or nurse practitioner. I understand that naturopathic therapies do not replace conventional medical advice/care
- Any treatment or advice provided to you as a client of Dr. Jacinta Willems ND is not mutually exclusive from any treatment or advice that you may now be receiving or may in the future receive from another licensed health care practitioner.
- Dr. Jacinta Willems ND does not perform routine exams, lab tests, and diagnostic tests that are available through OHIP and by your medical doctor. Therefore, you understand that it is your responsibility to maintain contact with a medical doctor so that all necessary testing may be performed as required to monitor your condition
- Dr. Jacinta Willems ND may use testing procedures that are not conventional and are used only to make an assessment of the progress of therapy and are by no means a tool to specifically diagnose a disease.
- Dr. Jacinta Willems ND does not treat diseases such as cancer, auto-immune conditions, genetic diseases, HIV/AIDS etc., rather she will help to assess and correct imbalances in the body, nutrition and lifestyle to improve your overall wellbeing.
- In the event of a medical emergency, you are advised to seek medical care at a hospital.

*SIGNATURE*_____*DATE:*_____

CONSENT TO PHYSICAL EXAMINATION

It is assumed that you are under the care of a medical doctor and that you undergo routine physical examination with your MD through OHIP coverage. Gynecological, prostate and rectal exams are not performed at this office. Breast exams are performed upon request. You have the responsibility to undergo these exams with your medical doctor. You give consent to Jacinta Willems ND to perform general physical examination as deemed appropriate for your condition.

*SIGNATURE*_____*DATE:*_____

INTAKE FORMS FOR_____ DATE OF INITIAL CONSULTATION: _____

CONSENT TO TREATMENT

The treatment you will be undertaking with Dr. Jacinta Willems ND focuses on improving your general state of health. This approach does not treat a specific disease, but rather it works to strengthen your vitality. Symptoms are an indication of an imbalance in your body or in your life. Our treatment seeks to improve the vitality of the body and deal with the underlying imbalances contributing to the disease. Treatments may include:

- Dietary and lifestyle counseling, stress reduction and stress management techniques
- Treating nutritional deficiencies, tonifying weak organ systems, boosting vitality
- Reducing the toxic burden on the body with lifestyle changes, drainage and detoxification
- Balancing gut flora and improving digestive and immune function
- Nutritional supplements, botanical medicines and/or homeopathic medicines
- Treatments may include acupuncture, cranio-sacral therapy, colour or sound therapy

These treatments are very gentle. As a result, side effects are rare when the remedies are taken as directed. I understand that, as with drugs, nutritional/herbal supplements and homeopathic remedies may cause some side effects in certain sensitive individuals, may interact with certain prescription medications or lab tests, or cause symptoms due to certain pre-existing disease conditions. I do not expect Dr. Jacinta Willems ND to be able to anticipate and explain all risks and potential complications. I wish to rely on her to exercise judgment in recommending therapies she feels are in my best interest, based on the available knowledge. I have the opportunity to ask questions and discuss with my Practitioner; 1) my condition 2) the nature, purpose, and potential benefit of the proposed therapies 3) the material risks inherent in the therapies 4) the probability of those risks occurring 5) the likelihood of success 6) reasonable available alternatives to the proposed therapies 7) the material risks inherent in such alternatives and the probability of such risks occurring 8) the possible consequences if advice is not followed and/or no therapies are undertaken.

If you experience any unusual symptoms stop all remedies and contact Dr. Jacinta Willems ND. Never continue remedies on your own for extended periods of time. Take remedies only as directed and as long as directed. Follow up with Dr. Jacinta Willems ND as recommended to re-assess treatment. If you become pregnant, stop all remedies and let us know.

Sometimes as the body begins to heal you may experience a return of old symptoms, headaches, nausea, a skin eruption, diarrhea, fever, discharge, or an acute cold or flu. In order to improve your health and wellbeing, it is beneficial to support this process without the use of suppressive medications if at all possible. Please make contact with our office in the case of these types of reactions so that we can schedule an acute follow-up appointment to support these processes naturally. An acute reaction supported naturally that clears out efficiently can advance the state of your health and vitality. In the case of a medical emergency, go to the nearest hospital.

Any herbal or nutritional remedies that you choose to take for extended periods of time or on an ongoing basis should always be pulsed in their dosage schedule. This means to take the remedy for 10 days of every month or 1 week on, 1 week off. Do not take natural supplements indefinitely.

With this knowledge, I voluntarily consent to the above therapies, realizing that no guarantees have been given to me by Dr. Jacinta Willems ND or any of her personnel, regarding prevention, treatment, or cure of my condition or any condition. I understand that I am free to withdraw my consent and to discontinue participation in these therapies at any time. *I understand that full disclosure of information has been made to me and all my questions have been answered to my full satisfaction.*

_____

NAME OF CHILD

_____

NAME OF PARENT/GUARDIAN *SIGNATURE* *DATE*

_____

Consent has been discussed *NATUROPATHIC DOCTOR SIGNATURE* *DATE*

INTAKE FORMS FOR_____ **DATE OF INITIAL CONSULTATION:** _____

Age: _____ Birthdate: dd mm yr What is your child's blood type? A B O AB
Mother's Name: _____ Father's name:_____
Address: _____
STREET CITY POSTAL CODE
Home phone: _____Parent's Cell:_____Parent's email: _____
In case of emergency notify _____Phone number: _____
Living situation: ❑ Mother ❑ Father ❑ Siblings how many? ____ Comments_____
Names and ages of those living with you _____
If you have any pets please list _____
Is your child happy? YES/NO Does your child have a strong support network? YES/NO_____
What brings your child the most joy in life? _____
Time spent outside: Hours per day _____Hours per week _____Use of sunscreen? YES/NO
Family Doctor: _____Other Healthcare Providers your child is under the care of:
_____
How did you hear about our office? _____
Does your child have any disability or special needs? YES/NO_____
Does your child wear a medical alert bracelet? YES/NO _____

Does your child have any ANAPHYLACTIC allergies? Please list

OTHER ALLERGIES: List substance and associated reactions observed

WHAT IS YOUR INTENTION FOR THIS APPOINTMENT?

What are the 5 most significant stressors or stressful events in your child's life, from the most recent to the most distant. Please indicate which ones are continuing to impact your child's life directly.

Age	Stressor or Event	Continues

Hospitalizations, Surgeries, Births, Traumas, Falls, Accidents, Past Severe Acute Illnesses:

Age	Event	Age	Event

Current Medications Include all prescription and OTC meds

Medication	Since	Medication	Since

INTAKE FORMS FOR_____ **DATE OF INITIAL CONSULTATION:** _____

Please bring a print out of a Complete Prescription History listing all medications taken, for what and when.

CURRENT NATURAL HEALTH SUPPLEMENTS

Supplement	Start Date	Frequency	Supplement	Start Date	Frequency

Please rank current and ongoing problems by priority, and if problem is mild moderate or severe

Describe Problem	Severity	Prior Treatments For this Condition	Comments/Outcome

FAMILY HISTORY Please indicate health conditions occurring in the child's family, including such diagnoses as allergies, alcoholism, alzheimer's, anxiety, asthma, auto-immune diseases, cancer, dementia, depression, diabetes, drug abuse, eczema, heart disease, high blood pressure, kidney disease, mental illness, multiple sclerosis, osteoporosis, parkinson's, psoriasis, rheumatoid arthritis, stroke, thyroid problems etc

Family Member	**Health History**	**If deceased, age & cause**
Mother		
Father		
Maternal GM		
Maternal GF		
Paternal GM		
Paternal GF		
Other:		

MOTHER'S HEALTH DURING PREGNANCY Please check all that apply and provide date

	Difficulty getting pregnant		Group B strep infection
	Infertility drugs used, specify		Had C-Section for birth of this child
	In vitro fertilization		Use induction for labor such as Pitocin
	Drink alcohol		Had anesthesia? What was used?
	Smoke tobacco		Used oxygen during labour
	Took progesterone		Had Rhogam, if so how many shots
	Took prenatal vitamins		How many when pregnant
	Took antibiotics? During labour?		Gestational diabetes
	Took other drugs, specify		High blood pressure – Pre-eclampsia
	Excessive vomiting, nausea, more than 3 wks		High blood pressure – Toxemia
	Had a viral infection		Had chemical exposure before or during
	Had a yeast infection		Father had chemical exposure before or during
	Had amalgam filling put in teeth		Moved to newly built house
	Had amalgam fillings removed from teeth		House painted indoors
	Number of fillings in teeth when pregnant		House painted outdoors
	Had bleeding? Which month?		House exterminated for insects
	A great deal of emotional stress		Wound up and stressed out during pregnancy
	Spend a lot of time around computers/EMFs		Had birth problems

MOTHER'S MICROBIOME and DENTAL HISTORY

❑ Born by C-Section ❑ Breast fed less than 6 months as baby ❑ Colicky as baby ❑ Food allergies
❑ Have lived on a farm ❑ Gardener ❑ Pets ❑ Drink unfiltered well water ❑ Drink Chlorinated water
❑ Traveler's diarrhea ❑ Food poisoning ❑ Use antibacterial soaps ❑ Use of antacids or H2 blocker
❑ Use of Antibiotics ____ X as child and ____ X as adult ❑ Eat a lot of sweets, baked goods or breads
How many dental fillings? ___ Amalgam (silver) ____ Gold ____ Composite ____ Porcelain
Number of crowns: ___ Root canals: ___ Implants: _____ Gums inflamed or receding? ____

INTAKE FORMS FOR_____ **DATE OF INITIAL CONSULTATION:** _____

Other:			
CHILD'S MEDICAL HISTORY Please provide age of onset			
Gastrointestinal			
	Irritable Bowel Syndrome		Gastritis or Peptic Ulcer Disease
	Inflammatory Bowel Disease		Reflux
	Crohn's		Colic
	Ulcerative Colitis		Parasites or H. Pylori
	Celiac Disease		Other
Cardiovascular/Circulation			
	Heart Murmur		Other
Metabolic/Endocrine			
	Type 1 Diabetes		Weight Gain
	Type 2 Diabetes		Weight Loss
	Hypoglycemia		Slow growth or weight gain
	Endrocrine problems		Eating Disorder
GenitoUrinary System			
	Kidney Stones		Yeast Infections
	Frequent Urinary Tract Infections		Other
Immune			
	Food Allergies		Frequent Infections
	Frequent tonsillitis or Strep throat		
Respiratory Diseases			
	Asthma		Pneumonia
	Chronic Sinusitis		Frequent Ear Infections
	Bronchitis		Other
Eyes			
	Wear glasses or contacts Near/Far Sighted		Other
Neurological/Mood			
	Depression		Seizures
	Anxiety		Mild Cognitive Impairment
	ADD/ADHD		Sensory Integration Disorder
	Autism		Other
Please list any other health conditions your child has had:			

Please check all current symptoms or those present within last 6 months

SENSORY	NEUROMUSCULAR	SPEECH
❑ Sensitive to sounds	❑ Clumbsy	❑ never spoke
❑ Covers ears with sounds	❑ Fine motor poor	❑ occasional words when excited
❑ Ear Pain	❑ Gross motor poor	❑ expressive language poor
❑ Sensitive to odors	❑ Rocking	❑ Lost language 12-24 months
❑ Blinking	❑ Stiffens body when held	❑ Lost language after 24 months
❑ Bothered by bright lights	❑ Calf cramps	❑ Stuttering
❑ Conjunctivitis pink eye	❑ Muscle tone tense	❑ Poor aduditory processing
❑ Eye crusting	❑ Muscle twitching	
❑ Cross eyed	❑ Poor muscle tone	RESPIRATORY
❑ Unaware of danger	❑ Tics	❑ Holds breath
❑ Unaware of people's feelings	❑ Tremors	❑ Congestion
❑ Upset by change	❑ Seizures	❑ Cough
❑ Complicated rituals	❑ Slow and sluggish	❑ Runny nose
❑ Lines things up precisely	❑ Expressive	❑ Sinus fullness
❑ Collects particular things		❑ Wheezing
❑ Repeats old phrases	URINARY	
❑ Insensitive to pain	❑ Frequent urination	OTHER
❑ Language delay	❑ Bed wetting after age 4	_____
	❑ Odd urine odor	
	❑ Urine tract infections	_____

INTAKE FORMS FOR_____ **DATE OF INITIAL CONSULTATION:** _____

	❑ Urinary urgency	

Please check all current symptoms or those present within last 6 months

GENERAL
❑ Happy
❑ Pleasant, easy to care for
❑ Coordinated
❑ Sensitive emotionally
❑ Affectionate
❑ Responsible
❑ OK if parents leave
❑ Answers parent
❑ Follows instructions
❑ Pronounces words well
❑ Good with math
❑ Good with computers
❑ Good with fine work
❑ Good throw/catch
❑ Good climbing
❑ Bold, free of fear
❑ Likes to be held
❑ Likes to be swaddled

SLEEP
❑ Sleeps in own bed
❑ Sleeps with parents
❑ Awakens screaming/crying
❑ Awakes at night
❑ Early waking
❑ Insomnia
❑ Sleeps less than normal
❑ Daytime sleepiness
❑ Jerks during sleep
❑ Nightmares
❑ Sleeps more than normal

PHYSICAL
❑ Looks sick
❑ Glazed look
❑ Dark circles under eyes
❑ Lymph nodes enlarged neck
❑ Head sweats in sleep
❑ Failure to thrive
❑ Hands feet sweaty
❑ Perspiration odor

SKIN
❑ Paleness
❑ Cradle cap
❑ Dandruff
❑ Oily skin
❑ Diaper rash
❑ Body odor
❑ Acne
❑ Eczema
❑ Red face
❑ Sensitive bug bites
❑ Dry scalp
❑ Nails brittle
❑ Easy bruising
❑ itchy anywhere

DIGESTIVE
❑ Bad breath
❑ Increase salivation
❑ Drooling
❑ Teeth grinding
❑ Cavities
❑ Canker sores
❑ Mouth thrush
❑ Burping
❑ reflux
❑ Vomiting
❑ Spitting up
❑ Abdominal bloat
❑ Gassiness
❑ Colic
❑ Abdomen distended
❑ Abdomen pain
❑ Pinworms
❑ Pain with pooping
❑ Constipation
❑ Diarrhea
❑ Anal fissures
❑ Red ring around anus
❑ Stools light colour
❑ Stools very stinky
❑ Stools with blood
❑ Stools with mucous
❑ Stools with undigested food

EATING
❑ Poor appetite
❑ Thirst
❑ Extreme water drinking
❑ Bread craving
❑ Carbohydrate craving
❑ Sugar craving
❑ Juice craving
❑ Salt craving
❑ Soda pop craving
❑ Diet soda craving
❑ Eating non edibles
❑ Food intolerance
❑ Behaviour worse with certain foods

BEHAVIOURS
❑ Uses adults hand for activity
❑ Alood, indifferent, remote
❑ Does not do for self
❑ Extremely cautious
❑ Hides skill/knowledge
❑ Lacks initiative
❑ Lost in thought
❑ Unreachable
❑ No purpose to play
❑ Poor focus, attention
❑ Sits long time staring
❑ Uninterested in live pet
❑ Watches TV for a long time
❑ Won't attempt/can't do
❑ Poor sharing
❑ Reject help
❑ Curious/gets into things
❑ Erratic
❑ Unable to predict actions
❑ Destructive
❑ Hyperactive
❑ Constant movement
❑ Meltdowns
❑ Tantrums
❑ Self mutilation
❑ Runs away
❑ jumps when pleased
❑ Whirls self like a top
❑ Climbs to high places
❑ Insists on what wanted
❑ Tries to control others
❑ Head banging
❑ Falls, gets hurt running, climbing
❑ Does opposite of asked
❑ Silly
❑ Shrieks
❑ Stares at own hands
❑ Toe walking
❑ Arched back with bright lights
❑ Imitates others
❑ Flaps hands
❑ Rhythmic rocking
❑ Bites or chews fingers

MOOD
❑ Blank look
❑ Apathy
❑ Depression
❑ Detached
❑ Disinterest
❑ Eye contact poor
❑ Isolates
❑ Negative fright without cause
❑ Always frightened
❑ Disconnected
❑ Does not want to be touched
❑ Inconsolable crying
❑ Irritable
❑ Moaning, groaning,
❑ Phobias
❑ Restless
❑ Severe mood swings
❑ Unhappy
❑ Agitated
❑ Anxious

INTAKE FORMS FOR_____ DATE OF INITIAL CONSULTATION: _____

BIRTH AND MICROBIOME HISTORY OF CHILD

❑ Born by C-Section ❑ Birth trauma ❑ Breast fed less than 6 months ❑ Colicky as baby ❑ Food allergies
❑ Antibiotics in first month ❑ Experienced complications first month of life ❑ Frequent infections
Use of Antibiotics ____ X in first two years of life ____ X in total

_____

_____

_____

IMMUNIZATIONS

Is your child up to date with Immunizations YES/NO If relevant, include child's immunization record
Do you feel immunization have had an impact on your child's health? YES/NO _____

_____

SLEEP/REST

Average number of hours your child sleeps at night _____ Does your child snore YES/NO
Does your child have trouble falling asleep YES/NO Does your child have night terrors?YES/NO
Does your child use a TV, computer, mobile device or ipad etc in their bedroom YES/NO

DIETARY AND LIFESTYLE CHOICES

What kind of water does your child drink & how much?
purified___ bottled___ municipal___ well ____
What other beverages does your child consume? _____
Dietary preferences/restrictions: _____
Any particular food cravings? _____

Which of the following applies to your family ❑ Erratic eating pattern ❑ Rely on convenience items
❑ Don't sit down to eat ❑ Often eat on the run ❑ Poor snack choices ❑ Rarely have healthy foods on hand

How many meals per week does your family eat out ? ___ If frequent please indicate reasons why:
❑ No time ❑ No groceries on hand ❑ Don't like to cook ❑ Don't know how to cook ❑ Need ideas/menu
❑ Always on the run ❑ Travel frequently ❑ No one in household prepares meals ❑ Home alone

Time of Meal	What does your child usually eat during an average day?
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Comments: **Food Choices** **Type of Diet** **Food Quality** **Food Avoided** **Other notes**	

INTAKE FORMS FOR_____ DATE OF INITIAL CONSULTATION: _____

TRAVEL DIRECTIONS : IF YOU ARE USING GOOGLE MAPS or GPS
If you are using Google Maps, enter the address as 5252 Perth Line 29, Sebringville, Ontario.
If using the Maps app on iphone enter the address as 5252 29th Line, West Perth, Ontario.
Our nearest major intersection is Perth Line 29 and Road 145.

LOCATION:
The office is a peaceful 15-20 minute drive from Stratford. We are located on a paved road, easily accessible from Stratford, St. Marys, Mitchell, and Sebringville. Please see attached map.

FROM STRATFORD, KITCHENER-WATERLOO
Take Huron Street (Highway 8 West) out of Stratford, to Sebringville. At the lights in Sebringville turn left onto the Avonton Road (Road 130 direction St. Mary's). Follow this road South out of town 4 km to Perth Line 29. Turn right onto Perth Line 29. Follow this road for about 6 km. The address is 5252 Perth Line 29. My house is a large yellow brick home, on the right hand side just past Road 145. It is a 15 minute drive from Stratford.

QUICK AND EASY ROUTE FROM STRATFORD
Follow Erie Street out of town. Turn right onto Perth Line 29, (just past Ed's Concrete), and follow this road for about 12 km till you reach my home at 5252 Perth Line 29, just past Road 145.

FROM SEBRINGVILLE
Take the Avonton Road (Road 130 direction St Mary's) South out of town 4 km to Perth Line 29. Turn right onto Perth Line 29. Follow this road for about 6 km. The address is 5252 Perth Line 29. My house is a large yellow brick home, on the right hand side of the road just past Road 145. It is about a 10 minute drive from Sebringville.

FROM MITCHELL
Take Highway 8 East out of town (direction Stratford). At Road 160, which is just on the outskirts of Mitchell, turn right. Follow this road for 4 km and turn left onto Perth Line 29. Follow this road for about 6 km. The address is 5252 Perth Line 29. My house is a large yellow brick home, on the left hand side of the road about 1 ½ km past the second stop sign on Perth Line 29. It is a 10 minute drive from Mitchell.

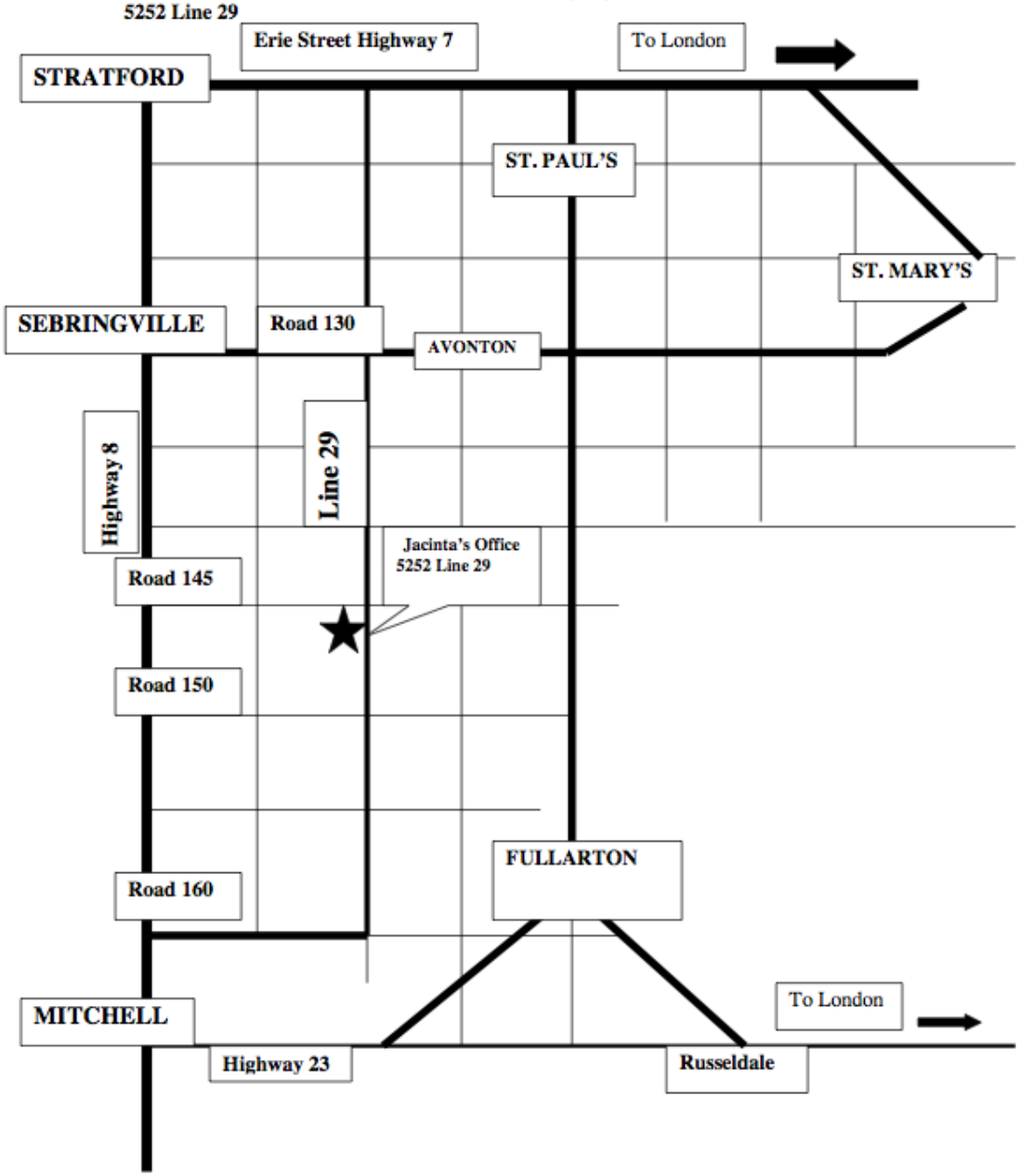
FROM ST. MARYS
Follow Road 130 (Avonton Road) North out of town, through Avonton. About 2 km past Avonton you will come to Perth Line 29. Turn left onto Perth Line 29. Follow this road for about 6 km. The address is 5252 Perth Line 29. My house is a large yellow brick home, just past Road 145. It is a 15 minute drive from St. Marys.

FROM EXETER
Follow directions from Mitchell. ALTERNATE ROUTE: If you don't mind 4km of gravel, take Hwy 83 to Russeldale. Continue through on Perth Line 20 to Fullarton. Travel through the village of Fullarton (the corner with the flashing light)., over the bridge and through the bend in the road. After about 2 km, turn left onto Road 150. Travel for 4 km on this road, to the second intersection, which is Perth Line 29. Turn right onto Perth Line 29 and travel down this road for about 1 ½ km. We are located on the left hand side, #5252, Perth Line 29, a large yellow brick house.

FROM LONDON
Take Richmond Street or Highbury Avenue North out of London to Highway 7. Turn right onto Highway 7 and travel about 40km till you approach Stratford. At the Stratford City limits, turn left onto Perth Line 29 (Ed's Concrete). Follow Perth Line 29 for 12.5 km. The office is located at 5252 Perth Line 29 on the right hand side of that road, just past the intersection of Perth Line 29 and Road 145.
For winter driving, contact our office.

INTAKE FORMS FOR_____ **DATE OF INITIAL CONSULTATION:** _____

MAP FOR JACINTA WILLEMS' OFFICE (519) 393-5590
5252 Line 29



INTAKE FORMS FOR_____ DATE OF INITIAL CONSULTATION: _____

NATUROPATHIC MEDICINE

Naturopathic medicine is a distinct health care profession, which emphasizes prevention, treatment and optimal health through the use of natural therapeutic methods and substances that encourage the body's inherent self-healing processes to restore health. Naturopathic medicine is holistic, and takes into account the physical, mental, emotional and spiritual factors affecting health. Naturopathic Doctors use a wide range of natural treatment modalities including nutrition, herbal medicine, acupuncture, homeopathic medicine, and lifestyle counseling.

Many conditions, acute and chronic, can be treated by Naturopathic Medicine. Doctors of Naturopathic Medicine refer, when necessary, to other health care practitioners so the patient will benefit from the skills of each practitioner. Most people do not function at their optimum level of health. Naturopathic treatments assist the person to reach his or her full potential

Naturopathic Doctors receive a minimum of seven years of specialized study. After completing a Bachelor of Science degree in pre-medical studies, they must complete a comprehensive four-year naturopathic medical program at an accredited school. Naturopathic Doctors are regulated in Ontario and must successfully complete provincial examinations before being licensed

THE PRINCIPLES OF NATUROPATHIC MEDICINE:

Naturopathic medicine is the art and science of health care based on principles derived from centuries of research and observation into the process of disease and healing. Some of the principles which guide the Doctor of Naturopathic Medicine include:

Tolle Causam: (Find the Cause) Doctors of Naturopathic Medicine aim to remove the root cause of a patient's conditions instead of just treating symptoms. For example: if you find yourself using any medication for constipation, headaches, sleeping problems, allergies, frequent colds, rheumatic pains, skin disorders, etc. then ask yourself if your treatment plan is taking you a step closer to curing the disorder (removing the cause), or is it just alleviating the symptoms?

Vis Medicatrix Naturae: (The Healing Power of Nature) When the obstacles to cure are removed and the bodily functions supported, the body has the ability to move towards a restorative state of health. Many symptoms are actually the body's attempt to aid in the restoration process.

Primum non nocere: (Above all, Do No Harm) Naturopathic practices are safe, non-toxic and when used properly, have no side effects

Wholism: Doctors of Naturopathic Medicine recognize that dis-ease is multi factorial. Heredity, diet, environment, lifestyle, emotions, etc. all affect the health of an individual. All aspects of the individual's health are examined. Recent research in the area of psychoneuroimmunology is proving the age old concept that mental and emotional attitudes can influence our physical body.

Prevention: Health is a prized possession. Why do we wait for symptoms of disease to appear before we start to value our health? Health is freedom from limitations. Doctors of Naturopathic Medicine aim to help people prevent illness on all levels.

Education: The word "doctor" means " to teach". A Doctor of Naturopathic Medicine aims to educate their patients so that they have the tools to make intelligent choices about factors that affect their health. A Doctor of Naturopathic Medicine can act as teacher, a guide, a resource person, etc. Patients are encouraged to accept responsibility for their health, ask questions and be active participants in their own healing process.