INTAKE FORMS FOR: _____ DATE OF INITIAL APPOINTMENT: _____

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.

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ABOUT JACINTA WILLEMS ND

Jacinta received her Bachelor of Science Degree from the University of Waterloo. She went on to study natural medicine at BASTYR UNIVERSITY, in Seattle Washington. She graduated with a Degree of Doctor of Naturopathic Medicine in 1995, and has been practicing in the Stratford area since. 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 APPOINTMENT:** _____

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. Most of the recommended remedies are also available through other pharmacies and retailers.

FEE SCHEDULE	
TYPE OF VISIT	**COST**
Initial Appointment - 2 hours	$268
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 hours notice in order to reschedule the initial appointment. We require a minimum of 24 hours 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 the office of Dr. Jacinta Willems ND, or any company of my choice.

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

*SIGNATURE*_____ *DATE:*_____

INTAKE FORMS FOR: _____ DATE OF INITIAL APPOINTMENT: _____

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 APPOINTMENT: _____

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 PATIENT or GUARDIAN *SIGNATURE* *DATE*

_____

Consent has been discussed with this patient *NATUROPATHIC DOCTOR SIGNATURE* *DATE*

INTAKE FORMS FOR: _____ DATE OF INITIAL APPOINTMENT: _____

Name: _____Birthdate: dd mm yy Blood type A B O AB

Address: _____
STREET CITY POSTAL CODE

Home phone: _____ Cell phone _____ Email: _____

Occupation: _____Employer: _____

In case of emergency notify _____Phone number: _____

Family Doctor: _____List other Healthcare Providers you are under the care of:

_____

How did you hear about our office? _____

Living situation: ❑ Alone ❑ Friend ❑ Partner ❑ Spouse ❑ Parents ❑ Children, how many? _____

Names and ages of those living with you _____

Are you happy? YES/NO Do you have a strong support network? YES/NO_____

Do you have someone to confide in YES/NO Do you feel your life has meaning and purpose? YES/NO

Do you enjoy your work? YES/NO Do you have a spiritual practice in which you find strength? YES/NO

Routine meditation/prayer: Type _____How long _____How often _____

What do you do for a hobby or relaxation? _____How often _____

What brings you the most joy in life? _____

Time spent outside: hrs/wk _____Do you use sunscreen? YES/NO Do you try to avoid the sun YES/NO

Do you have implants, pins, knee/hip replacements, pacemaker? YES/NO Medical alert bracelet? YES/NO

Do you have any anaphylactic allergies?

List any other allergies or drug reactions:

What is your intention for this appointment?

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

Age	Stressor or Event	Continues

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

Age	Event	Age	Event

Current Medications Include also any over the counter meds: painmeds, anti-inflammatories, laxatives, OCPs, thyroid meds etc

Medication	Since	Medication	Since

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

INTAKE FORMS FOR: _____ DATE OF INITIAL APPOINTMENT: _____

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 your 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:		

Do you engage in routine physical activity? YES/NO Describe including duration and frequency:

Time of Meal	**What do you 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 APPOINTMENT: _____

Please check all conditions that have been SIGNIFICANT for you, include age of onset if applicable

METABOLISM
- ❑ Fatigue _____
- ❑ Daytime sleepiness ____
- ❑ Flushing _____
- ❑ Heat intolerance _____
- ❑ Cold hands and/or feet _
- ❑ Cold intolerance _____
- ❑ Low body temperature _
- ❑ Diabetes _____
- ❑ Hypoglycemia _____
- ❑ Metabolic syndrome ___
- ❑ Insulin resistance _____
- ❑ Gilbert's Syndrome ____
- ❑ Hypothyroidism _____
- ❑ Hyperthyroidism _____
- ❑ Endocrine problems ___
- ❑ Other_____

CARDIOVASCULAR
- ❑ Heart attack _____
- ❑ Arrhythmia/Palpitation _
- ❑ Irregular pulse_____
- ❑ Shortness of breath ____
- ❑ High blood pressure ___
- ❑ Stroke _____
- ❑ Elevated cholesterol ___
- ❑ Heart murmur _____
- ❑ Angina _____
- ❑ Raynaud's syndrome __
- ❑ Rheumatic fever _____
- ❑ Mitral valve prolapse __
- ❑ Clotting defects _____
- ❑ Bleeding tendencies ___
- ❑ Easy bruising _____
- ❑ Peripheral vascular disease
- ❑ Phlebitis _____
- ❑ Varicose Veins _____
- ❑ Swollen ankles/feet
- ❑ Other_____

MUSCULOSKELETAL
- ❑ Osteoarthritis _____
- ❑ Osteoporosis _____
- ❑ Carpal tunnel _____
- ❑ Tendonitis _____
- ❑ Sciatic _____
- ❑ Calf cramps _____
- ❑ Foot cramps _____
- ❑ Joint deformity _____
- ❑ Joint pain or redness ___
- ❑ Joint stiffness _____
- ❑ Muscle pain _____
- ❑ Muscle spasm _____
- ❑ Muscle stiffness _____
- ❑ Neck muscle spasm ___
- ❑ Upper back pain _____
- ❑ Lower back pain _____
- ❑ Tension headaches ____
- ❑ TMJ _____
- ❑ Muscle twitches _____
- ❑ Restless legs_____
- ❑ Other_____

HEAD, EYES, EARS
- ❑ Wear glasses/contacts __
- ❑ Near sighted _____
- ❑ Far sighted _____
- ❑ Glaucoma _____
- ❑ Cataracts _____
- ❑ Macular degeneration __
- ❑ Conjunctivitis _____
- ❑ Lid margin redness ____
- ❑ Eye pain _____
- ❑ Distorted taste or smell _
- ❑ Ear fullness or pain ____
- ❑ Ear ringing/buzzing ___
- ❑ Hearing problems _____
- ❑ Headache _____
- ❑ Migraine _____
- ❑ Sensitivity to loud noises
- ❑ Sensitivity to light
- ❑ Other_____

NEUROLOGIC
- ❑ Depression _____
- ❑ Anxiety _____
- ❑ Bipolar _____
- ❑ Schizophrenia _____
- ❑ ADD/ADHD _____
- ❑ Autism spectrum _____
- ❑ Memory problems _____
- ❑ Parkinson's _____
- ❑ Multiple Sclerosis _____
- ❑ ALS _____
- ❑ Seizures _____
- ❑ Hallucinations - auditory
- ❑ Hallucinations - visual
- ❑ Black-out _____
- ❑ Dizziness/Vertigo _____
- ❑ Fainting _____
- ❑ Irritability _____
- ❑ Light-headedness _____
- ❑ Numbness _____
- ❑ Phobias _____
- ❑ Panic Attacks _____
- ❑ Paranoia _____
- ❑ Suicidal thoughts _____
- ❑ Tingling _____
- ❑ Tremor/Trembling ____
- ❑ Difficulty concentrating
- ❑ Difficulty thinking ____
- ❑ Difficulty with judgment
- ❑ Other_____

DENTAL
- ❑ Bleeding/Inflamed Gums
- ❑ Receding Gums
- ❑ # Fillings _____
- ❑ # Gold Fillings _____
- ❑ # Root canals _____
- ❑ # Crowns _____
- ❑ # Implants _____
- ❑ Floss frequency ___x/wk
- ❑ Use Water Pik ___x/wk

RESPIRATORY
- ❑ Asthma _____
- ❑ Chronic sinusitis _____
- ❑ Bronchitis _____
- ❑ Emphysema _____
- ❑ Pneumonia _____
- ❑ Tuberculosis _____
- ❑ Sleep apnea _____
- ❑ Bad breath _____
- ❑ Bad odor in nose _____
- ❑ Cough Dry _____
- ❑ Cough Productive _____
- ❑ Hoarseness _____
- ❑ Hay fever - month: ____
- ❑ Nasal stuffiness _____
- ❑ Nosebleeds _____
- ❑ Post nasal drip _____
- ❑ Sinus fullness _____
- ❑ Snoring _____
- ❑ Wheezing _____
- ❑ Other_____

INFLAMMATION IMMUNE
- ❑ Recurrent Fevers_____
- ❑ Chronic Fatigue _____
- ❑ Fibromyalgia _____
- ❑ Chemical Sensitivities _
- ❑ Lupus, SLE _____
- ❑ Rheumatoid Arthritis __
- ❑ Autoimmune Disease __
- ❑ Cold sores _____
- ❑ Genital herpes _____
- ❑ Frequent infections ____
- ❑ Receive flu shot yearly _
- ❑ Food allergies _____
- ❑ Environmental allergies
- ❑ Latex allergy _____
- ❑ Cancer: Type_____
- ❑ Other_____

LYMPH NODES
- ❑ Enlarged nodes in neck
- ❑ Tender nodes in neck
- ❑ Other nodes enlarged
- ❑ Other nodes tender

List where _____

URINARY
- ❑ Kidney stones _____
- ❑ Gout _____
- ❑ Interstitial cystitis _____
- ❑ Kidney Disease _____
- ❑ Urinary tract infections _
- ❑ Bed wetting _____
- ❑ Leaking/Incontinence __
- ❑ Bladder Prolapse _____
- ❑ Pain _____
- ❑ Burning _____
- ❑ Increased Frequency ___
- ❑ Other_____

SKIN
- ❑ Acne on back, chest ___
- ❑ Acne on face _____
- ❑ Oily skin _____
- ❑ Bumps on back of arms
- ❑ Dark circles under eyes
- ❑ Ears get red _____
- ❑ Easy bruising _____
- ❑ Lack of sweating _____
- ❑ Excessive sweating ____
- ❑ Eczema _____
- ❑ Hives _____
- ❑ Jock Itch _____
- ❑ Athlete's foot _____
- ❑ Moles change color/size
- ❑ Psoriasis _____
- ❑ Rash _____
- ❑ Red face _____
- ❑ Sensitivity to insect bites
- ❑ Sensitivity poison ivy __
- ❑ Shingles _____
- ❑ Strong body odor _____
- ❑ Hair loss _____
- ❑ Vitiligo _____
- ❑ Other_____

Skin, itching of
- ❑ Skin in general _____
- ❑ Anus _____
- ❑ Ear canals _____
- ❑ Eyes _____
- ❑ Hands or Feet _____
- ❑ Nose _____
- ❑ Genitals _____
- ❑ Roof of mouth _____
- ❑ Scalp _____
- ❑ Throat _____
- ❑ Other_____

Skin, dryness of
- ❑ Eyes _____
- ❑ Feet/heels _____
- ❑ Hair _____
- ❑ Hands _____
- ❑ Mouth/throat _____
- ❑ Scalp/Dandruff _____
- ❑ Skin in general _____
- ❑ Other_____

NAILS
- ❑ Brittle or soft _____
- ❑ Curve upwards _____
- ❑ Fungus – fingers _____
- ❑ Fungus – toes _____
- ❑ Pitting _____
- ❑ Ridging _____
- ❑ Ragged cuticles _____
- ❑ White spots/lines _____
- ❑ Fingernails thickening _
- ❑ Toenails thickening ____
- ❑ Other_____

INTAKE FORMS FOR: _____ DATE OF INITIAL APPOINTMENT: _____

Please check all conditions that have been SIGNIFICANT for you, include age of onset if applicable

DIGESTION
- ❑ Irritable Bowel _____
- ❑ Inflammatory Bowel ___
- ❑ Crohn's Disease _____
- ❑ Ulcerative Colitis _____
- ❑ Gall Bladder issues ____
- ❑ Gastritis _____
- ❑ Peptic Ulcer Disease ___
- ❑ GERD Gastric reflux __
- ❑ Celiac disease _____
- ❑ Parasites _____
- ❑ H. Pylori_____
- ❑ Pancreatic disease_____
- ❑ Other_____
- ❑ Cracking of lips _____
- ❑ Cracking corners of lips
- ❑ Canker sores _____
- ❑ Sore tongue _____
- ❑ Difficult swallowing ___
- ❑ Foods repeat, reflux ___
- ❑ Heartburn _____
- ❑ Indigestion _____
- ❑ Burping _____
- ❑ Nausea _____
- ❑ Upper Abdominal Pain
- ❑ Vomiting _____
- ❑ Liver disease or Jaundice
- ❑ Bloating after meals ___
- ❑ Lower abdomen bloating
- ❑ Whole abdomen bloating
- ❑ Excess gas _____
- ❑ Cramps _____
- ❑ Lower abdominal pain _
- ❑ Constipation _____
- ❑ Diarrhea _____
- ❑ Alt diarrhea/constipation
- ❑ Strong stool odor _____
- ❑ Undigested food in stool
- ❑ Mucus in stool _____
- ❑ Blood in stools _____
- ❑ Hemorrhoids _____
- ❑ Anal spasms _____
- ❑ Rectal Fissures _____

MICROBIOME
- ❑ Born by C-Section ____
- ❑ Not at all breastfed ____
- ❑ Breastfed < 6months ___
- ❑ Colicky as baby _____
- ❑ Eat lots of sweets/breads
- ❑ Food allergies _____
- ❑ Farming/Gardening ____
- ❑ Pets _____
- ❑ Drink chlorinated water
- ❑ Traveler's diarrhea ____
- ❑ Food poisoning _____
- ❑ Antibacterial soaps ____
- ❑ Use of antacids or PPI's

Use of Antibiotics

_____ X as child
_____ X as adult

EATING
- ❑ Eating disorder _____
- ❑ Anorexia _____
- ❑ Binge eating _____
- ❑ Bulimia _____
- ❑ Can't gain weight _____
- ❑ Can't lose weight _____
- ❑ Can't maintain weight _
- ❑ Frequent dieting _____
- ❑ Poor appetite _____
- ❑ Crave salt _____
- ❑ Crave fat _____
- ❑ Crave bread/pasta _____
- ❑ Crave sweets _____
- ❑ Crave chocolate _____
- ❑ Crave other _____
- ❑ Often eat on the run ___
- ❑ Erratic eating pattern __
- ❑ Dislike healthy food ___
- ❑ Don't sit down to eat __
- ❑ Don't chew my food ___
- ❑ Poor snack choices ____
- ❑ Rely on convenience ___
- ❑ Other_____

How many meals per week do you eat out? _____

If you eat out frequently indicate 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 prepares meals__
- ❑ Home alone _____
- ❑ Other_____

Beverage servings daily:
- ❑Municipal water ___/day
- ❑Well water _____/day
- ❑Bottled water _____/day
  Type _____
- ❑Purified water_____/day
  Type_____
- ❑ Herbal tea_____/day
- ❑ Soda pop_____/day
- ❑ Juice _____/day
- ❑ Milk _____/day
- ❑ Wine _____/wk
- ❑ Beer _____/wk
- ❑ Other alcohol _____/wk

Caffeine Consumed:
- ❑Coffee _____/day
- ❑ Tea _____/day
- ❑ Energy drinks _____/day
- ❑ Chocolate _____/day
- ❑ Other _____/day
- ❑ Caffeine dependency

ENVIRONMENTAL
- ❑ History of smoking
  Quantity_____
  Duration _____
- ❑ Moldy/damp home/work
- ❑ Home exterminator use
- ❑ Recent major renovation
- ❑ New home _____
- ❑ Pesticide use/exposure
- ❑ Use of solvents _____
- ❑ Exposure to metals ____
- ❑ Painting/refinishing ___
- ❑ Live near landfill _____
- ❑ Live near cell towers ___
- ❑ Live near wind turbines
- ❑ Aluminum cookware __
- ❑ Aluminum antacids ___
- ❑ Aluminum deodorant __
- ❑ Paraben beauty products
- ❑ Household chemicals___
- ❑ Use hair dye _____
- ❑ Dry clean clothes often _
- ❑ General anesthetic ____x
- ❑ Other_____

ELECTROMAGNETICS and SLEEP
- ❑ Bluetooth/cell ____hrs/d
- ❑ Keep cell at bedside ___
- ❑ Wireless on at night ___
- ❑ Time online _____hrs/d
- ❑ Problems sleeping ____
- ❑ Up too late _____
- ❑ Difficulty falling asleep
- ❑ Wake frequently _____
- ❑ Light sleeper _____
- ❑ Early waking _____
- ❑ Take naps _____
- ❑ Nightmares _____
- ❑ Sleepwalk _____
- ❑ Talk in sleep _____
- ❑ Restless sleep _____
- ❑ Unrefreshing sleep ____
- ❑ No dream recall _____
- ❑ Other_____

Time you get to bed _____
Time you wake up _____
hrs slept/night _____
times wake at night ____

MEN'S HEALTH
- ❑ Elevated PSA _____
- ❑ Prostate Enlargement __
- ❑ Prostate Infection _____
- ❑ Urinate at night _____x
- ❑ Urinary urgency _____
- ❑ Urinary hesitancy _____
- ❑ Change in urine flow __
- ❑ Vasectomy _____
- ❑ STD's _____
- ❑ Sexual dysfunction ____

WOMEN'S HEALTH

Age at first menses:_____
Date of last menses:_____
Usual # days flow:_____
- ❑ Hysterectomy _____
- ❑ Irregular cycles _____
- ❑ Scanty periods _____
- ❑ No periods _____
- ❑ Heavy flow _____
- ❑ Fibroids _____
- ❑ Clotting _____
- ❑ Menstrual cramping pain
- ❑ PMS sx _____
- ❑ Vaginal discharge _____
- ❑ Vaginal itching/rash ___
- ❑ Vaginal odor _____
- ❑ Yeast infections _____
- ❑ Abnormal PAP _____
- ❑ Endometriosis _____
- ❑ Infertility _____
- ❑ Ovarian cysts/PCOs ___
- ❑ Vaginal pain with sex __
- ❑ Decreased libido _____
- ❑ STDs _____
- ❑ HPV Vaccine/Gardasil _
- ❑ Breast tenderness _____
- ❑ Fibrocystic breasts ____
- ❑ Breast implants _____
- ❑ Nipple discharge _____

CONTRACEPTION
- ❑ Fertility Awareness ____
- ❑ Condom _____
- ❑ Diaphragm _____
- ❑ IUD _____
- ❑ Birth Control Pill _____
- ❑ Other _____

PREGNANCIES

# of Pregnancies_____
# of Miscarriages_____
# of Caesareans_____
# of Children_____
- ❑ Post Partum Depression
- ❑ Toxemia of Pregnancy _
- ❑ Fertility Treatments ___
- ❑ Baby over 8lbs/3.6kg __

MENOPAUSE
- ❑ Perimenopausal _____
- ❑ Menopausal _____
- ❑ Hormone replacement __
- ❑ Hot flashes _____
- ❑ Night sweats _____
- ❑ Vaginal dryness _____
- ❑ Mood swings _____
- ❑ Concentration/Memory _
- ❑ Hormone replacement __
- ❑ Uterine prolapse_____

INTAKE FORMS FOR: _____ DATE OF INITIAL APPOINTMENT: _____

TRAVEL DIRECTIONS

If using Google Maps, please 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.

LOCATION:
The office is a peaceful 15 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.

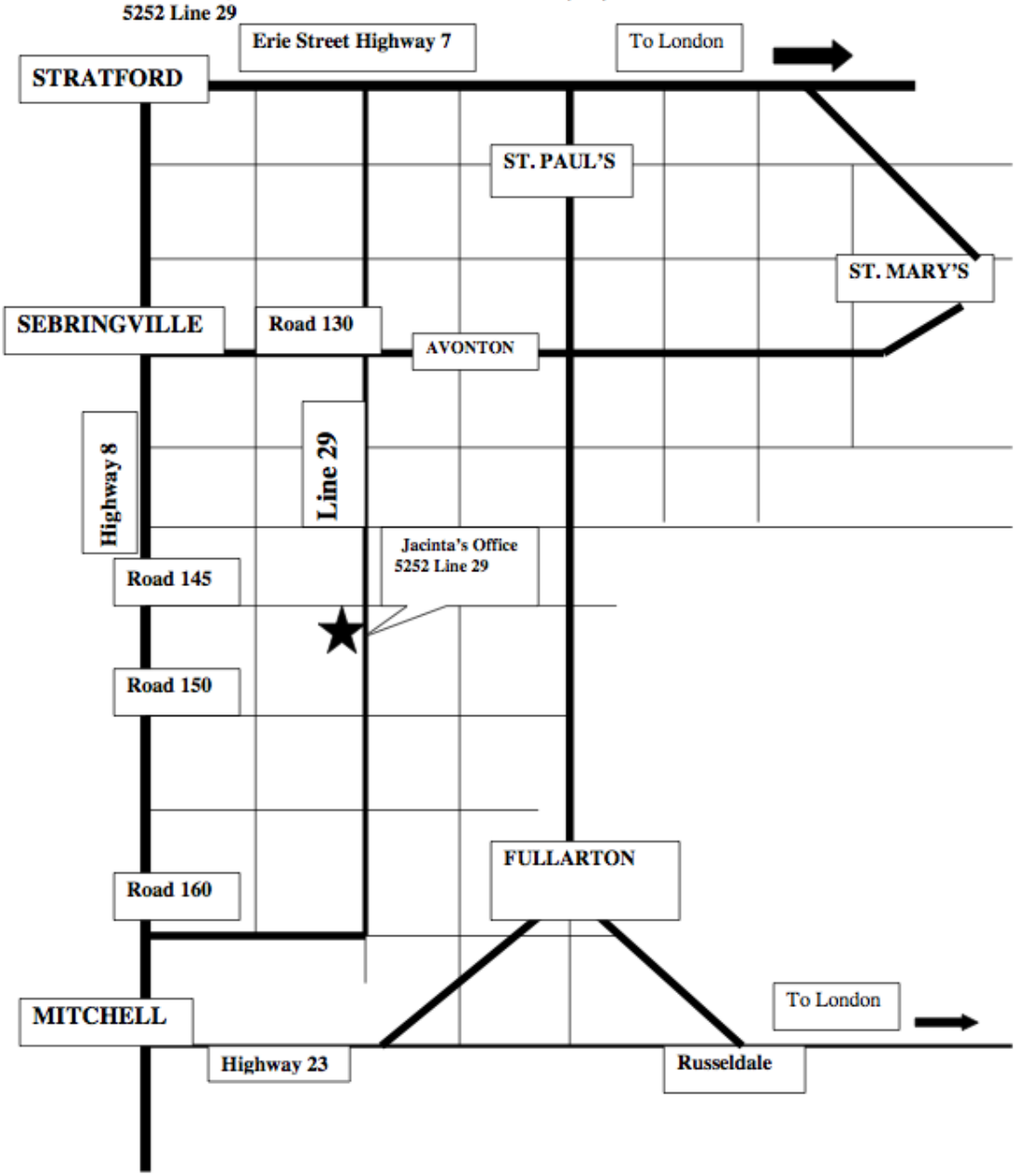
FROM ST. MARYS
Follow Road 130 (Avonton Road) North out of town, through Avonton. About 2 km past Avonton you will come to Perth Line 29. Turn left onto Perth Line 29. Follow this road for about 6 km. The address is 5252 Perth Line 29. My house is a large yellow brick home, just past Road 145. It is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

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



INTAKE FORMS FOR: _____ DATE OF INITIAL APPOINTMENT: _____

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.